

Alexandra House

Alexandra House - Ludlow

Inspection report

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Date of inspection visit: 12 May 2015
Date of publication: 03/07/2015

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

The service provides accommodation and personal care for up to 22 older people. The service has a registered manager. 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 and associated Regulations about how the service is run.

We saw people were well cared for, relaxed and comfortable in the home. Everyone we spoke with complimented and praised the staff who supported them.

Care records were personalised and reflected people's care and support needs. The care plans included information about people's likes, interests and background and provided staff with sufficient information to enable them to provide care effectively. We observed people were cared for with dignity. People told us they were respected by staff.

People were cared for by an established, motivated, passionate and well trained staff team. The registered manager and her senior team provided effective leadership to the service and regular residents meetings

Summary of findings

ensured people were involved in the running of the home. The atmosphere in the home was sincere, sociable and understanding and we saw staff were able to spend time chatting and laughing with people.

People were actively involved with the local community as they wished. Staff supported and encouraged people

to engage with a wide variety of activities and entertainments available within the home. They also respected people's wishes to be by themselves. Professionals who worked regularly with the service told us that it was well run and they had no concerns about people's care.

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?

The service was safe.

People were protected from harm and abuse.

Risks had been properly assessed as part of the discussions that staff had with people.

Staff produced records that provided clear guidance on the management of identified risks.

Medicines were managed in accordance with best practice.

Good



Is the service effective?

The service was effective.

Staff were well trained and effectively supported.

People's choices were respected and staff understood how to uphold people's rights.

Good



Is the service caring?

The service was caring.

The staff team knew people well and provided support with compassion.

People's privacy was respected and relatives and friends were encouraged to visit regularly.

Good



Is the service responsive?

The service was responsive.

People's care plans were reviewed, personalised and contained information to enable staff to meet their identified care needs.

A variety of activities were available within the home provided by staff and local community groups.

People were enabled to make decisions about how they lived their lives and to continue relationships that were important to them.

Good



Is the service well-led?

The service was well led. The registered manager and provider offered staff with leadership and operational support. Staff and senior management worked well as a team to ensure people's needs were met.

There were effective quality assurance systems in place designed to both monitor the quality of care provided and drive improvements within the service.

The registered manager and staff were open, willing to learn and worked in partnership with other professionals to ensure people's health and care needs were met.

Good



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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 checked 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.

This inspection took place on 12 May 2015 and was unannounced. The inspection team consisted of one inspector. The service was previously inspected on 29 April 2014 when it was found to be fully compliant with the regulations.

We reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with six people who used the service, three relatives who were visiting, four members of care staff and the registered manager. In addition we observed staff supporting people throughout the home and during the lunchtime meal. We also observed people being assisted to take their medication. We looked at a range of records. These included two care plans, one staff file, training records, staff duty rotas, meeting minutes and the service's quality assurance process.

Is the service safe?

Our findings

People spoke warmly of the staff at the home and told us they felt very safe. One person said, “I categorically feel safe here. They’re always around. Someone will come when we call and it’s usually within minutes”. Staff told us, “We attempt to enable people to do what they wish, even if it entails some risk. We talk this through thoroughly with each person”. Professionals who visited the service said there were no known issues with this service.

Staff were trained in identifying the signs of abuse and knew how to refer to the local authority if they had any worries. Staff said they were confident that if they reported any concerns about abuse or the conduct of their colleagues the registered manager would listen and take action. One member of staff said, “It is our duty to keep people safe by understanding the processes in place to do that”.

One person told us they had fallen a couple of times. They said, “The staff keep an eye on me and have spoken to my GP about it all. I like to go out for a walk on my own and the staff have respected this as long as I tell them when I have gone out”.

People’s care plans included detailed and instructive risk assessments. These documents were personalised and provided staff with a clear description of any identified risk. They gave specific guidance on how people should be supported in relation to the risk. Where accidents had occurred these had been recorded, investigated and reviewed. Where these investigations found that changes were necessary in order to protect people these issues had been tackled and resolved promptly. The provider had a dedicated member of staff for reviewing and auditing any falls that people had. These incidents were well recorded and an action plan in place if any trends were recognised.

