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Alexander House Care Home - Cheltenham

Inspection report

Alexander House
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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

Summary of findings

Overall summary

We inspected Alexander House Care Home on the 3 November 2016. Alexander House provides residential care for people with mental health, learning disability and physical disability needs. The home offers a service for up to 10 people. At the time of our visit nine people were using the service. This was an unannounced inspection.

We last inspected in December 2015 and found the provider was not meeting all of the requirements of the regulations at that time. People did not always receive their medicines as prescribed. Additionally people were not always protected from risks in their living environment as areas of the home could cause harm to people. During this inspection we found improvements had been made to the service and they now met the legal requirements.

There was a registered manager in post on the day of our inspection. The registered manager is also one of the providers of the service. 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 received their medicines as prescribed. Care staff kept an accurate record of when people had received their medicines. People were protected from the risks of harm in their environment. The provider and registered manager ensured the building was maintained and people were protected from harm. Where concerns had been identified in the building, maintenance work was carried out. People told us they felt comfortable in the home.

People told us they enjoyed living at the home. People were supported by a kind, caring and compassionate care team who knew people's needs. Staff supported people to spend their days as they wished. People told us there were things for them to do in the home and how they enjoyed accessing the local community independently.

People told us they felt safe with care staff and safe in the home. Staff had a good understanding of safeguarding and the service took appropriate action to deal with any concerns or allegations of abuse.

People's needs were assessed. Where any risks were identified, management plans were in place. People were supported in a way that recognised their rights to take risks. Where people's needs changed, care staff had taken action and made referrals to healthcare professionals where necessary.

Care staff were knowledgeable about the people they supported. They had access to professional development. Staff had received the training they required to support people with individual needs and had access to effective supervision (one to one meetings with their manager).

People views on the service were sought. People told us the management was approachable and felt confident in their ability to complain. Quality assurance systems were in place to enable the service to identify areas for improvement and ensure people received a good quality service.

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 received their medicines as prescribed. Staff recorded the support they had given people around their medicines.

People told us they were safe. Care staff demonstrated good knowledge around safeguarding and would raise any concerns.

The risks of people's care were identified and managed by care staff. There were enough care staff to meet the needs of people living within the home.

Is the service effective?

Good

The service was effective. People's needs were met by care staff who had access to training, effective supervision and professional development.

People were supported with their nutritional and healthcare needs. Where people were at risk of malnutrition, staff took appropriate action.

People were supported to make decisions. Care staff and the registered manager ensured people's legal rights were protected.

Is the service caring?

Good

The service was caring. People and their relatives spoke positively about the care they received from staff. Care staff knew the people they cared for and what was important to them.

Care staff treated people with dignity and kindness. People were supported to make choices.

Care staff respected people and ensured that their dignity was respected during personal care.

Is the service responsive?

Good

The service was responsive. People's care and support plans were personalised and included information about what was important to people. People were supported with activities and

were supported to access the local community independently.

Care staff responded when people's needs changed to ensure they received the care they needed, this included making referrals to other healthcare professionals.

People knew how to raise concerns and felt confident they would be dealt with in a timely manner.

Is the service well-led?

Good

The service was well led. The registered manager had systems to monitor and evaluate the quality of the service.

People spoke positively about the registered manager and felt they were approachable.

The registered manager promoted a caring culture which respected people's individuality. Care staff were supported to suggest and make changes to the service.

Alexander House Care Home - Cheltenham

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 provider was 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 took place on the 3 November 2015 and it was unannounced. The inspection team consisted of one inspector.

At the time of the inspection there were nine people being supported by the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law.

We also looked at the Provider Information Return for Alexander House. 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 spoke with five people who were using the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with two members of staff and the registered manager. We reviewed four people's care files and records relating to the general management of the service.

Good

Is the service safe?

Our findings

At our last inspection in December 2015 we found that people did not always receive their medicines as prescribed and staff did not always keep an accurate record of when they supported people with their medicines. People were not protected from the risks from their environment and were at risk of sustaining an injury. These concerns were a breach of regulation 12 and 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 respectively. We issued a requirement notice to the provider. They gave us an action plan which informed us of the actions they would complete to meet the regulations. At this inspection we found action had been taken to address these concerns

People received their medicines as prescribed. Care staff kept a clear record of the support they provided people regarding their prescribed medicines and also ensured there was a clear record of the stock of people's prescribed medicines. Where staff had made a recording error, they had clearly recorded the mistake they had made to ensure all staff were aware. People's prescribed medicines were checked when they were delivered to the home by the pharmacy. This reduced the risk of the mismanagement of people's prescribed medicines. One person told us, "They sort my medicines out; they make sure I have what I need."

