

Dr Neelani Nackeeran & Mr Pathmanathan  
Nackeeran







# Alexandria's Residential Care Home

## Inspection report

147 Wrotham Road  
Gravesend  
Kent  
DA11 0QL  
Tel: 01474 534539  
Website:

Date of inspection visit: 12 October 2015  
Date of publication: 17/05/2016

### 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?	Requires improvement	
Is the service well-led?	Requires improvement	

### Overall summary

This inspection took place on 12th October 2015 and was unannounced.

Alexandria's Residential Care Home is a care home providing personal care and accommodation for up to 18 older people including some people who were living with dementia.

The home requires a registered manager, but there had not been one in post for the past two months. An acting manager was working at the home but had yet to apply to become registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

# Summary of findings

'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.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have also made recommendations for improvements.

There were insufficient numbers of staff deployed to ensure people's needs could be met effectively and safely.

People felt the home was well run and were confident they could raise concerns if they had any. However, there were not robust systems in place to assess quality and safety. The registered provider had not adequately monitored the service to ensure it was safe and had not identified or acted upon areas where improvement was required.

You can see what action we told the provider to take at the back of the full version of this report.

The registered provider did not have effective systems in place for identifying trends in risk to individuals. Accidents and incidents were recorded, but were not monitored to identify how risks of re-occurrence could be reduced. We made a recommendation about this.

People were not protected from the risk of the spread of infection with unsealed fittings and flooring in bathrooms that made effective cleaning difficult. We made a recommendation about this.

Staff had not received all of the training they needed to enable them to carry out their roles effectively. Staff had not been supervised regularly to ensure they were performing effectively. We made a recommendation about this.

People's care plans lacked personalised information and guidance for staff to ensure they could provide care in the way the person preferred. This meant that they could not be assured they would receive a consistent care regardless of the staff supporting them. We made a recommendation about this.

The service took account of people's complaints, comments and suggestions. People were encouraged to give feedback about the service, but the registered provider had not established effective ways to involve people with limited verbal communication skills. Staff were not given regular opportunities to share their views of the service or make suggestions for improvement. We made a recommendation about this.

There was no emergency plan in place to house people in the event that the home was rendered unusable by fire or flood. We made a recommendation about this.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns.

People were supported to eat and drink sufficient amounts to meet their needs. They were provided with a choice of meals.

The registered provider had ensured that people received their medicines according to their needs and medicines were stored and administered appropriately.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Assessments of people's capacity to make decisions had been carried out in line with the 2005 Act.

People had their health needs met and were supported to access healthcare professionals including district nurses, GPs and chiropodists, as needed.

Staff had positive relationships with people and knew them well. They were caring and kind in their approach and spent time chatting with people in addition to providing care. Staff treated people with respect and ensured they provided care that was respectful of their dignity and privacy. People could be assured their personal information was kept confidential.

People were supported to maintain their relationships with people that mattered to them. Visitors were welcomed and their involvement encouraged.

The service notified the Care Quality Commission of any significant events that affected people or the service and promoted a good relationship with stakeholders.

# 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?

Requires improvement



The service was not always safe.

Staff knew how to keep people safe from abuse, but there were insufficient numbers of staff deployed to ensure people's safety.

There were areas of the service that were not properly cleaned to ensure the risk of infection was minimised.

Risks to individuals were assessed and staff followed assessments to ensure people's safety. The registered provider did not have a system for monitoring and responding to trends and patterns in incidents to reduce the risk of recurrence.

Risks in the premises had been assessed and systems were in place to ensure equipment was maintained.

Safe recruitment procedures were followed to ensure staff were suitable to work with people who needed care.

### Is the service effective?

Requires improvement



The service was not consistently effective.

Staff had not received appropriate training and supervision to ensure they could meet people's needs safely and effectively.

Staff had training in relation to the Mental Capacity Act (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people to ensure their rights were protected.

People were supported to eat and drink enough to meet their needs.

People were supported to maintain good health.

### Is the service caring?

Good



The service was caring.

People were treated with dignity and respect.

Staff knew people well and had positive and caring relationships with them.

People's person information was stored securely and their privacy respected.

### Is the service responsive?

Requires improvement



The service was not consistently responsive.

