Prestige Care (Humberside) Limited

Alexandra Court Care Centre

Inspection report

340 Southcoates Lane
Hull
HU9 3TR
Tel: 01482 376702
Website: info@prestigegroup.uk.com

Date of inspection visit: 10 and 11 November 2014
Date of publication: 20/03/2015

Ratings

Overall rating for this service	**Good**
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This unannounced inspection was carried out on 10 and 11 November 2014. The last inspection was completed on 3 December 2013; the service was compliant with all of the regulations that were inspected.

Alexandra court is registered to provide care, including nursing care, and accommodation for up to 84 older people who may have a dementia related condition. It has three floors that are connected by a passenger lift. It is close to local amenities and has good access to public transport.

A registered manager had been in place since the home opened in December 2012. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived at the home were safe. Care workers had been trained to recognise the signs of potential abuse and knew what actions to take if they suspected abuse had occurred.

Summary of findings

People had their health and social care need's met my sufficient numbers of appropriately trained staff. Training was completed on an annual basis to ensure staff worked in line with best practice guidance. We saw evidence to confirm that staff had been recruited safely.

Care workers were supported effectively by the registered manager. One to one meetings were held periodically and handover meetings took place daily to ensure staff were aware of their responsibilities.

We observed care workers gaining people's consent before care and treatment was provided. When people lacked the capacity to make informed decisions themselves, best interest meetings were held appropriately.

Care workers we spoke with could describe people's care needs and how they preferred to be supported. We saw evidence that other healthcare professionals were contacted as required when people's health deteriorated including GPs, speech and language therapists, Huntingdon's disease nurses, social workers and the falls team.

Resident and relative meetings were held regularly and used as a forum for people to raise concerns, ask questions or make suggestions about the overall running of the service. When suggestions were made they were implemented by the registered manager.

An audit schedule was in place that helped drive the continuous improvement of the service. The registered manager took appropriate action when issues were highlighted through audits, 'customer satisfaction' surveys and complaints.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People who lived at the home were supported by staff who had been trained how to recognise signs of potential abuse and understood how to protect people from avoidable harm or abuse.

People were supported by appropriate numbers of suitably trained staff. Recruitment practices ensured staff were safe to work with vulnerable adults.

Medicines were ordered, stored, administered and disposed of safely.

Is the service effective?

Good

The service was effective. Staff had completed training that enabled them to carry out their roles and meet people's assessed needs.

If people could not make an informed decision themselves, meetings were held to ensure any decisions made on their behalf were in their best interest.

People were supported to maintain a healthy and balanced diet. People were offered a choice of food and drink throughout the day.

Is the service caring?

Good

The service was caring. We observed care workers listening to people who lived in the home and providing care in a way that met people's individual needs.

People were involved in making decisions about their care and treatment and their preferences were recorded in their care plans.

People who lived at the home told us staff treated them with dignity and respect.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and kept under review to ensure they were up to date.

People were encouraged to maintain relationships with their families and friends. Staff encouraged people to participate in activities in the community.

People were encouraged to express their views about the management of the service. When suggestions were made they were listened to and implemented when possible.

Is the service well-led?

Good

The service was well-led. People and staff told us the registered manager was approachable and a visible presence in the service.

The registered manager understood their responsibilities to report accidents and other notifiable incidents that occurred within the service.

Summary of findings

An audit schedule was in place covering topics including care planning, medication, infection control and the environment. When shortfalls were highlighted, action was taken by the registered manager to improve the service.

Alexandra Court Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out on 10 and 11 November 2014 and was unannounced.

The inspection was led by an adult social care inspector who was accompanied by a specialist professional advisor. The specialist professional advisor had experience of the care needs of people living with dementia.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with the local commissioning team for information and a social worker who worked with the registered service.

We observed how staff interacted with people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with nine people who lived at the home, five relatives, two nurses, eight care workers and four visiting professionals.

We looked at seven care files which belonged to people who used the service including medication administration records (MARs) and risk assessments. We also looked at three Deprivation of Liberty Safeguards (DoLS) authorisations that were in place at the time of the inspection. DoLS ensure people who are not able to consent to care and support are not unlawfully restricted of their freedom or liberty.

During the inspection we looked at a range of documentation relating to the management and running of the service. Including audits, maintenance records, meeting minutes, staff files including recruitment information, training records and staff rotas.

Good

Is the service safe?

Our findings

People who lived at the home told us they felt safe. One person we spoke with said, "The staff look after me very well, I know I am safe in their hands." Another person told us, "My family worried about me because I fell at home and ended up in hospital; I am safe here."

