Mr & Mrs M Noorbaccus

Alexandra House - Oxted

Inspection report

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Date of inspection visit: 27 October 2015
Date of publication: 17/12/2015

Ratings

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

Overall summary

Alexandra House is a care home providing accommodation and personal care for up to five people with learning or physical disabilities, some of whom may be living with dementia. There were four people living at the home at the time of our inspection.

The inspection took place on 27 October 2015 and was unannounced.

The home had 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 2008 and associated Regulations about how the service is run.

Staff were observed to use moving and handling techniques which put people at risk of harm. We saw from meeting minutes this had previously been discussed with staff.

Bathrooms were not cleaned to a satisfactory standard and infection control procedures were not always followed. People's rooms and other communal areas were clean and personalised.

Summary of findings

Staffing levels were sufficient to meet people's needs during the day although as people's needs were changing there was evidence that personal care needs may not always be adequately met during the night.

We found there were insufficient recruitment checks to ensure staff employed were suitable to work at the home. Not all staff files contained evidence that gaps in employment had been investigated and a full Disclosure and Barring check was not available for one staff member.

There were a range of activities for people to participate in although access to community activities was limited. People did not always have a choice about what they had to eat and drink, however, we saw the provider was taking steps to address this.

Each person had an individualised plan of care which gave details of the person's preferences and needs. Staff knew people well and approached them with kindness. However, we observed staff using language that was not always respectful and one person's communication was not always acknowledged.

Medicines were managed well and risk assessments were in place to mitigate the risk of mistakes being made. People were supported to maintain good health and had regular access to a range of healthcare professionals who told us that staff listened to their advice to keep people well.

Staff received necessary training and supervision to enable them to do their jobs. People's rights were protected and they were safeguarded from the risk of abuse because staff understood their roles and responsibilities in protecting them.

Where people could not make decisions about their own care and support decisions made in their best interests in line with the Mental Capacity Act 2005. Deprivation of Liberty Safeguards (DoLS) had been applied for people who needed their liberty to be restricted for them to live safely in the home.

Quality assurance audits were completed and actions were addressed, however, this process was not always effective in achieving the desired improvements. Those involved in the service were regularly asked to give feedback and information regarding complaints was available should people have any concerns.

Accidents and incidents were reviewed by the manager to reduce the risk of incidents happening again. A contingency plan was in place to ensure that people's care could be provided safely in the event that the building could not be used.

During the inspection we found some breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 did not always use safe moving and handling techniques.

Some areas of the home were unclean and staff did not always follow good infection control practices.

There were insufficient recruitment checks to ensure staff employed were suitable to work at the home.

People received their medicines safely and were protected from avoidable harm because risks had been assessed and guidance was available to staff.

People were at a reduced risk of experiencing abuse because staff knew how to identify most types of abuse and knew who they should report any concerns to.

Is the service effective?

Requires improvement

The service was not always effective.

People were supported to eat safely but they were not supported to make choices about their meals.

The manager and staff understood their responsibilities in regard to the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards.

People were supported by staff who had received appropriate training and supervision to do their jobs.

People had access to appropriate healthcare professionals.

Is the service caring?

Requires improvement

The service was not always caring

The language used by some staff was not always respectful to the people and people's communication was not always responded to.

People's privacy and dignity was respected.

People were supported by staff who cared about them and interactions were gentle and familiar.

Visitors/relatives made to feel welcome.

Is the service responsive?

Requires improvement

The service was not always responsive.

People were provided with activities of their choice within the home but were not supported to access community activities on a regular basis.

Summary of findings

People were not supported to be involved in the running of the home in a manner appropriate to their needs.

People had plans about their care that were written in ways that focussed on

their individual preferences.

The complaints procedure was in place and displayed in the home.

Is the service well-led?

Requires improvement

The service was well-led.

Audits identified where improvements were required although were not always acted on effectively.

Staff felt able to discuss issues and regular team meetings were held. Staff told us the registered manager was approachable and supportive.

