

Valorum Care Limited

Alexander House Care Home

Inspection report

Savile Park Road
Halifax
West Yorkshire
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Tel: 01422345666

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Alexander House is a residential care home that was providing personal and nursing care to 15 people aged 65 and over at the time of the inspection.

People's experience of using this service and what we found

People were happy with the care and support they received from staff who knew them well and understood their needs and preferences. Staff were very patient, kind and caring. They treated people with respect and maintained their privacy and dignity.

Staff understood how to manage any risks to people and knew the processes to follow to manage any allegations of abuse.

Care records provided information about people's needs and preferences; some were more detailed than others. People's health care and nutritional needs were well managed and they received their medicines when they needed them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Recruitment processes ensured staff were suitable to work in the care service. Staff were trained and had the required skills to meet people's needs. Staff told us they loved their jobs and felt well supported.

The service was well organised. Everyone knew the registered manager and praised the management of the home. The registered manager led by example working alongside the staff supporting them and making sure the quality of care was maintained.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 22 December 2015). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alexander House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Alexander House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

On 15 May 2019 an inspector, an assistant inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Alexander House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the provider registered with CQC in May 2018. This included details about incidents the provider must notify us about. We also sought feedback from the local authority safeguarding and contracting teams. The provider was not asked to complete a provider

information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 13 people who used the service and two relatives to gain their views on the care provided. We spoke with the registered manager, the deputy manager, two senior care staff, a domestic, the cook and the activity organiser.

We reviewed a range of records including two people's care records. We looked at three staff recruitment files, staff training records, accident, incident and complaint reports, documents relating to the management of medicines and quality monitoring records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe at Alexander House and relatives confirmed this as well. One relative said, "It's a massive relief for me knowing that [family member's] here and being cared for properly."
- Staff had received safeguarding training and our discussions with them showed they understood how to recognise and report abuse.
- A system was in place to record and monitor any incidents and appropriate referrals had been made to the local authority safeguarding team. Concerns and allegations were acted on to make sure people were protected from harm.
- Actions were taken to keep people safe and to share any lessons learned to help prevent recurrences.

Assessing risk, safety monitoring and management

- Risks to people were identified, assessed and recorded with clear guidance for staff on how to manage and minimise the risks. Staff understood and followed risk management plans.
- Equipment and the environment was safe and well maintained. A refurbishment programme was underway and managed well to ensure people were kept safe while works were completed.
- Staff had received fire safety training and taken part in fire drills so they knew how to respond in the event of a fire. Evacuation plans were in place to ensure people received the support they needed in an emergency situation.
- Accidents and incidents were recorded. Where incidents had occurred, there was evidence of investigation and follow up action.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe.
- The registered manager kept staffing levels under review and adjusted them according to people's needs.
- Many of the staff had worked at the home for many years including the registered manager. We saw staff worked well together as a team, ensuring there was a presence in communal areas and responding promptly when people needed assistance.
- The registered manager told us any absences were covered by the home's own staff so agency staff were not used. They said, "We all believe it's really important that people are looked after by staff who know them. The staff here are really good at helping each other; so if someone's off sick, someone else will offer to come in."
- Staff were recruited safely with all required checks completed before they started in post, including criminal record checks with the Disclosure and Barring Service (DBS) and references.

Using medicines safely

- Medicines were ordered, administered and disposed of safely.

- The majority of medicines were stored safely and securely. However, a prescribed thickener for one person was kept in an unlocked kitchen cupboard where it could be accessed by people living in the home. The registered manager told us they would take immediate action to ensure this was stored securely.
- People said they received their medicines when they needed them, which was confirmed in the medicine records we reviewed. We saw staff followed safe practices, supporting people to take their medicines and making sure they had done so before signing the medicine administration record.
- Staff followed guidance when administering 'as required' medicines, ensuring people received these appropriately.
- Staff had completed training in medicines administration and the registered manager assessed their competency annually.