Care workers had completed training in relation to the safeguarding of vulnerable adults and were aware of their responsibilities to report any concerns. During discussions with care workers we were told, "If I saw something or heard something I didn't like I would report it to my manager or senior straight away", "I have worked in this industry for a long time so know I have to report any bad practice but things like that don't happen in this home" and "I know I have to report abuse and I can do that by speaking to my manager or I could call the safeguarding team."

We saw the local authority safeguarding team's risk matrix was used in the home to ensure safeguarding concerns were reported as required. The registered manager told us, "We review policies and procedures in the team meetings so all the staff are aware of the safeguarding, whistle blowing and bullying policies." This helped ensure that people were protected from abuse and avoidable harm.

Personal emergency evacuation plans (PEEPS) were in place for each person who lived at the home. A care worker said, "We do training for emergencies so we know how to evacuate people quickly and safely" and "We do fire alarm tests regularly." The registered provider had a business continuity plan in place to deal with emergency situations including power loss, gas leaks, fires and floods. The registered manager explained, "We have alternative accommodation arrangements if we have to vacate the home."

Personalised risk assessments had been produced in a number of areas including moving and transferring, falls, the use of bed rails and pressure sores. When a risk had been identified, guidance had been produced for staff to reduce the likelihood of its occurrence. A senior care worker told us, "We review the risk assessments and they get updated when people's needs change."

We saw evidence to confirm staffing levels were reviewed regularly. The registered manager told us, "We have a staffing tool that we use, it takes people's level of need into account and the building layout" and went on to say, "We have nine care staff, three seniors, two nurses and ancillary staff working today." A relative told us, "Whenever you need a member of staff they are always available, you don't have to look far to find someone."

We reviewed recruitment records in relation to three care workers and two nurses employed by the service. Staff were only employed by the service after a successful interview had taken place, suitable references had been returned and an appropriate disclosure and barring service (DBS) check had been received. Nursing staff had their registration checked with the nursing and midwifery council (NMC) on a yearly basis. These measures helped to ensure that staff were suitable to work with vulnerable adults.

Medication was ordered, stored, administered and disposed of safely. The service had a dedicated medicines room including a lockable cabinet for controlled drugs and medication trolleys that were secured as per best practice guidance. A nurse we spoke with told us, "The nurses administer all of the medication for the nursing patients and the senior carers administer to all of the residential clients."

As required (PRN) medication had been prescribed for two people who lived at the home to lower their levels of anxiety. We saw the behaviour management plans for these two people stated a number of techniques were to be used before PRN medication was given. The registered manager told us, "I think we have only used PRN medication twice since we opened. The staff know what to do when things happen and we can calm people down without using medication." We saw evidence to confirm this.

At the time of our inspection visit only one person who lived at the home self medicated. Risk assessments and protocols were in place to ensure the person's medication was taken as prescribed. The registered manager told us, "We assessed the person's capability and they agreed that we could do weekly counts to make sure they were not having any issues. So far there haven't been any problems."

Good

Is the service effective?

Our findings

People who lived at the home told us they thought staff were well trained and they had the knowledge and skills to carry out their roles effectively. One person said, "The staff know what they are doing" and "They make sure I'm eating properly and have got me some special drinks" (high calorie drinks to support weight gain). Another person said, "I think the girls (care workers) know what they are doing, they have to keep notes on all sorts of things."

People also told us, "The food here is lovely and there is always a choice", "We get wonderful meals, they don't give me too much either" and "I can have a bacon sandwich in the morning which I like, I always had them at home." A relative we spoke with commented, "The food seems very good; I often come in to help feed [name] and I see a lot of clean plates."

Care workers we spoke with said they felt supported in their roles. We saw that supervisions and team meetings were held regularly and used as an opportunity for staff to raise concerns, ask questions and also to discuss any changes in best practice. The registered manager told us the registered provider's polices and procedures were often reviewed in team meetings to ensure, all staff has a good understanding of them.

Care workers had completed a range of training relevant to their role including infection prevention and control, moving and handling, fire, the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). A training schedule was in place for 2015 which incorporated all training deemed as essential by the registered provider. A care worker told us, "We do lots of training, we always have to keep the mandatory things up to date and we can do specialist training like, End of Life, Huntington's disease and Parkinson's disease as well." Another care worker said, "I've done an NVQ in health and social care; most of the staff have."

People's capacity to make their own decisions was documented in the initial assessment that was completed before people moved in to the home. We saw that this was continually monitored and evaluated. Care workers were aware of how to gain consent from people. One worker told us, "Everyone has capacity for certain things; I always ask people if they need any help." Another care worker said, "It's easy to gain consent, you just ask people." During the inspection we observed people being asked if the required assistance and noted that their requests were respected.