People did not always receive personalised care.

# Summary of findings

The service listened and responded to people's complaints, but the registered provider had not ensured the views of those with limited verbal communication were sought.

## Is the service well-led?

The service was not consistently well-led.

There was no registered manager in day to day control. A manager had been appointed but had yet to apply to become registered.

The provider was inconsistent in the monitoring and improvement of the quality of the service and had failed to recognise some of the shortfalls in quality that we found.

Records were not accurately and completely maintained to ensure the effective running of the service.

**Requires improvement**



# Alexandria's Residential Care Home

## 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 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 12th October 2015 and was unannounced. The inspection team comprised one

inspector. We carried out this inspection in response to concerns raised by Kent County Council officers following a visit to the service by their Contracts Monitoring Team. Before the inspection we reviewed information received from the local authority and previous inspection reports.

During the inspection we talked with four people using the service, a relative and three staff.

We observed care and reviewed records including three care plans, four staff files, meeting minutes, quality assurance records and a sample of the provider's policies and procedures.

# Is the service safe?

## Our findings

Most people felt safe using the service, however, one person told us, “There’s not enough staff.” However relatives told us, “There is no reason to think X is not safe here.” Another said, “X has had a couple of falls while here, but the manager keeps us informed.”

Staff we spoke with knew how to recognise abuse and how to report it. They were able to show us where the appropriate local authority contact numbers could be found. Staff had access to an up to date safeguarding policy and they were aware of where this was kept if they required further guidance. However, staff had not received safeguarding training for some time.

The registered provider did not have a system to establish the staffing levels required to ensure people’s needs could be met safely and effectively. Staff and relatives told us they felt there were insufficient appropriately experienced staff to keep people safe. The rota showed there were often two staff on duty to care for 16 people. A number of people required two staff to help them move safely, for example when they needed help to get out of bed or to go to the toilet. When the two available staff were helping these people there were no staff available to make sure other people received safe care and treatment. There were vacancies for domestic staff which meant that care staff were required to take on additional laundry duties. This reduced the time they had available to undertake their care duties. The manager audited call bell response times every month, but they had not used this information to inform staffing levels.

People were not protected from the risk of unsafe or inappropriate care because the provider had not deployed sufficient numbers of suitably qualified, competent, skilled and experienced staff. This was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

The registered provider followed robust procedures for the recruitment of new staff. This included interviews, checking references and carrying out disclosure and barring checks for prospective employees before they started work. Gaps in employment history were explained. All staff were subject to a probation period before they became permanent members of staff. Disciplinary procedures were

followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

People’s care plans contained appropriate individual risk assessments and staff were aware of these. We saw examples where staff followed the risk assessments, for example by moving people safely using handling equipment. Staff and the manager were aware of when notifications about incidents, including pressure wounds, should be submitted to the commission. We had received appropriate notifications. Accidents and incidents were recorded, but there was no analysis carried out to identify any common areas of risk so that steps could be taken to minimise a re-occurrence. **We recommend that the registered provider establish an effective system for identifying and responding to risk trends.**

Records showed that appropriate equipment maintenance and servicing had taken place and the provider told us that there was a legionella water check certificate in place although they were not able to produce it for us to see. The fire alarm system was tested weekly and fire extinguishers and emergency lighting were checked and serviced regularly by a contractor. Staff had not carried out fire drills for some time. There were Personal Emergency Evacuation Plans (PEEPS) within care plans but these had not been made easily available to staff to use in an emergency. The provider told us that a grab-bag to contain emergency information had been ordered. There was no emergency plan in place to house people in the event that the home was rendered unusable by fire or flood. **We recommend that an emergency contingency plan be established to be followed in the event of the service becoming unsafe or unusable.**

All staff had received appropriate training in relation to medicine administration. There were processes in place to ensure prescriptions for repeat medicines were submitted in good time and medicines were stored securely and both medicines and Medicine Administration Record (MAR) sheets were subject to regular audits. MAR sheets held appropriate information such as allergies, preferred method of receiving medicines and as required (PRN) medicine protocols to keep people safe from the risks of medicine errors.