Preventing and controlling infection

- Infection control was managed well and the home was clean.
- People and relatives told us cleaning standards were good. One relative commented, "It's old fashioned but very clean."
- Staff had received infection control training and followed safe practices; washing hands and wearing gloves and aprons appropriately

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported to have choice and control of their lives as staff understood and applied the key principles of the MCA.
- Systems were in place to monitor DoLS authorisations. One staff member was appointed DoLS champion and they had oversight of the whole process, ensuring applications were made in a timely way and checking any conditions were met.
- People were involved in decisions relating to their care and we saw evidence they had consented to their care and support where they had the capacity to do so.
- People's capacity to make some decisions had been assessed for example in relation to care and treatment. However, best interest decisions had not always been recorded. We also found there was no capacity assessment or best interest decision recorded for a sensor mat being used for one person. The registered manager told us they would take action to address these matters straightaway.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the service and this information was used to develop care plans and risk assessments so staff understood how people's care was to be delivered.
- People's needs were continually reviewed to ensure the care they received met their choices and preferences.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained and had the necessary skills and competencies to meet people's needs.
- New staff completed an induction and shadowed more experienced staff before working unsupervised.
- Staff received comprehensive training which was monitored by the registered manager and kept up to

date. Specialist training was arranged to meet any specific needs. One staff member told us, "A district nurse came in and taught us all about diabetes and how to take blood sugars. I've also done oral hygiene training which was good. It made me more aware."

- Staff were supported to gain further qualifications. One staff member told us how they had achieved a Level 5 National Vocational Qualification in care. They said the registered manager had helped by setting time aside so the staff member could do their work.
- Staff told us they were well supported by the registered manager and received regular supervision and an annual appraisal.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had developed good relationships with other agencies which ensured any support people required was accessed promptly, including care related to people's health.
- One relative told us how quick staff had been in arranging a visit from the GP when their family member reported a health issue. They were also pleased with the involvement of other outside agencies, such as the pharmacy who was coming in to review the person's medication.
- Care records we reviewed showed a wide range of health and social care professionals were involved in people's care and any advice given was acted upon.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs and preferences were met.
- People praised the meals. One person described the food as 'top notch' and another told us the food was very good and said how much they had enjoyed their breakfast.
- Menus were displayed which included pictures, showing the choices available.
- The cook had worked at the service for many years and had an in-depth knowledge of people's dietary requirements and preferences. Everyone knew the cook, who spent time asking people what they would like for their meals and offered alternatives if people did not like what was on the menu.
- Meals were fortified, for those who were low weight, with butter, cream, eggs and cheese to give added nutrition and calories.
- People's weight was monitored for changes with action plans in place to address any weight loss.

Adapting service, design, decoration to meet people's needs (E6 this KLOE is for providers of the regulated activity 'Accommodation for the persons who require nursing or personal care.')

- An extensive refurbishment programme was underway to improve the environment for people. This included redecoration, new furniture, carpets and the creation of further communal space for people and a new hairdressing salon. New call bell, electric, heating and fire systems were also being installed.
- The registered manager liaised closely with the works site manager to ensure the improvements were managed in a way that caused the least disturbance to people using the service.
- People and relatives had been kept informed about the changes and were looking forward to seeing the end result.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were happy at the home and liked the staff.
- Relatives praised the care provided and made the following comments about the staff; "The staff are angels. They're wonderful, always patient and lovely" and "These [staff] have kept me going. I was really struggling with [family member] but here, nothing is too much trouble. I've felt relief since the minute I walked through the door over a year ago."
- Staff interactions with people were warm, friendly and caring. We saw people chatting and laughing with staff who clearly knew them well. One staff member said, "It helps that [the home] is small. You get to know everyone really well and can develop relationships. You get to know individual personalities and the little quirks."
- The service treated people equally and ensured their rights were protected. It was evident from our discussions with staff and relatives that trusting relationships had been established.