Where people had medicines prescribed 'as required' such as pain relief medicines, staff kept a clear record of the support they had received. Care staff used 'as required' protocols which provided them with clear guidance on when people could have these medicines and the reasons they were needed.

Medicines were stored in a lockable office. When this office was not in use the door was locked. The room contained a medicine fridge and a medicine trolley which were also locked. Care staff recorded the room and fridge temperature daily to ensure people's medicines were stored at the correct temperatures.

People were kept safe from risks in the home's environment. Since our last inspection the registered manager and provider had taken appropriate action to ensure the premises were safe and secure. Where people raised concerns about their environment, appropriate action was carried out. For example on the day of our inspection, one person's radiator was not working, the registered manager had arranged for someone to look at the radiator as a matter of urgency. A maintenance worker attended to the problem during our inspection. The home was kept clean and tidy throughout our inspection. One person said, "I like it here, it's very homely."

People told us they felt safe in the home. Comments included: "I feel safe here, they really look after me"; "I definitely feel safe and happy here" and "Yes I do feel safe, I feel very safe in here".

People were protected from the risk of abuse. Care staff had knowledge of types of abuse, signs of possible abuse which included neglect, and understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to the registered manager, or the provider. One staff member said, "I will tell the manager straight away". They also added that, if they were unhappy with the manager's or provider's response they would speak to local authority safeguarding or the CQC. They said, "I know I can whistle blow and contact safeguarding if I have any concerns". All care staff had received

safeguarding training.

The registered manager raised and responded to any safeguarding concerns in accordance with local authority safeguarding procedures. Since our last inspection the provider had ensured all concerns were reported to local authority safeguarding and CQC. They also ensured action was taken to protect people from harm.

People told us there were enough staff to meet their needs. Comments included: "The staff always have time for me"; "They (staff) take time to talk to me, we have time together if I need it" and "The staff check on me, I don't ever really have to wait if I need help".

There was a calm and homely atmosphere in the home on during our inspection. Staff were not rushed and had time to assist people in a calm and dignified way. Staff spent time with people and talked about their days. One member of staff assisted a person who had recently brought a new phone.

Staff told us there were enough staff available on a day to day basis to meet people's needs. Comments included: "We have enough staff deployed; I never feel I'm on my own or people's needs aren't being met. However getting good staff is a problem. We need more staff to help throughout the day". The registered manager had identified the number of staff needed to ensure people were kept safe. Staff rota's showed on the day of the inspection and other days there were safe number of staff had been deployed to meet people's needs. The registered manager told us they were in the process of recruiting more care staff to reduce the pressure on staff employed at the home. We did not check records relating to the recruitment of new care staff, as no new staff had been employed since our last inspection.

People had assessments in place where staff had identified risks in relation to their health and wellbeing. These included moving and handling, mobility, agitation, nutrition and hydration. Risk assessments gave staff clear guidance which enabled staff to help people to stay safe. Each person's care plan contained clear information on the support they needed to assist them to be safe. For example, one person was at risk of pressure sores when they stayed in bed. Care staff had clear guidance on how to assist the person and had also sought the advice of district nurses to ensure the person's needs were maintained.

People were supported to take positive risks and develop their independency. One care staff told us how they had encouraged one person who was at risk of social isolation to access the local community independently. The care staff started accompanying the person to local shops before encouraging them to go by themself. Following this the person had set clear goals of things they wished to do in the community and was planning to live independently in the future.

Good

Is the service effective?

Our findings

People told us that care staff had the skills they needed. Comments included: "The staff are well trained. They're fantastic"; "The staff are fantastic. Good people, good cooks and good workers" and "The staff are wonderful. They clearly know what to do".

