Bupa Care Homes Limited

Alexandra Care Home

Inspection report

370 Wilsthorpe Road
Long Eaton
Nottingham
Nottinghamshire
NG10 4AA

Tel: 01159462150

Date of inspection visit:
12 October 2017

Date of publication:
03 November 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

This inspection visit was unannounced and took place on 12 October 2017. Due to concerns raised with regard to the level of staff, we brought our inspection forward and arrived early in the morning to review the staffing levels. We were satisfied with the deployment and number of staff on duty. Since our last inspection the provider has registered under a different registration with the same provider organisation. At our last inspection on May 2016 we rated the service as 'Good'. At this inspection we found that some improvements were required. The service was registered to provide accommodation for up to 40 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection 34 people used the service.

There was a registered manager in post. 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 had behaviours that place themselves or other at risk of harm had not always been managed in a planned way. Some risk assessments had not reflected the support people received. Other risk assessments cover a range of areas and guidance had been provided. People were supported to make choices, however the assessments did not always reflect the person's level of understanding in different situations. Staffing levels and regularity of the staff had not always provided a consistent approach to meeting people's needs. This was being addressed by the provider. The staff employed had received a range of checks to ensure they were suitable to work in the home.

People were supported to make choices. We found staff had established positive relationships with people. Staff showed respect for people's choices and supported them to maintain their privacy and dignity at all times. People were able to choose the meals they wished to eat and alternatives were provided. We saw that medicines were managed safely and administered in line with people's prescriptions and preferences. Referrals had been made to health care professionals and any guidance provided had been followed.

Staff obtained information from the person and their relatives to support the completion of the care plan. People were encouraged and supported with activities or hobbies they wished to engage in. Complaints had been addressed and resolved in a timely manner.

The registered manager and provider had established a range of audits to monitor improvements within the home. Improvements plans had been developed and actioned. People and relative were consulted about the home and information about any changes was communicated.

Staff felt supported by the registered manager and felt they had the opportunity to contribute to the care people received. Staff had received training and the provider had invested time to expand the staff

knowledge in supporting people living with dementia and the development of a senior role within the home.

We saw that the previous rating was displayed in the reception of the home as required. The registered manager understood their responsibility of registration with us and notified us of important events that occurred at the service; this meant we could check that appropriate action had been taken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe
People who had behaviours that place themselves or other at risk of harm had not always been managed in a planned way. Some risk assessments had not reflected the support people received. Other risk assessments cover a range of areas and guidance had been provided. Staffing levels and regularity of the staff had not always provided a consistent approach to meeting people's needs. This was being addressed by the provider. Staff were suitably recruited and understood how to protect people from harm and poor care. Medicines were managed to ensure safe administration.

Is the service effective?

Requires Improvement

The service was not always effective
People were supported to make choices, however the assessments did not always reflect the person's level of understanding in different situations. People enjoyed the food and were encouraged to make choices. Referrals were made to health professionals to support people's wellbeing. Staff received ongoing training and there was an induction package to provide new staff with the skills to support people.

Is the service caring?

Good

The service was caring
People and their relatives were happy with the care that was provided. It was delivered in a dignified and respectful way. People were encouraged to make choices and be independent. Relatives and friends were free to visit throughout the day.

Is the service responsive?

Good

The service was responsive
People received care which met their preferences and staff understood their likes and dislikes. There were opportunities for people to engage in activities which had been provided. There was a complaints procedure and this was followed when required to address any concerns.

Is the service well-led?

Good

The service was welled
The provider used a range of methods to reflect on the service and to use to make improvements. Staff told us they were supported by the registered manager and received the guidance they needed for their roles. The registered manager understood the responsibilities of their registration with us.

Alexandra Care Home

Detailed findings

Background to this inspection

We carried out this inspection visit 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 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.

Our inspection was unannounced and the team consisted of two inspectors, an expert by experience and a specialist advisor. A specialist advisor is a professional who has expertise in a specific area, our specialist had knowledge and expertise in care for people with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We also spoke with the local authority who provided us with their current monitoring information. We used this information to help formulate our inspection plan.

We spoke with four people who used the service and four relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We also spoke with eight members of care staff, the activities coordinator, two nurses, an agency nurse, two bank nurses and the registered manager. After the inspection we also spoke with a health care professional. We looked a range of information, which included the training records to see how staff were trained, and care records for nine people who used the service. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Requires Improvement

Is the service safe?