Supporting people to express their views and be involved in making decisions about their care

- People were involved and supported in making decisions about all aspects of their daily lives. People were offered choices such as what time they got up, where they wanted to spend time and what they would like to eat and drink.
- Staff listened to people's views and acted upon them. One person had their lunch served in a comfy chair in the lounge. This was because when the person used to be served in the dining room they kept getting up and going back to the lounge without eating due to anxiety. The person was noted to be more settled in the lounge and was now eating more.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with kindness, respect and a great deal of patience.
- Staff were discreet when talking with people about their needs and any personal care was carried out in private. People looked clean and well groomed.
- People's independence was promoted with gentle encouragement from staff. We saw staff supporting one person to walk with their frame from the dining room to the lounge. The person said they didn't think they could do it but the staff member reassured them telling them to take as much time as they needed, saying, "I'll stand next to you" and "You're doing really well". We heard the person say happily, "I did it" as they reached their chair in the lounge.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care from staff who knew them well and were responsive to their needs. One relative said, "When [family member] first came here they were very confused but they settled in really quickly and they're really happy here."
- Care plans were individualised, however the level of detail about people's needs and preferences varied. New care documentation was being implemented and where this had been put in place the care plans were more detailed.
- Care plans were regularly reviewed and updated. One relative told us, "I'm completely involved in care planning and reviews" and said they always felt their views were taken on board.
- Staff had a good understanding of people's needs and told us they were kept informed of any changes to people's care and support through handovers at each shift change.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's preferred method of communication was recorded and known by staff.
- Some documents and records were available to people in pictorial form. The registered manager told us information could be provided in alternative formats such as other languages, braille or spoken format, if required. However, there was no one currently using the service who required information in this way.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to keep in contact with family and friends. Relatives told us they could visit at any time and were always made to feel welcome.
- The service employed an activity organiser who spent time with people finding out what they enjoyed doing and planned activities accordingly. These included group activities such as bingo, arts and crafts and quizzes, as well as individual sessions. We saw people joined in with a singalong and enjoyed having manicures and their nails painted. One relative told us, "There are so many functions I can't keep up with them all."
- One person was very involved with their local church which they attended regularly. Some people went out with their friends and family. The activity organiser was looking at ways in which they could organise trips out for people.
- Part of the refurbishment works included an extended patio area with seating so people could enjoy

spending time outside.

Improving care quality in response to complaints or concerns

- People and relatives we spoke with had no complaints, but said they felt confident any issues they raised would be dealt with appropriately. One relative said, "I've no complaints whatsoever and I do know what I'm looking for because I was partly responsible for getting another care home closed down through my photographic evidence."
- The complaints procedure was displayed in the service and was included in the information pack provided to people when they moved in.
- The registered manager told us there had been one concern raised which had been dealt with appropriately

End of life care and support

- We saw some discussions had taken place with people around end of life care, however, information about people's wishes and preferences was limited. The registered manager recognised that this was an area for improvement.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was well run and organised. The provider was committed to making improvements for people using the service.
- The service had a registered manager who everyone knew. The registered manager had been in post for many years and all spoke highly of her. Relatives told us the home was 'extremely well managed' and said the registered manager was very observant and always knew what was going on.
- The registered manager was actively involved in people's care and led by example working alongside staff providing support and guidance to ensure good standards of care were maintained. The registered manager often started work at 6.15am so she could meet the night staff and check everything was all right with them.
- Lines of accountability were clear. Staff understood their roles and responsibilities and said they felt well supported. One staff member said, "I can approach [registered manager] with anything. She's very good and can always see two sides to a story. She doesn't stay hidden away, she notices things as she's out and about in the home helping us."
- Staff said they loved their jobs and would have no hesitation in recommending the service to people.
- There were effective systems in place to monitor and assess the quality of the service including monthly audits. This included looking at lessons learned and the actions required to make improvements for people using the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives said communication was good and they were kept well informed. One said, "We're always told if anything happens, good or bad."
- The registered manager understood the requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things had gone wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff told us they were involved in discussions about the running of the service. Regular residents and relative meetings were held. Relatives said when the provider took over the service they had a meeting with everyone to discuss the plans they had and get feedback.
- There were regular staff meetings which staff said were useful and they were encouraged to share ideas and suggestions.

- Satisfaction surveys were sent out annually. The registered manager advised this year's surveys would be sent out once the refurbishment programme had been completed.
- The service worked closely with other health and social care professionals to ensure people received consistent and timely care.