People's needs were met by care staff that had access to the training they needed. One member of staff told us, "We definitely get all of the support and training we need from the manager" and "I've got the skills to meet people's needs". Care staff had the training they needed when they started working at the home, and were supported to refresh this training as required. Care staff had completed training which included safeguarding, fire safety and moving & handling.

Staff told us they had been supported by the registered manager to develop professionally. One staff member discussed how they had received training which they had requested at the time of our December 2015 inspection. They told us how the training had enabled them to learn and develop. They said, "I went to end of life training at (a local hospice). I was able to talk about end of life care with (the registered manager), it was important as well and we all did the training." Staff told us they could request training and they felt listened to.

Staff had access to supervisions (one to one meeting) with their manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Staff also told us they could always meet with the registered manager to discuss concerns when necessary. One staff member told us they felt supported by the registered manager and that they were always able to access support. They said, "(Registered manager) is good at meeting our needs."

Staff had undertaken training on the Mental Capacity Act (MCA) 2005. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff showed a good understanding of this legislation and were able to cite specific points about it. One member of the care staff told us, "We can never assume people can't make a decision. (One person) at the moment is unwell and he can't make decisions (around his health). It's in their best interest that they go to hospital."

People's rights to make a decision were protected, as staff acted within the legal framework of MCA. For example, the deputy manager had carried out a mental capacity assessment for one person after concerns were raised by staff and external agencies around how the person managed their money. The assessment identified the person had capacity to manage their own finances. The person's assessment had been reviewed since our last inspection and was still current. The person told us how they still enjoyed accessing the local community and appreciate the independence they had.

The registered manager ensured where someone lacked capacity to make a specific decision, a best interest

assessment was carried out. For one person a best interest decision had been made for them about invasive surgery. The person's family, doctor and other healthcare professionals were involved in making the decision. It was decided that surgery was not in the best interest of the person.

The registered manager had knowledge of the Deprivation of liberty safeguards (DoLS). People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. At the time of our inspection no one was being deprived of their liberty, as people living in the home were being supported to access the local community independently.

People spoke positively about the food they received in the home. Comments included: "I get some good food", "We have good meals and good cooks. I can always get a cup of tea" and "I get all the food and drink I need. I can get my own tea too".

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People's care records showed relevant health and social care professionals were involved with people's care. For example, records of appointments with healthcare professionals were clearly documented on people's records.

Good

Is the service caring?

Our findings

People had positive views on the caring nature of the service. Comments included: "I think it's lovely here. The staff are lovely", "It's a nice, caring place. Fantastic" and "It's wonderful here".

People enjoyed positive relationships with the care staff and the registered manager. The atmosphere was calm and friendly with care staff engaging with people in a respectful manner. We observed warm and friendly interactions. People were informed about the purpose of our visit by care staff who asked them if they would like to talk to us.

Staff encouraged people to spend their days as they wished, promoting choices and respecting people's wishes. People were supported to access the local community independently. One person told us, "I'm going to the bookies (betting shop), to pick up my winnings". Care staff helped the person arrange for a taxi to collect the person, and ensured the person had the money they needed to pay the taxi fare.

People were cared for by care staff who were attentive to their needs and wishes. For example, care staff knew what was important to people and supported them with their day to day needs and goals. They spent time talking to one person and giving them time to express their views. They had a chat about the person's day and if the person needed any support that day.

Care staff knew the people they cared for, including their likes and dislikes. When we discussed people and their needs, all staff spoke confidently about them. For example, one care staff was able to tell us about one person and how they supported them when they were feeling unwell. They told us, "I sit with (the person) for a couple of hours and help them with knitting and just talking." The person told us, "They come and help me with knitting. They always look after me."

People were supported to make decisions which were respected. For example, one person had written an advanced care plan (a document of decisions they had made about the end of their life) which stated they wished to stay at the home, however they wanted any support to keep them alive, which included being resuscitated if needed. The person had also made a legal living will and had made funeral plans. All this information was documented in the person's care plans, and staff were aware of the person's decisions.

People were able to personalise their rooms. One person had items in their room which were important to them, such as stuffed toys. This person spoke positively about their room. They told us, "It's my room, I'm happier than I've been. The staff respect that and I look after the room".

People were treated with dignity and respect. We observed care staff assisting people throughout the day. Care staff told us how they ensured people's dignity was respected. One staff member said, "I make sure the environment is closed, doors and curtains closed. I put people in control; give them a choice during personal care."