There were emergency evacuation procedures in place, regular fire drills had been completed and all fire extinguishers had been serviced. We saw that lifting equipment was provided for staff to use and had been regularly tested and serviced. This ensured it was safe to use.

People commented, “There are enough staff to make sure we do not wait to receive attention”. We looked at the duty rota that showed the staff on duty to meet people’s needs.

The registered manager regularly reviewed the care needs for people to determine the staffing levels and would increase the staffing levels accordingly. Staff told us they had time to spend supporting people with their individual needs. Additional ancillary support was provided by catering staff, housekeeper and domestic staff.

We looked at the file of a potential new recruit. Processes included checking references and carrying out disclosure and barring checks before they started work. This ensured that staff were suitable and fit to carry out their duties.

We spoke to one person who took their own medication and kept it in their room. The person explained how staff had spoken to them about the risks and the best way to do this safely. They said, “The staff have spoken to me and explained everything. I know that they should be told when I take something particularly when I take my pain tablets, in case I have to go to hospital”. We saw that where people had requested the provider to look after their medication that this was done safely. The provider had a dedicated member of staff that managed people’s medication. All medicines including those that were prescribed ‘as required’ were kept securely and at the correct temperature to make sure they were suitable for use.

Medicine stocks were checked to make sure that people’s supplies were always available. Staff followed the prescription in people’s individual Medication Administration Records (MAR) and signed to evidence the medicine had been taken. The MAR sheets were completed accurately and any errors were dealt with the individual staff concerned. We saw people were given tablets for pain relief ‘as required’ as staff were aware they were in physical discomfort.

People told us the home was clean and odour-free. A visiting relative told us, “The home is always very clean, I cannot fault it”. Another relative said, “It always smells fresh”. There was a policy on infection control and staff followed the Department of Health guidelines which helped reduce the risk of infection. Staff spoken with had a thorough understanding of infection control practices. They described the measures that were taken to ensure that the service was clean and free from the risk of infection. We saw staff washed their hands and used hand sanitizers. We heard staff encourage people to wash their hands after using the toilet and before their lunch. Staff wore gloves and aprons when necessary.

Is the service effective?

Our findings

People told us they had been spoken to about their life before they moved into the home. We saw that needs were assessed, recorded and communicated to staff. The staff followed specific instructions to meet individual needs. For example, one person had been reviewed by their GP due to having falls, medication was discussed and reviewed and the staff had implemented the changes. This had improved the person's situation and maintained their independence.

One person told us, "The staff know what I need help with and how I like it to be done". One relative said, "Our mum's needs were recognised by astute staff and we are confident that they will care for her properly".

Staff had applicable training and suitable experience to support people with their individual needs. The registered manager had implemented a system that ensured all staff training and refresher courses were scheduled and attended. Staff told us that when they started work they completed a comprehensive induction. This induction had been mapped against the new care certificate. A member of staff had been allocated the responsibility to oversee induction of new starters. There was an emphasis on making the information accessible and free from jargon.

Staff told us they were offered good training opportunities relevant to their role or special interest. The staff told us that because they were assisted to develop their knowledge and skills they were able to carry out their roles with confidence. Care staff told us they received one to one supervision support on a regular basis. Staff told us that supervision sessions were helpful. They also received a lot of informal guidance from the registered manager or one of the partners as they worked their shift. This meant people had their needs met by staff that felt trained and supported.

Everyone we spoke with was confident that a doctor or other health professional would be called if necessary. Care records confirmed people had access to health care professionals to meet their specific needs. For example, the staff worked with the district nurses to identify people who were at risk of pressure damage to their skin. The provider had a plan to replace many of the ordinary type beds with adapted beds. This was so people who became more dependent on staff for moving and personal care needs could be helped more safely.

Other professionals told us that the staff always responded to people's needs and felt they supported people well. They told us that staff approached them for advice promptly if needed. People were supported to maintain optimum health and receive on-going health care services.

The registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lacked mental capacity to make particular decisions for themselves. Some people were living with dementia and their ability to make daily decisions could fluctuate. Staff had a good understanding of people's needs and people made their own decisions about their daily lives wherever possible.

There were no restrictive practices within the home and we observed people moving freely around the building. People chose how to spend their time. We saw people chatting together with staff and visitors in the dining room and lounges or spending time in their own rooms.

One person left the home to visit the local hairdresser. Another went for a walk around the garden. There was evidence the home considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The home had not made any recent applications to restrict people's liberty under these safeguards. However, the registered manager had an understanding of when an application would need to be made.

People were encouraged to give their consent and agreement to care being delivered. Discussions were recorded in the person's care file, for example, regarding resuscitation and advanced care planning.

One person said, "The food is so nice, I look forward to eating it". One relative said, "The food is great. My [person] doesn't eat much but the staff encourage her to eat what she needs for her health".

People were assisted by staff with eating and drinking when needed. Staff sat with people making it a social occasion to enjoy. People chatted quietly to each other and remarked they had enjoyed the recent sunflower seed planting activity. Some people chose to have their meal in a separate lounge and this was respected. People were able to have wine, water or fruit juice with their meals.

Is the service effective?

People were offered hot drinks and a choice of snacks throughout the day. People were weighed regularly and then referred to health professionals if staff were concerned by a change in their health. Catering staff knew people's dietary preferences. For example, who required a diabetic or soft diet.

People told us they lived in a home that was well maintained and decorated in a homely manner. They felt

communal rooms were light, airy and comfortable and that the home enjoyed good views over the town and onto surrounding countryside. The entrance of the home had adaptations to enable people who used wheel chairs or had other difficulties mobilising to directly access the home's front garden.

Is the service caring?

Our findings

One person explained how they felt about the care in the home. “The staff are exceptional, kind, caring and considerate. It was the right decision and the staff have made it so happy for me”. One relative said, “Mum has been made to feel as though she is family. The staff are so genuine and it’s not just for show”. Another relative said, “We are actively encouraged to visit regularly and can attend the activities and entertainment in the home”.

We saw staff acted positively and warmly towards people. Some people who had difficulties communicating because of a hearing impairment were given the time to express themselves. For example, we observed a member of staff spending time to explain to a person who was having a problem with their hearing aid, that it was time for lunch. The staff’s approach was calm and reassuring as they offered to accompany them.

People were involved in their day to day care. People were able to follow their own chosen routines such as when they got up and went to bed. People were accompanied to their rooms if they wished and there was a quiet room they could use. All staff knocked on people’s bedroom doors, announced themselves and waited before entering. People’s privacy was respected and people were assisted with their personal care needs in a way that respected their dignity.

The staff knew people’s histories, likes and dislikes so they were able to engage people in conversation they enjoyed. The staff promoted people’s independence to do as much as possible for themselves. This included encouraging a person to maintain a healthy weight and mobility by having

a daily walk. One person said “I am helped to wash but I like to dress myself in private and then staff come back and do my shoes up for me”. This ensured they retained control over their day to day routine.

The registered manager explained how staff have attended meetings regarding the Gold Standards Framework (GSF). The GSF is a national training and coordinating centre for all GSF programs, enabling generalist frontline staff to provide evidence based gold standard of care for people nearing the end of life. Staff told us they had been trained in leadership and support, advanced care planning, GP collaboration, reflective practice and all the personal care provision. Anticipating the need for such care has resulted in a reduction of people going into hospital and holistically supporting people to die in peace in a place they had chosen. One staff member said, “Using this approach has given care staff and seniors the self-confidence to talk to professionals such as, GPs and the Out of Hours GP service at night. Staff work more in isolation at night. The training, support and partnership approach has enabled care for people at night to be delivered with more consistency by staff”.

The provider took a collaborative approach to people’s care reviews. Reviews were conducted with the person, their family and named staff. When decisions had been made the outcome was shared, with the person’s consent, in a meeting with all staff in order to gain their views and opinions.