## Is the service safe?

The home had previously employed a maintenance worker on a part time basis, but they had left the home in August 2015. The provider was dealing with as much maintenance as possible, but work that had been recently completed, such as a refurbished bathroom had not been finished properly. Areas around the bathroom suite and the flooring had not been sealed, which made it difficult for staff to ensure it could be effectively cleaned to minimise the risk

of the spread of infection in the service. The laundry floor was also not sealed which made it difficult to keep clean. A disposable gloves and apron dispenser had been purchased and was awaiting fitting in the laundry. **We recommend that areas in the bathrooms and laundry flooring be sealed to ensure they can be cleaned effectively.**

# Is the service effective?

## Our findings

Staff told us that they had received the training they needed to safely care for people. Staff showed that they had the knowledge and skills to provide care that met people's needs, for example through safe moving and handling practices. However, records of staff training were incomplete. Staff told us they had not received any specialist training in dementia care, despite caring for some people who were living with dementia. Fifteen of the staff were undertaking "Competency in Care" training. Staff told us they received induction training, but there was no record of this training having been provided or completed. Staff had not been regularly supervised. This meant that the provider did not make sure that staff applied any training they had in practice or delivered effective care to the required standards. **We recommend the registered provider review the arrangements for staff training and supervision to ensure staff are equipped with the knowledge, skills and support they need to meet the needs of the people using the service.**

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards with nine DoLS authorities in place following appropriate mental capacity assessments. These restrictions had been made lawfully and in people's best interests to make sure they were safe without restraining them unnecessarily.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests. One person at the home had access to an Independent Mental Capacity Advocate (IMCA) and two others had relatives who held power of attorney for them.

People's nutrition and hydration needs were included in their care plans and people were weighed and monitored for fluid intake. People with specific support needs had been referred to a dietician. We were told that those people who wished to stay in their room received a jug of drink during the day. One person, who lost weight before moving to the service, had been placed on a supplemented diet and their food and fluid intake monitored. Their weight had stabilised. The kitchen staff knew people's nutritional requirements and their allergies and provided appropriate meals. They catered for two people who had diabetes and one person on a soft food diet as a result of a referral to the Speech and Language Therapy Team (SALT). People were provided with a choice of meals and staff knew what people preferred.

People's care plans included appropriate referrals to GPs, dieticians, opticians and dentists. People told us they saw their doctors when they needed to and the chiropodist every six weeks. District nurses attended when required. One person who arrived at the home with pressure wounds on their heels had seen an improvement in their condition because staff had helped them to move around regularly and they had been supplied with a pressure relieving cushion.



# Is the service caring?

## Our findings

People told us the staff were always kind and patient. One person said, "They're very busy but they've always got time for you." Relatives told us that they were always welcome at any time and that their loved ones were, "Well cared for." One told us, "It's obvious when you visit that the welfare of the residents is the main priority."

People's spiritual needs were met in the service. One person was given communion every month by a visiting minister and a pastoral visitor attended twice a month for people to talk to.

Staff were caring and kind in their approach towards people and they were sensitive to each individual's needs, giving reassurance where needed and encouraging people. We saw excellent communication between staff and people. Staff took time to chat with people during the day. They were polite when talking to people, but also engaged in appropriate light-hearted conversations with people that created a relaxed and pleasant atmosphere. Staff involved everyone in conversations. People in the service seemed relaxed and happy. Staff responded positively and warmly

to people. People recognised staff and it was apparent that they felt comfortable and trusted staff to look after them. Staff knew people and their personalities well. They were aware of the need to treat people appropriately according to their gender, religion or age.

People were treated with respect and dignity. People were asked discretely if they needed to use the toilet and when personal care took place bedroom doors were closed. Staff knocked on people's doors and waited for a reply before entering their rooms.

People were encouraged to maintain relationships with family and friends. Outings with family were encouraged and supported by staff and the provider. Visitors told us they were encouraged to visit at any time.

Private information kept about people was securely stored in locked drawers in the office, but was readily accessible to care staff as required. Further folders and charts used to document people's daily care were either kept in people's rooms or in the office to allow staff to complete them when needed. This ensured people's personal information was kept confidential.