Our findings

People were not always supported when they had behaviours that could have an impact on their safety and that of others. We saw within the care plans some aspects of what made the person happy was documented; however, this information was not developed into a behaviour support plan (BSP). A BSP would include step by step guidance for staff to ensure there is a consistent approach to managing the person's behaviour. We observed some good practice; however this was down to the individual staff member and not in relation to a planned BSP. When people had expressed these behaviours and when medicine was used to reduce their anxiety the steps taken before and after this had not been recorded. This meant we could not be sure people with behaviours that challenged had been fully supported in a consistent way. We discussed these plans with the registered manager, who agreed they would review them and ensure the plans reflected the best approach to take with each individual.

Risks to people's safety had been assessed; however these had not always been followed. For example, one person was assessed as high risk of falls and when they walked around the home they should be supervised. We saw during the inspection, this person was walking without staff support on three occasions. Staff confirmed this person was not always supported when walking. We discussed this with the registered manager who agreed to review this person's level of support.

Other risk assessments covered all aspects of the person's care and environment. Where the person required equipment, there was guidance provided. We saw when staff used equipment to transfer people; this was carried out safely with the staff member.
We observed during the inspection there were enough staff, however people and professionals we spoke with had raised concerns in relation to the number of staff and the regularity of the staff.
Due to these concern we brought forward our inspection and arrived early on the day of the inspection to ensure people were safe and suitably supported. One person said, "We could do with more regulars." A visitor said, "Staffing is Okay in the day but there is a shortage at night." The comments we received related mainly to the number of staff in the evening and night shifts, in addition to the high use of agency and bank staff. Bank staff cover shifts across a range of locations owned by the provider, these staff were more familiar with the home as they provide the cover arrangements for annual leave and positions whilst recruitment is being completed. Agency staff were used to support sickness and staff shortages and could be less familiar with the home and the people. During our inspection we observed both bank and agency staff working in the home and saw this practice was planned to continue whilst the provided recruited the numbers of staff they required.

A health care professional we spoke with expressed their concern in relation to the number of agency nursing staff. They felt this had an impact on the flow of communication and staff having current knowledge in relation to people's needs. Staff we spoke with confirmed this. One staff member said, "We have had a problem with staffing numbers and agency staff not knowing people, but that situation is improving with new staff and some consistent agency workers." Another staff member said, "Sometimes things take longer as we don't have the same nurse." We discussed this with the registered manager who confirmed they had recruited some nurses and a deputy manager who would be the clinical lead. Care staff had also been

recruited and we saw five staff members were to commence their role following training in the coming weeks.

During the inspection we observed the bank staff working on that day had been a consistent presence for the last month. We saw an agency nurse had completed the night shift. This had been their first visit to the home. They had received a tour of the home which included fire procedures and a detailed handover relating to people's needs. This confirmed the approach the provider was taking in relation to the staffing of the home.

We saw that checks had been carried out to ensure that the staff who worked at the home were suitable to work with people. These included references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. One member of staff told us that they had to wait for their DBS check to come through before they started working. This demonstrated that the provider had safe recruitment practices in place

People received support with their medicine. One person said, "I get my medicines from the nurse and I take them." Relatives we spoke with felt confident people received their medicine as prescribed. One relative said, "I've seen the nurses give them medicines. Staff feedback to me when they weren't taking their tablets and they had to persuade them or come back later." We saw for some long term health conditions, regular daily checks were completed to ensure the correct medicine was given. A relative told us, "[Name] is diabetic so they receive injections twice a day. Staff checked their blood sugar before the injections." We saw records which supported the approach taken to monitor this person health condition. Some people had received a review of their medicines. We saw any changes had been clearly documented and the changes were being monitored.

All medicine was administered by trained nursing staff, we observed this was done in a safe patient manner. We checked the stock of medicine and found this to be correct along with records relating to daily checks of the room and fridge temperatures. This meant we could be sure people received their medicine as prescribed.

People told us they felt safe when they received care. One person said, "I think it's very safe here. I've never fallen down and they would pick me up pretty quickly." Another person said, "I feel safe with staff. They're gentle and kind." Staff had received training in safeguarding and understood the different signs of abuse and knew how to raise a concern. One staff member said, "I would report any concerns or if I felt someone was in danger." They added, "I feel confident it would be addressed straight away." Where potential harm had been identified this had been reported to the local authority under agreed safeguarding procedures and we had been informed of these alerts. We saw investigations had been completed and actions taken to ensure the people remained safe from harm.