Accidents and incidents were reviewed to minimise the risks to people.

Alexandra House - Oxted

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 27 October and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. On this occasion we did not ask the provider to complete a Provider Information Return (PIR) before our inspection.

This was because we inspected the service sooner than we had planned to. 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.

People who used the service had complex needs and communication difficulties. They did not express their views to us regarding the services provided. As part of our inspection we observed people's care and spoke to two members of staff.

Following the inspection we spoke to a regular visitor to the home who has known people for many years and one healthcare professional involved in people's care. We looked at a range of records about people's care and how the home was managed. For example, we looked at the care plans for two people, two staff files, medicines records and various other documentation relevant to the management of the home.

The home was last inspected in May 2014 when we had no concerns.

Requires improvement

Is the service safe?

Our findings

A regular visitor to the home told us they felt people were safe as, "Most staff have been there for a long time and they know people well, they know what they need to do to keep the safe."

The way people were supported to move around the home was not always safe. We observed two members of staff lifting someone under their arms to a standing position. We saw one person being supported to move using a hoist. Staff members gave verbal reassurance but did not support the person's head or prevent them from 'swinging' whilst they were moving between chairs. These were not safe practices for the moving and handling of older people and presented a risk of harm to the people being moved. We read that this issue had been previously raised by the registered manager within team meeting minutes.

Staff not ensuring people were protected from possible harm was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff recruitment records did not contain the necessary information to help ensure the provider employed staff who were suitable to work at the home. Staff files did not all contain evidence that gaps in employment histories had been investigated by the provider. One file did not contain a Disclosure and Barring System (DBS) check although there was evidence that this had been applied for. DBS checks identify if a prospective staff have a criminal record or are barred from working with people who use care and support services. There was no record of staff having completed health declarations prior to employment. Staff files contained a recent photograph and satisfactory references.

Insufficient recruitment checks to ensure staff employed were suitable to work at the home was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some areas of the home were not cleaned to a satisfactory standard and staff did not always follow good infection control procedures. For example, the shower drain and chair in the downstairs bathroom were unclean and fittings in the upstairs shower room were unclean, with mildew on the tiles around the shower. A number of taps had an accumulation of lime scale around the base. There was a foul smell in the hall which remained for the duration of the inspection.

We observed that gloves were provided for use when people were being supported with personal care. However, we saw staff did not always observe good infection control practices. For example, we saw staff wearing gloves having supported someone with personal care touching door handles in other areas of the home.

The lack of cleanliness and in some areas of the home and poor infection control practice was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that people's rooms and other communal areas were cleaned to a reasonable standard. The kitchen had recently been inspected by the Food Standards Agency and had been rated as 'very good'. The shift plan contained a basic cleaning schedule with additional prompts provided for cleaning the kitchen area displayed on the wall.

There were sufficient staff deployed at the service during the day. There were two members of staff on duty at the time of our inspection and they knew how to contact the registered manager in an emergency. We reviewed the rota for the previous two months and found that this was consistent practice. There was additional support available for staff from an administrator who acted in a consultancy role for the home. During the inspection, we observed staff were always available to support people when required and no one needed to wait for care. There was one sleep-in member of staff on duty at night which staff felt was adequate to meet people's needs. However, there was evidence that people's personal care needs may not always be met in a timely manner at night.

We recommend the provider ensures staff are deployed appropriately at all times to meet people's needs.

People were protected from risks to their health and wellbeing. People had comprehensive risk assessments in place which were reviewed regularly and took into account their individual needs. These covered all areas where the person required support in their day to day lives. For example, one person had guidelines in place regarding anxiety. This gave a description of the behaviours the person may show when anxious and provided detailed

Requires improvement

Is the service safe?

guidance to staff on how to support the person and minimise the risk of harm to themselves and others. People had plans in place to guide staff on the support they would require should they need to evacuate the building in an emergency. An up to date continuity plan was in place detailing how the service would react in the event that the building could not be used.

