

# Burlington Care Homes Limited

# Alexandra Court Care Centre

## Inspection report

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## Ratings

|                                 |        |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe?            | Good ● |
| Is the service well-led?        | Good ● |

# Summary of findings

## Overall summary

### About the service

Alexandra Court Care Centre is a residential care home providing accommodation and personal care. The care home can accommodate 72 people across two floors. The ground floor has 32 bedrooms for people with residential care needs. The first floor has 40 bedrooms for people living with dementia. At the time of the inspection, there were 49 people living at the care home, 31 people receiving personal care, and 18 people living with dementia.

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

People were kept safe from the risk of abuse and avoidable harm. People and their relatives said they could always go to a staff member or the manager if they were not satisfied, and they spoke positively of staff and managers.

Staff were recruited safely and there were enough staff to keep people safe. People received their medicines on time and as prescribed. The environment was clean, safe and maintained to a good standard. Staff followed good infection control practices.

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.

The manager was approachable and staff felt supported. People told us they felt confident they could talk with staff or the manager if they needed to. Audits were used to continually monitor the quality and safety of the service and to help drive improvements.

For more details, please see the full report which is on the Care Quality Commission website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 23 September 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider reviewed their processes for maintaining equipment and the environment and to update their practices as required. At this inspection we found the provider had acted on the recommendations and had made improvements to the monitoring processes in place.

### Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements in relation to safe care and treatment and good governance. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires Improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alexandra Court Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Alexandra Court Care Centre

## **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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by three inspectors.

#### Service and service type

Alexandra Court Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Alexandra Court Care Centre is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection the service did not have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the agency is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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.

#### During the inspection

We spoke with a person who used the service and six relatives about their experience of the care provided. We spoke with six members of staff including the manager, deputy manager, unit leader, senior care worker and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Requires Improvement At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had failed to ensure the safe and consistent management of medicines, as not everyone received their medicines as prescribed. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Medicines administration records reviewed during the inspection were completed accurately, no gaps were identified. Topical creams were administered as prescribed and body maps identified where creams should be applied.
- PRN protocols were in place for 'as and when required' medicines. These provided staff with information enabling them to make an informed choice about when to use appropriately.
- Medicines were stored safely and ordered on a regular basis; any unused stock was returned to the pharmacy.
- Staff were trained and supported in their role to administer medicines. Records showed that a formal observation of medicines administration had been conducted and recorded annually for each member of staff.
- Regular medicine audits took place including random weekly audits, enabling any issues to be addressed in a timely manner to ensure people's medicines were administered safely.

### Staffing and recruitment

At our last inspection the provider also failed to ensure the appropriate staffing levels which put people at risk. This contributed to the breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Safe recruitment practices were in place. Records reviewed showed appropriate checks had been made, no gaps in employment were seen.
- Staffing levels observed during the inspection were in line with the dependency tool. Staff worked primarily in one area of the home to ensure consistency for the people using the service. Additional staffing

was put in place to maintain people's safety when one to one support was required.

- The dependency on agency staff had been reduced. Staff were offered financial incentives to work additional hours or shifts and this was working well.
- People and their relatives told us they felt there was enough staff on duty. A relative told us, "There is enough staff, I would say there is always about five downstairs." A professional told us, "It is very busy and variable. I usually plan when coming and request the information I need and they always provide it, from what I have seen they support people appropriately."

#### Assessing risk, safety monitoring and management

At our last inspection we recommended the provider review their processes for maintaining the environment and equipment and update their practices accordingly. The provider had made improvements.

- Repairs to equipment and the environment were identified and urgent action taken as needed. Other maintenance requirements were scheduled with timescales for the work to be completed.
- People were protected from the risk of damage to their skin. Repositioning charts were completed ensuring the risk of skin damage was minimised.

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

- People were protected from the risk of abuse or neglect; staff were trained to recognise and respond to any safeguarding concerns.
- The provider had effective safeguarding systems in place. Safeguarding alerts were raised with the local authority in a timely way.
- Staff recorded information about any accidents or incidents that occurred. The manager reviewed the information to ensure people had received appropriate support, and action had been taken where necessary to help prevent incidents and accidents happening again.

#### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- The services approach to visiting was aligned to government guidelines.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.



# 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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. 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

At our last inspection the leadership was ineffective. Processes and systems were not effective and did not test the quality of the service or address concerns. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The managers application to become registered with CQC had been accepted, this process was ongoing.
- The manager provided the staff with positive direction and guidance. Staff morale had improved. Staff told us they felt supported by the manager, comments included, "The new manager has made a lot of improvements since they joined us." And, "[Name of manager] will help staff on the 'floor' if they are busy."
- staff knew people well and treated them with care and kindness.
- Governance systems had improved; a programme of audits was in place to review information in a timely manner. Action plans were completed by the manager and the operations manager on a monthly basis which assisted the manager to improve the safety and quality of the service.
- Dedicated staff were trained to administer medicines and had their competency checked regularly by the manager and deputy manager.
- Staffing levels observed on the day were appropriate. The dementia unit had a calm and relaxed atmosphere and the space allowed people to walk purposefully minimising the risk to their safety.
- Information was submitted to CQC in a timely way about significant events that occurred in the home.

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

At our last inspection the failure to actively seek feedback to drive improvements in the quality and safety of the service was additional evidence of the breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 17.

- People and their relatives felt more engaged in the service, one person told us. "We have monthly meetings; we can have our say and discuss things with the managers." Some relatives told us they were kept informed of any issues with their relatives, had completed surveys, and felt they could contact the service and staff were very helpful.
- A professional we spoke with told us, "Communication is good and the staff are good at reviewing issues before they contact the professionals. They are better at identifying when someone is unwell."
- Information and advice from professionals was followed by staff. Information was shared with senior staff at handovers and recorded in the communication book. This was then cascaded to other staff on duty. ● People's care plans showed involvement and guidance from other agencies to meet people's needs. This included GPs, district nurses and dieticians.

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; Continuous learning and improving care

- The manager understood and demonstrated the duty of candour. They conducted themselves in an open and transparent way.
- Accident and incidents were monitored, any common themes identified were dealt with appropriately and any lessons learnt were shared with staff to drive improvements.