The provider had maintenance staff on site. They ensured that repairs were completed swiftly to avoid any disruption or delay in care for people. For example, a relative told us, "The fire door was left open. Now it's checked and locked up. Last week the fence fell down and I mentioned it. It got fixed straight away." The maintenance of the premises was routinely checked and when repairs where required, we saw that an action plan was developed with the registered manager and monitored until they had been completed.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides the legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act using
that as far as possible people make their own decisions and are helped to do so when needed. When they lack capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. 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 Deprivation of Liberty Safeguards (DoLS).We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

Where concerns about people's capacity had been identified, a capacity assessment had been completed; however this was generic and did not always consider that a person could have differing levels of capacity dependent on the decision that needed to be made. For example, to make decisions about their personal care, however not about their medicine or the use of equipment. Where people lacked capacity some best interest information had been completed, however not for all the decisions. We spoke with the registered manager about the assessments, they acknowledged they were not decision specific and they would work towards correcting this with all the people it was relevant for.

We recommend that the provider seeks advice on best practice, to assess people's capacity in relation to specific decisions for people living at the service.

People told us staff sought their consent before they provided their care. One person said, "Staff always ask my permission." Another said, "I get a wash and shower. The staff help me to go to the bathroom. I don't have to wait long and they ask me first." We saw during the inspection people's permission was asked in relation to their daily routine. A relative told us, "Staff offer [name] a shave and they usually say no. So they offer a shampoo and shower. Then they ask again about a shave and usually they agree. So they do ask their wishes and consent."

We observed the midday meal, downstairs there was a relaxed atmosphere and people were supported on an individual basis. However, upstairs the tables ? had not been set and some people were given their meal on their knee. In both locations there was no condiments offered. We discussed this with the registered manager; they told us they were working on the meal experience. They had been supported by the provider's admiral nurse to review the mealtimes and making changes. An admiral nurse has specialist knowledge in supporting people living with dementia. We saw there was a plan in place to review and develop this area of the service for people.

People told us they enjoyed the meals. One person said, "I get a choice of meals. The food is fairly good. If I don't like it, they get me an alternative. I always drink with a straw because my hand shakes." Another person said, ""I get enough food. It's tasty." We saw that people had their weight monitored and when any concerns had been raised a referral was made to the speech and language team. This team provide

guidance for staff in relation to the consistency of the meal or drinks. We saw when guidance had been provided this was recorded and shared with the care staff, the kitchen and family members. A relative told us, "Once [name] choked on a chip so they tried liquid diet. Then they had a reassessment and changed the meal to a fork mashed diet. I do bring in treats, but I check they are ok to be given with staff first." Another relative said staff had encouraged their relative with their drinks. They said, "[name] is weighed and staff encourage them to eat. They love tea and get plenty of it." This meant people received support with their nutritional needs. The provider had introduced the role of senior carer and they had commenced their training. One staff member told us, "We have been tasked with reviewing the care plans and getting them up to date. There is a lot of support here with training." They added, "The management have arranged for the McMillian nurses to train us, which I am excited about." During the inspection we saw a regional quality lead provided the new group of seniors with training for their roles.

Other staff told us about training they had received in relation to people living with dementia. One staff member said, "The training was really good and I have learnt a lot about people living here through the training. The more you know about a person the more you can do to support them."
We saw that mandatory training had been provided and new staff had completed a week's training before commencing their role in the home.

Referrals had been made to health care professionals in a timely manner and any guidance followed. A relative told us, "[name] was losing weight. The doctor came and given some supplements and now their weight is back to normal." Another relative said, "The doctor was called when they had a chest infection. The optician came last week and they see the chiropodist." We saw that there was a weekly visit from the advance nurse practitioner (ANP) who also visited if required between these calls to support people's health needs. During our visit one person was presenting as unwell, the ANP visited and prescribed medicine which was collected immediately. This demonstrated that people's healthcare was responded to in a timely way.

Good

Is the service caring?

Our findings

People and relatives told us they felt cared for by the staff team. One person said, "The staff are all nice, you cannot say anything, they are friendly." Relatives we spoke with said, "I'd give the care quality 8/10 . I'm happy with the care. The staff are friendly and talk to people at their level. People are seen as individuals."

Staff knew people well and had established relationships with them. One person said, "Staff come to my room and talk with me. They are very friendly" A relative said, "Nothing is too much trouble for the staff here. They're a big team really." We saw that staff knew people and their relatives well. People's requests were responded to and when staff spoke with people it was at eye level with a friendly manner. One staff member we spoke with said, "The people come first. I love working here and all the people." Staff told us how they had been encouraged with ideas. One staff member told us they had purchased 'v' shaped pillows for people. They said, "It's so we can make the person more comfortable at night."

People had a choice about their day. One person told us, "I can get up and go to sleep when I want."
A relative told us, "[Name] gets up out of bed and chooses to go to bed early in the afternoon and gets up again later." We saw when some people went to bed they had pressure mats, to alert staff if they got up.