People were safeguarded from abuse. The home had clear safeguarding policies and procedures in place for staff to refer to. Staff were able to explain how they would recognise and report abuse. They told us they would report concerns immediately to their manager or to the police if this was necessary. The service had a whistleblowing policy in place which gave staff clear steps to follow should they need to report poor practice

Medicines were managed safely. Staff had received training to administer medicines properly and their competency in doing so had been assessed. There were risk assessments in place which highlighted good practice and gave guidance to staff on the action to take should errors occur. Each person had a recent photo on their Medication Administration Records (MAR charts) and details of allergies were recorded. Where people required topical creams, a body chart was in place to show the area where it should be applied.

Medicines were stored securely and MAR charts showed that medicines had been administered in line with prescriptions. Protocols were in place for the administration of 'as needed' medicines (PRN) which gave staff clear direction. Regular stock checks were completed and systems were in place for returning unused medicines to the pharmacy.

Routine maintenance and checks were recorded. These included safety inspections of the portable appliances, gas boilers and electrical installations. The fire alarm was tested weekly to ensure it was in working condition and the service had an up to date fire risk assessment.

Requires improvement

Is the service effective?

Our findings

People were not fully involved in what they had to eat and drink. There was a two week rolling menu in place which had been designed by staff but we found a number of options were repeated weekly.

Staff told us that people were always offered a choice and alternatives were available. We observed one staff member ask someone if they would like beans on toast or a cheese sandwich for lunch. When the person did not respond the staff member brought different cheeses for the person to choose from. However, other people were only asked if they would like a cheese sandwich rather than being offered a choice.

We recommend the provider supports people to be involved in choosing what they have to eat and drink.

Food choices had been discussed at a recent team meeting and a food preference questionnaire had been developed. The registered manager told us the results of the questionnaire would be used to design a menu which was more reflective of people's likes and dislikes.

One person had been assessed by the Speech and Language Therapy team as requiring a soft diet. We observed this was provided at lunchtime. Guidelines were available and the staff member was aware of what precautions to take to ensure the food was safe. We observed that people were encouraged to be involved in preparing lunch and drinks were offered throughout the day.

People had access to external healthcare professionals and received the healthcare support they required. A healthcare professional told us that they were informed of people's health needs which may affect the treatment they gave. They said that staff acted on advice given which led to improvements in people's health.

Staff told us that people regularly attended health checks with their doctors, dentists, opticians and chiropodists. We saw that outcomes of these appointments were documented. We also found information in care records to show that when a professional had given specific advice, such as a soft diet, this had been included in their support plan. One health care professional commented on a quality survey that staff had 'listened to advice that was given' and were 'very person centred and involved client in the assessment'.

Health action plans were in place for people which detailed what support they needed to remain healthy. Hospital passports had been completed comprehensively meaning that information could be shared easily should someone need to go to hospital.

The Mental Capacity Act 2005 (MCA) provides the legal framework to protect and support people who do not have the capacity to make specific decisions. Capacity assessments had been carried out in line with the MCA in all of the care records we looked at. For example, we saw capacity assessments and best interest decisions recorded in one person's file in relation to the front door being locked, window restrictors, medication and finances. Team meeting minutes and supervisions recorded discussions around the principles of the MCA and staff's responsibilities. One staff member told us that people were aware of the MCA, "We have little meetings with them (people) and remind them of their rights and explain."

The registered manager had a good understanding of current legislation and guidance around the Deprivation of Liberty Safeguards (DoLS) and had submitted applications to the local authority where they believed restrictions were in place to protect people. DoLS were in place to protect people who did not have capacity to make decisions and where it is deemed necessary to restrict their freedom in some way, to protect themselves or others. Staff told us they understood that people should still be offered choice in other areas of their lives.