The registered manager monitored the use of restraint within the home. We saw that a best interest meeting had been held and the decision to use restraint to provide personal care had been made for one person who lived at the home. A care plan was in place that provided guidance to staff in relation to how the person should be restrained and when restraint could be used. Records were made including the amount of time the person was restrained for and what steps care workers had taken before restraint was used. The registered manager told us, "When [name] moved in to the home, the restraint plan was already in place. We have found through working with the person we very rarely need to use restraint. We think they feel safe here and we have developed ways to encourage the person without needing to use restraint."

The Care Quality Commission is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). These safeguards are designed to protect the interests of vulnerable people and ensure they can be given the care and support they need in the least restrictive way. The registered manager was aware of the new changes in the law and had completed DoLS applications. We saw the applications had been authorised by the local authority.

People's nutritional and fluid intake was recorded if an issue had been highlighted and we saw evidence that referrals to other healthcare professionals including dieticians and the speech and language therapists were made when required. Throughout the inspection we observed staff providing regular drinks for people in appropriate cups or beakers according to their need and providing support where necessary. Snacks and fresh fruit were offered in-between meal times and people could help themselves if they were able to without restriction.

A daily menu was available for people to choose from. The cook told us, "There is always two choices at each meal; we also have an 'anytime menu' so if people don't like the choices that day they can pick something else." They went on to say, "I have a list of the people that are diabetic, those who need a soft diet and who need high calorie drinks."

Good

Is the service caring?

Our findings

People told us, “The staff are ever so kind; nothing is too much trouble for them”, “I like all the staff but I have my favourites, they come and sit with me and we talk about my family and what I got up to when I was younger” and “The staff treat us all so well, it’s such a nice place to live.”

We observed care workers supporting people throughout the inspection visit and noted that interactions were often spontaneous and not as a result of a person’s behaviours or needs. A care worker we spoke with said the people who lived at the home were, “Like an extension of my family” and that they, “Got a lot out of putting a smile on their faces.”

One person who lived in the home appeared disoriented and distressed when they were walking in a corridor of the home. We witnessed a care worker speaking calmly to the person, reassuring them their family was visiting later that day and using other diversionary interventions to ensure the person remained content. A continuing health care assessor said, “One lady deteriorated very quickly so I worked with the home to get her some one to one support for certain times of the day. The staff have done such a great job; it’s like she has come back to life.”

Practical action was taken to ensure, as far as possible, people’s discomfort was attended to in a timely way. A Huntington’s (disease) nurse told us, “We support and manage the care of people with Huntington’s disease. We produce specialist care plans and give guidance to staff. They [the care workers] always follow our instructions and will contact us as soon as any changes occur which allows us to react quickly and provide treatment when it’s needed.”

There was a ‘call bell’ system in place at the service. Call bells were seen in every person’s room and could be used to summon assistance when required. We noted care workers responded quickly to ‘call bells’. A visiting relative we spoke with said, “The alarms [call bells] are always going off but they get stopped quickly.” A person who lived at the home told us, “Whenever I use it [the call bell] staff are here in a second.”

Staff were aware of people’s preferences for how care and support should be provided and how people liked to pass the time. We asked four care workers to describe people’s hobbies and interests; we were told, “[name] loves to sing and knows thousands of songs”, “[name] loves a dance, whenever we play music they love it” and “[name] is a private person so prefers to stay in their room”.

We asked care workers how they respected people’s privacy and upheld their dignity. We were told, “Everyone is different and you have to treat them as an individual”, “I always knock on people’s doors before going into their room and I always ask questions about care so no one else can hear” and “I had some training about dignity and respect, I think it’s really important to allow people to make choices for themselves.” A relative we spoke with said, “My [name] gets treated wonderfully; as do all the people here.”

We saw evidence that people were, when possible, involved in making decisions about their care. A ‘do not attempt cardio-pulmonary resuscitation’ (DNACPR) form was in place for one person who lived at the home; they had signed this after discussions with their GP. The registered manager told us, “The GP came out and said the person had the capacity to make the decision, which we knew they did, so the form was put in place.”

If people did not have the capacity to make decisions about their care and treatment support was available. There was an independent mental capacity advocate (IMCA) poster displayed in the main entrance to the home. The registered manager told us, “We have not had to contact them [the advocacy service] yet; we have a lot of family input at the moment but we know where they are when the time comes.”

We saw relatives and visitors in the home throughout the inspection visit. The registered manager confirmed there were no restrictions on visiting times. A relative we spoke with said, “I can come and go as I please. I tend to stay a little later in the summer months but I like to get home before it gets dark.”

Good

Is the service responsive?