Relatives told us they felt welcomed and relaxed at the home. One relative told us, "There is no restriction on visiting, I feel comfortable whenever I come." We saw that people who mattered to the person had been included in discussions and decisions at their request. For example, a relative told us they had been unable to visit for a short while. They said, "I could not come and visit for two weeks. The manager phoned me every day to inform me how [name] was. I give them 100% for the care." Another relative said, "Staff will answer my questions. If they are unsure they ask us to phone the manager."

People and relatives confirmed that their dignity was respected, One person said, "Staff knock on the door and close the curtains. Staff ask me if I want a bath and if I do, I will go with the staff." We saw and relatives confirmed this was the practice. One relative said, "They close the curtains and doors if changing them."

Good

Is the service responsive?

Our findings

Care plans reflected people's needs and preferences. For example, a preferred name and daily routine in relation to getting up or the types of food the person enjoyed. People and those important to them had been involved in identifying these needs. One relative we spoke with said, "I'm involved with the care plan and I am always involved when changes are required." Another relative said, "Staff have kept me informed and explained about some behaviours that required some medicine support. They explain the causes and what support they offered. The staff are spot on and don't hold back information."

We observed the daily handover and this was delivered by the duty nurse from the previous shift. Permanent staff took notes about important concerns or actions and the nurse for the next shift allocated peoples roles. Staff we spoke with felt this worked well, one staff member said, "We get enough information and can review the previous handover notes if we have been off for a few days. This way we can see how people are and what needs they have." The activities coordinator also attended the handover meeting. They told us, "I attend the morning handover and get information, if anyone is having a bad day, I can take that into account when working with them. If I notice things about people, I share that with nursing and care staff. This helped to ensure people received continuous care as their needs changed.

People were encouraged to be independent and had choices about how they filled their time. One person said, "A member of staff does great activities in the morning. They are fantastic and get people to join in." A relative said, "[Name] enjoys walking in the garden. Staff encouraged them to join in activities." Another relative said, "[Name] enjoys kicking a balloon as a football. They get really excited with another person when they play." We saw that new people were assessed on arrival to consider their hobbies, likes and dislikes. The daily activities were recorded and their involvement every day. For people living with dementia, their abilities had been assessed and activities adapted to their needs. We saw that activities where provided during the day which reflected peoples different needs. This meant people were encouraged to engage in activities of interest to them

We saw that the complaints procedure was displayed and complaints were responded to. People and relatives felt able to raise any concerns. A relative said, "I would go to the office to complain. I have no complaints." Another relative said, "If I had a complaint I would go to the manager. I've not had any real concerns. They do a good job." We saw that complaints had been responded to and one relative said, "I made a complaint, to the deputy manager and it was sorted out straight away." Compliments had been received by the home and shared with the staff. One relative had written, 'Thank you, the care was excellent and enabled them to spend their last days at the home.'

Good

Is the service well-led?

Our findings

People and relatives told us they found the registered manager to be friendly and approachable. One person said, "I feel very happy and settled here." A relative said, "I know the manager by name. They are approachable and walk around and talk to people. Everything seems to be running okay." Staff we spoke with praised the registered manager and said they were very supportive of the staff and always listened. One staff member said, "The manager is approachable and has been flexible with my shifts." We saw and staff told us they received supervision for their role. One staff member said, "I have it every three months, but if you need to raise anything in between you can." The registered manager received support for their role. They had a new area manager who had provided support and they felt they received support from other people within the organisation.

We saw audits and areas of improvement had been completed. For example, an infection control audit had identified the need for new mattresses and other equipment. We saw these had been purchased and the equipment replaced. Since this audit a monthly check has been put in place to ensure all mattresses and equipment are checked on a regular basis.

In the providers PIR we saw that a 'quality of life' audit had been planned. We saw this had been completed and consideration for improvements to the home had been identified. A space within the home had been identified and designed to become a dementia café. This was due to open in the coming weeks to provide a space for visitors and people living in the home to experience. Improvements from previous plans had been completed. For example, a new patio door had been installed in the dining area and the garden had been redesigned to create an accessible space for people. People told us they had access to the garden and we saw people used the space during our inspection.

The provider had asked for feedback and we saw that meetings had been arranged for relatives. Relatives told us, "I have been to a couple of meetings, but I talk to the staff all the time. The meetings are advertised." Another relative said, "I've not been to a meeting for quite a while. They are held, I didn't have much to contribute anyway because I am quite happy with the home." We saw when meetings had been held there were minutes completed which were made available to the relatives and people who used the service .

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. We found the provider had conspicuously displayed their rating. The registered manager understood the requirements of their registration and completed notifications in relation to incidents or events which affected the service.