Good

Is the service responsive?

Our findings

People's care plans included information relating to their social and health care needs. They were written with clear instructions for staff about how care should be delivered. They also included information on people's past work and social life as well as information about their family and friends. The care plans and risk assessments were reviewed monthly and where changes were identified, the plans were changed to reflect the person's needs.

When people's needs changed staff took appropriate action. For example, one person had recently been discharged from hospital; however care staff and the registered manager were clearly worried about their wellbeing and possible risk to their health. Staff contacted healthcare professionals to ensure the person's wellbeing was maintained. Healthcare professionals acted on their concerns and the person was due to be re-admitted in to hospital.

People's care plans were personalised and contained information on people's life histories and preferences. We saw people's life histories which care staff used to understand what was important to people. Staff knew how people liked to spend their days. Two people in the home liked to spend time together; staff supported them with their friendship and knew it was important for them to spend time together.

People were supported to spend time as they wished. They enjoyed accessing the local community by themselves and with the support of staff. People talked with staff about local shops and changes to the local community. Everyone we spoke with accessed the local community independently and valued their independence. Comments included: "I can go out when I want to, the staff are here if I need them" and "I enjoy that I can come and go when I like. It's my life and I'm supported to live it.

People told us they enjoyed activities within the home. Comments included: "There is always plenty for us to do in the house" and "We all get on with each other. We enjoy watching television and talking. Never feel bored here, its home."

People were supported to develop themselves and become involved in learning. One person told us they had completed some training with staff. The registered manager showed us the training certificates that people had completed alongside care staff such as moving and handling and health and safety. One person said, "I enjoyed it. I like to learn new things."

People knew how to make complaints to the provider. People confirmed they knew who to speak to if they were not happy. One person told us, "(Registered Manager) is lovely; always listens to me". Another person said, "I've got no concerns, although I can tell (registered manager)". The registered manager kept a log of compliments, concerns and complaints. The service had received no complaints in 2016.

The registered manager used a range of systems to seek people and their relative's views on the service they received. The home carried out regular resident meetings, which included discussion about the activities and food provided within the home. Recent meetings discussed what food people wanted at Christmas and

if people wished to go to the local pantomime. People's views were clearly recorded and demonstrated what was important to them.

Good

Is the service well-led?

Our findings

Everyone we spoke with was complimentary about the registered manager. They felt the registered manager was very approachable and friendly. People told us communication was good and they had positive relationships with the registered manager and staff. Comments included: "They're wonderful. They listen to me and care about me" and "I'm definitely listened to and feel (registered manager) is approachable".

The registered manager promoted a culture that put people at the centre of everything. Staff were committed to the service and were positive about the management. One member of staff said, "Care staff spoke positively stating "It will always be their home, first".

The registered manager regularly sought people and their relative's views. The management carried out a survey of people and their views on the home. We saw copies of recent surveys which showed people were happy with the service they received. People told us their views were listened to through daily discussions with the registered manager and through regular resident meetings.

The registered manager had effective systems in place to monitor and improve the quality of care people received. They operated a range of audits such as health and safety audits, and scheduled checks within the home. Where audits or observations had identified concerns; clear actions were implemented. For example, improvements around cleaning within the home had been identified; these actions had been carried out.

The registered manager and staff had developed systems to ensure people received their medicines as prescribed and cared for in a safe environment. Actions had been carried out following our last inspection in December 2016. The registered manager had carried out competency assessments for people regarding the administration of medicine. Systems were in place which enabled staff to identify where people had not received their medicines, effectively and quickly. The registered manager carried out monthly health and safety checks to ensure the building was safe and any concerns were identified and addressed. They were also working with other professionals regarding health and safety aspects of the home.

The service carried out regular team meetings. These meetings allowed the management to cascade important information and discuss people's needs. Management used meetings to evaluate incidents within the home, to identify issues and what lessons can be learnt from these incidents. These meetings challenged staff to identify the triggers to incidents and how they could be avoided. Staff spoke positively about the meetings and how they enabled them to provide clear personalised care to people.

Staff spoke positively about their involvement in the home, and how they were able to suggest improvements. One staff member told us, "We are listened to and involved in the day to day running of the home."