Our findings

During the inspection we saw people participating in a number of activities including dancing to big band music. One person who used the service told us, "I don't dance because I've got two left feet; I just like watching." Another person said, "We do different things during the year, we go out more in the summer" and "There is always something to do."

Before people were invited to live at the home, an assessment of their health and social care needs was completed. We saw evidence to confirm people were involved with their assessment whenever possible. A nurse told us, "We try and get people involved with their assessments and when we put the care plans together. Some times it needs to be people's families if they come into the nursing side [of the home]."

A service commissioner told us, "We complete six monthly reviews for all of our service users; that is done in conjunction with the people themselves, their families and the service." A visiting relative told us, "I am [name] power of attorney now, so I attended all the meetings for reviewing and planning future care."

We looked at ten care plans during the inspection and saw they contained differing amounts of information in relation to people's life histories and their preferences for how care was delivered. During observations it was clear that care workers were knowledgeable about the way people preferred to be supported and knew factual details about their lives before the moved into the home. However, this information was not always recorded in people care plans. We discussed this with the registered manager who assured us this would be rectified as a matter of urgency.

People who lived at the home were supported to continue with their hobbies and interests. The activities co-ordinator explained, "We do a range of activities and get people to tell us what they want to do." During the inspection we saw people being encouraged to join in the choir practice and later in the day we watched people dancing, clapping and enjoying 'big band' music.

Reasonable adjustments had been made to the home to enable people to remain as independent as possible. This included, aided entry baths, wet rooms with walk in showers and high hand rails so that people could use the toilet without assistance. A care worker told us that people who lived at the home were encouraged to, "Stay independent by allowing them to do as much as they could." The registered manager said, "One lady helps the staff with the tea trolley and another lady likes to set the tables before each meal; we are happy they want to be involved."

The registered provider's complaints process was displayed in the main entrance. We saw that when complaints had been received they were investigated and responded to in a timely way. A visiting relative told us, "I have complained in the past, I met with the manager and we discussed my concerns and the manager made certain changes that I was very pleased with." The registered manager told us, "We try to use compliments and complaints to improve the service."

Good

Is the service well-led?

Our findings

One person who lived at the home told us, "I go to all the meetings [residents and relatives meetings], you get to find out what activities are coming up and get your name down."

A registered manager was in place at the time of the inspection.

There was an open culture within the service and people's comments and suggestions were listed to. The registered manager told us, "I strongly believe in fairness and transparency, I have an open door policy and encourage staff to question anything that they are unhappy with." A care worker we spoke with described the registered manager as, "Always really positive" and said they were, "Always ready to listen." A social work assistant with the local authority told us, "The manager always listens to any issues we are having and actions things quickly."

We saw that the local community were involved in certain activities with people who lived at the home. The activities co-ordinator said, "We have a choir here and we sing with the children from the local primary school; we practice regularly and it culminates with a show at the town hall." The registered manager told us, "It was the local children who came up with the names for the different floors and areas of the home."

The registered manager understood the day to day culture of the service ensured people who lived at the home were treated with compassion and respect. Two care workers held the role of 'dementia ambassadors'. We saw they had completed further training in relation to dementia and were told by the registered manager, "Their role is to champion good practice, question anything they think could be done better and share new ideas with the other staff" and went on to say, "We have champions in other areas as well; they are really effective."

Meetings were held regularly to enable people and their relatives to provide feedback about the service they received. We saw that the laundry, future activities and changes to the daily menu were all discussed at these meetings.

The registered manager was aware of their responsibilities to report accidents, incidents and other notifiable events that occurred within the home. The Care Quality Commission and the local authority safeguarding team had received notifications as required. We were told by the registered manager that they were aware of the local safeguarding procedure for reporting incidents. They said, "I have a good working relationship with the safeguarding team."

We spoke with a speech and language therapist (SaLT) about the development of a communication passport for one person who lived at the home. We were told, "They [the person who lived at the home] have Huntington's [disease], it's really affected their ability to communicate; we are working together to get a communication chart made so they can show people what they are trying to say."

Nursing staff and care workers were aware of their roles and responsibilities. A senior care worker we spoke with said, "We all know what is expected of us; we have regular team meetings and supervisions but it's in the handovers [handover meeting] that we discuss what is needed to be done on the shift and who is going to do it so nothing gets missed."

We saw evidence the registered manager was supported by the registered provider through senior managers meetings. Training requirements for care workers had been discussed at the last meeting. The registered manager told us, "We meet up to discuss any concerns or challenges and put plans in place to address them. My manager is supportive."

National Institute for Health and Clinical Excellence (NICE) guidance, Nursing and Midwifery Council (NMC) medicines advice sheets and Medicines and Healthcare products Regulatory Authority (MHRA) alerts were used within the service to ensure treatment and support followed current best practice.