# Is the service responsive?

## Our findings

An assessment of people's needs prior to them moving into the home had taken place. This information had then been used to develop a plan of care. However, the care plans did not include enough personalised guidance for the staff to respond to each person's individual needs. The care plans lacked information about people's personal preferences and guidance for staff about how to make sure people were cared for in the way that they preferred. There was a lack of information about people's preferred daily routines, social interests, hobbies, their personality and their personal background. Although staff knew people well this lack of planning placed people at risk of receiving inconsistent or inappropriate care as staff were required to make judgements about the best way to provide their care rather than follow a plan based on the person's needs.

**We recommend that people's care plans be written to ensure care is delivered consistently in line with their preferences.**

People's bedrooms reflected their personality, preference and taste. Some people's bedrooms contained articles of furniture from their previous home and people were able to choose furnishings and bedding. People's bedrooms contained personal belongings to promote their comfort and security.

People told us that the activity coordinator post had been vacant for some time which meant that less social activities were available. However, there was a regular visitor every Friday who read poetry and played music. A Halloween party was being arranged and people were actively involved in the preparations. There was also a planned trip to a Christmas pantomime. The service did not have their own transport, but hired transport to take people out on trips. One person wanted to go to a church service and efforts were being made to accommodate this. The local church community were also coming to the service to have a harvest festival and again for a Christmas service. The

home also invited local schools in to perform plays or sing. People were able to access a range of communal areas of the service where they could meet with other people, watch TV, read or listen to music. People could also freely access a secure and safe garden area when they wished.

The provider took account of people's views about the way the home was run, for example they made changes to the times meals were provided in response to user feedback. There were annual surveys which were analysed and the results fed back to people and their relatives. There were regular residents meetings, which people were able to contribute to depending on their communication needs. Action was taken to make improvements to the service based on people's suggestions. However, people who were living with dementia were not provided with personalised support to help them have a say in the running of the service. **We recommend that the provider seeks and follows best practice guidance in how to involve people living with dementia in the running of the service.**

We saw the provider's complaints policy displayed in the home and looked at their complaints records. Complaints were recorded, acknowledged and investigated in a timely manner. Any action plans arising from the complaints had been shared with the person who raised the initial complaint.

Staff told us they did not have regular meetings, but would like the opportunity to meet as a team to share ideas and be involved in making decisions about the service. They were not asked for their views about the service as part of the ongoing monitoring of the service. However, staff told us the manager was approachable and would listen to their views and concerns. **We recommend that the provider provides regular opportunities for the staff to contribute the running of the home and that their ideas are considered and where appropriate put into practice.**

# Is the service well-led?

## Our findings

The registered manager had left some weeks before the inspection and the registered provider had appointed an acting manager who took over the general running of the home. People told us they liked the acting manager. Relatives and staff said that the change had been positive and there was an improvement in the atmosphere and overall feeling of the service. Staff told us, “There is more direction now, it’s much better.”

There was a lack of effective systems in place for monitoring the quality and safety of the service and making improvements. The provider had not recognised that there was a shortfall in the number of staff deployed to care for people, that people were at increased risk of the spread of infection or that they were failing to regular give staff a chance to share ideas and contribute the running of the home. The new manager was in the process of working with the provider to make sure there was a robust system for assessing the quality and safety of the service people received, but this was not yet in place. The manager had made some improvements to the service since they started but these had yet to be embedded in the practices of the staff.

Records had not been consistently maintained. Staff files were not up to date and staff training records were incomplete and did not provide an accurate record of the training staff had completed or what training they required. People’s care plans did not contain all of the information staff required to provide safe and effective care that met their needs and preferences.

People who used services were not protected against the risk of unsafe or inappropriate care because the registered provider did not have effective monitoring systems or adequate accurate records in place. This is a breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Policies and procedures were available for all staff, relatives and visitors to access if required. Staff were shown policies as part of their induction; this included the organisation’s whistle blowing and safeguarding adults policy. Staff understood their role and responsibilities and were clear how their decisions, actions, behaviours and performance affected the running of the service and the care people received.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

People were not protected from the risk of unsafe or inappropriate care because the provider had not deployed sufficient numbers of suitably qualified, competent, skilled and experienced staff. This was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People who used services were not protected against the risk of unsafe or inappropriate care because the registered provider did not have effective monitoring systems or adequate accurate records in place. This is a breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.