Staff were inducted into the service and received training to support them in carrying out their role. One staff member, who had recently started work, told us they had received an induction which included learning about people's needs, systems and where everything was kept. They had received training in medication and we saw evidence that other training had been arranged. A training plan was in place which included mandatory health and safety training, safeguarding and medication. We saw training records which highlighted when staff had completed training and tracked when they were due to have refresher training.

Requires improvement

Is the service effective?

Records showed that staff received supervision sessions every two months and underwent an annual appraisal. Staff reported they found these useful and notes demonstrated that staff development and designated responsibilities were discussed.

Requires improvement

Is the service caring?

Our findings

A regular visitor to the service told us they thought the home was caring, “Staff always respect people’s privacy when I’m there” and, “They don’t force people to do things but they offer.” A healthcare professional told us staff were kind and always, “Showed great courtesy to people.” Both told us that they were made to feel welcome in the home.

We observed people responding positively to staff and there was a relaxed and friendly atmosphere in the home. We observed some very compassionate care, but also saw staff were not always respectful in the way they engaged with or talked about people. For example, when we were introducing ourselves to people, one member of staff said, “They’re harmless really.” On a number of occasions staff were heard to use the terms, ‘good boy’ or, ‘good girl’ when speaking to people. The registered manager and administrator told us that the terminology staff used had previously been raised by them and they would continue to do this.

We observed one person frequently ask for a cup of tea throughout the day. On some occasions staff offered alternative activities for short periods, such as going for a walk in the garden. At other times the person was ignored. When we asked a staff member why this was happening they told us the person, “Would drink tea all day if they could” adding, “If [they] had too much [they’d] be wetting [themselves].” We were told the person’s fluid intake was not monitored although we saw they had regular drinks throughout the day. Staff did not consistently explore if the request for tea was the person’s way of communicating and how they could support them with this.

We recommend the provider remind staff in treating people with respect.

We heard the tone staff used when speaking to people was kind and encouraging. We observed staff sitting next to people to ask them a question or chat with them, rather than standing over them. People were offered gentle encouragement to complete tasks or to join in games but were not pressured. Staff clearly knew people well and were able to describe their preferences and needs.

People’s rooms were personalised and people’s privacy was respected. People’s room were decorated with photographs and items personal to them. Bedroom doors all had a photograph of the person with their name and a message stating, ‘This is my bedroom. Knock on the door and wait before you enter for my privacy’. We saw that staff respected this and waited for permission before entering people’s rooms. There was information displayed for staff regarding if the person wished to have their door locked. For example, one person had a notice saying they preferred their door to be closed but not locked so they had free access. We noted this was respected by staff.

People were offered choices about their daily routines. Staff told us that people were free to get up and go to bed as they wished. We saw that people were enabled to follow their own routines during the day. Staff approached people in a gentle manner and offered suggestion rather than giving instruction. For example, staff said, “Would you like to have some lunch now?” and, “Shall we go for a walk in the garden?” We noticed that if a person expressed a wish not to participate in a particular activity then this was respected by staff.

People were encouraged to take part in daily living tasks. For example, at lunch time people were encouraged to make their own sandwiches and one person was supported to make their own drinks.

Requires improvement

Is the service responsive?

Our findings

A regular visitor told us, “The manager has known people a long time and tries to do things the way they want.” For example, they said as people were getting older and their needs were changing they didn’t want to do as much and this was respected by staff.

We observed people were provided with a range of activities throughout the day, one person was supported to go to the local shops then spent time doing puzzles. Staff engaged other people in games and looking through books. One person needed to spend time in bed during the afternoon and we saw that staff sat with them chatting and doing a puzzle. The home had a mini-bus for people to use and two people went for a drive in the afternoon.

Staff told us they thought there was enough for people to do and that, “Staff knew people’s personal histories and what they liked to do.” For example, one person had always enjoyed going to the pub and they were still supported to do this. Another staff member told us that when the weather was nice people went out in the mini-bus, the last trip had been two weeks ago when people had been to the park and the pub. However, we noted from people’s activity records and daily notes that they were not supported to access community activities on a regular basis. For example, two people’s activity records showed that they had not been out for the previous three months. Another person had regularly been for walks but had not been involved in any other community activities.