Staff told us that they had attended a day in ‘leadership in dementia care’. This had enabled the person to bring back information into the caring environment. They talked about how they had shared their knowledge to support a person’s needs better.

Is the service responsive?

Our findings

One person said, “I have a telephone in my room. Twice a week the staff set me up with it so I can make my regular calls. They help me very well as I can’t see”. This meant that people were assisted to keep in touch with their friends and family at a time to suit them. The registered manager explained that the internet was available and people could use the computer in the lounge to keep in touch with relatives and friends.

People’s care plans were in place. They included records of initial assessments completed prior to people moving into the home. People were encouraged to visit before moving in if they wished. This gave people a chance to meet other residents, get to know staff and gain an understanding of how the service operated. Once a person decided to move into the home the registered manager visited the person at home to discuss the details of their specific care needs and their wishes. During this assessment meeting details of the person’s life history, likes, preferences and interests, care needs and medical conditions were discussed, in order to establish that the home was able to meet their care needs.

Staff told us, “The care plans are easy to read and we do use them. The format is being updated and they will be more organised and information can be found clearly”.

The updated care plans provided staff with clear guidance on each person’s individual care needs and contained enough information to enable staff to provide care well. The care plans included clear instructions for staff to encourage people to be as independent as possible, while providing information on the level of support normally required.

People were supported to take part in activities. We saw a plan of activities displayed in the lounge that included, gentle yoga and a visiting singer. People could practice their faith and communion services were held at the home. We saw from resident meeting minutes that people were encouraged to share their thoughts on the type of activities held in the home.

None of the people we spoke with had any complaints about the quality of care they received at the home. People we spoke to were aware of how to make complaints and told us they would raise any issues or complaints with staff. People’s comments included, “Staff are so good to me I don’t need to complain. I do know how to go about it though if I was worried”. The provider has not received any complaints since our last inspection.

Is the service well-led?

Our findings

People and their relatives commented on how content they were with the care provided at the home and that they were glad to be living there. People told us, “I do not wish to move, it’s so lovely here. I love my room and how I am cared for”.

Incidents and accidents were recorded and analysed to identify how risks could be reduced. Action had been taken as a result and this had led to staff supporting people safely.

Staff were supported to achieve the best they could for people. The atmosphere in the home was caring, friendly and inclusive. Staff told us, “I absolutely love my job, just love it” and “I think we truly give our best to look after people and more”.

Staff told us they felt valued and the importance of their contribution to the home was recognised and appreciated.

The ethos of the service was that people should live their lives freely and to be protected from harm. The registered manager attended leadership training and had brought back new skills into the workplace that would improve the management of staff. For example, there had been a change in how the management supervised staff and conducted appraisals. Staff were delegated new roles and supported on higher level vocational training so that more staff were able to understand how the home was run. Staff knew about the whistle blowing policy and where this was kept if they needed to refer to it.

Management and senior staff participated in working groups sharing hygiene and cleanliness initiatives that promoted quality of life and delivered positive changes in the care home.

People told us that where issues or possible improvements were identified these were always acted on and resolved promptly and effectively. For example, a person told us how impressed they were with the help the registered manager had given them to sort out their finances. This had put their mind at ease and had stopped them worrying about the issue.

The home’s records were organised and staff were able to easily access information from within people’s care files. The registered manager was reviewing a new system to change the regular audits designed to monitor the quality of care and identify areas where improvements could be made.

People were encouraged to provide feedback and their views were actively sought by management before changes were made to the service. For example, when re decorating the dining room. Resident’s meetings were held regularly and people’s relatives were encouraged to attend where possible and contribute. People told us they really enjoyed these meetings and felt listened to. Minutes of the meeting demonstrated that feedback provided was valued and acted upon so that the service could work to constantly improve.

The registered manager was well supported by the partners of the service. “Our support network is brilliant; we are all involved in various aspects of the home as we have different skills”. The management encouraged partnership working with trade associations and health and social care organisations.