We recommend the provider ensures people are offered the opportunity to access community facilities on a regular basis.

Care plans were comprehensive and detailed people’s needs meaning staff could provide care reflective of the most up to date information for that person. The records contained information on people’s likes and dislikes, any food risks and a personal profile. Support plans had been developed to record behaviour or emotional needs, financial arrangements, decision making, communication needs, and activities. We read people’s preferences had been recorded. For example, one person’s plan said they liked to choose a snack before they went to bed and ‘I can eat independently, but don’t rush me’.

There was detailed guidance in place for staff about how to support people with their personal care tasks and health needs and this had been reviewed regularly. This guidance encouraged independence, focussing on the skills people had. For example, there was detail about what people could do for themselves and how they would like staff to support them.

There had been no formal complaints received by the home. There was a complaints procedure in place which was clearly displayed and contained all necessary information regarding how people could express their concerns and how the home would manage complaints.

Requires improvement

Is the service well-led?

Our findings

A regular visitor told us they thought the home was well-led. They said they had recommended the service in the past and would do so again. A healthcare professional told us the manager kept them informed of things they needed to know and was regularly present when they visited. They told us the administrator, who acted in a consultancy capacity for the service, was very thorough, they had witnessed them training staff and advising on people's care.

Audits and checks of the service had been carried out by the registered manager and administrator. These included checks on cleanliness, medicines and maintenance of the home. An action plan had been developed using feedback from surveys, audits and staff comments. This was displayed on the office wall so staff could see areas where improvement was need. For example, staff training had been completed and systems implemented to monitor continued compliance. We noted that areas identified as requiring improvement during the inspection were recorded within the action plan or had been discussed within team meetings. However, the desired improvements had not been achieved which meant interventions to address these issues were not effective.

The lack of effective quality assurance systems and action was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they felt well supported by the registered manager. One staff member said the (registered) manager was very supportive, "He's in everyday and if we need him for anything he will come." Another staff member said the (registered) manager, "Supports people a lot, he pops in everyday to check on everyone."

Staff had the opportunity to be involved in the running of the service through regular staff meetings. One staff member told us staff meetings happened monthly and they felt comfortable speaking up. We saw that staff meetings were recorded and topics were discussed relevant to their roles. Staff were able to make suggestions on improving the service.

Feedback on the home was sought from those involved and actions were taken to address any concerns. A quality survey was sent out annually to relatives, staff and health and social care professionals. The topics covered were dependant on the person's involvement in the home. The feedback was positive and where issues had been identified there was an action plan in place to address this. For example, a comment was made regarding the activities available for people. The registered manager had responded by purchasing new games and puzzles.

People took part in monthly 'residents meetings'. However, minutes of the meetings did not evidence how people were involved in the running of the home. Minutes covered the same areas each month and the same comments were recorded. For example, 'all service users are happy with things around the house' and 'all service users enjoy and like activities'. We viewed minutes for the previous three months and noted that no meaningful comments from people had been recorded.

We recommend the provider ensures people are involved in how the home is run.

There were procedures in place for recording and monitoring incidents and accidents. Records showed there had been three incidents within the past year and people had been supported appropriately. All incidents had been reviewed and guidance provided to staff to minimise the risk of incidents being repeated. The manager was aware of their requirements of registration to notify the Care Quality Commission of any important events that happen in the home.

Staff told us there was an open culture within the service and they were able to discuss any problems with the manager and received a response.

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **The registered provider had not ensured safe moving and handling techniques were used by staff.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **The registered provider did not operate effective recruitment checks to ensure staff employed were suitable to work at the home.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment **The registered provider had not ensured the service was always clean and appropriate infection control measures were used.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered provider had not ensured quality assurance monitoring systems were effective.**