

Earlybirdcare Ltd

Alexandra Park Home

Inspection report

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London
N10 2JS

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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

Alexandra Park Home is a residential care home for up to 13 older people who are living with dementia and mental health conditions. Care is provided across two floors with a communal area on the ground floor. At the time of the inspection seven people were residing at the home.

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

People told us that they felt safe living at Alexandra Park Home. Safeguarding processes were in place to help safeguard people from abuse.

Risks associated with people's care had been assessed and guidance was in place for staff to follow to ensure people were kept safe and free from harm.

Medicines were administered and managed safely.

People were protected from the risks associated with the spread of infection. The service was clean and well maintained. There were enough numbers of staff deployed to meet people's needs and ensure their safety.

Appropriate recruitment procedures ensured prospective staff were suitable to work in the home.

Staff received appropriate induction, training and support.

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.

Care plans in place detailed people's needs and preferences. Staff knew people and their care needs well. People's needs were assessed prior to admission. Staff supported people to meet their health and nutritional needs. Staff worked with health care professionals to maintain people's health and wellbeing.

People were supported at the end of their lives in a dignified and personalised way. People and their relatives knew how to make a complaint if necessary.

There were quality monitoring systems and processes in place to identify how the service was performing and where improvements were required.

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

Rating at last inspection and update

The last rating for this service was requires improvement (report published 5 February 2021) where we had

found that previous breaches of regulations had been rectified and improvements had been made. At this inspection, we also checked a breach of regulation from our report published 10 March 2020 and we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

Good ●

The service was safe.

Details are in our findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our findings below.

Alexandra Park 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.

As part of this inspection we looked at the infection control and prevention measures in place. 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 two inspectors and an Expert by Experience. 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

Alexandra Park Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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 announced. We gave a short period notice of the inspection due to restrictions in place during the COVID-19 pandemic.

What we did before the inspection

We looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

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 contacted local authority commissioners and asked them for their views about the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spent time in the communal areas observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with the registered manager, the nominated individual, one of the owners and two care workers. We also spoke with two people who used the service and three relatives.

We looked at a range of documents. These included three people's records related to their care and support, medicines records, five staff recruitment records, staffing rotas, minutes from meetings and records related to the auditing and monitoring of the service.

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 the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people. People who used the service told us they felt safe. One person said, "I feel very safe here", another person said, "I'm safe here and well cared for. I like living here." A relative told us "It is most definitely a safe place for my [relative]. I wouldn't be able to sleep if I didn't think it was safe."
- There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals to local authorities and the expectations of staff.
- Staff and management we spoke with had a good understanding of their responsibilities to safeguard people. One member of staff said, "I would immediately let the manager know." Another member of staff explained, "I would report it."
- Staff completed safeguarding training to provide them with knowledge of abuse and neglect. Records confirmed this.
- The registered manager was able to describe the actions they would take if incidents occurred, which included reporting to the Care Quality Commission and the local authority.

Assessing risk, safety monitoring and management

- People's care records included risk assessments which had been completed in relation to their support needs. Risk assessments covered areas such as oral health, skin integrity, continence, mental capacity, infection control, medicines, falls and environment.
- Risk assessments were personalised and regularly reviewed and records confirmed this.
- Staff we spoke with were aware of people's risks and knew how to support people in a safe way. One member of staff said, "[Risk assessments] they are good. If we feel anything is wrong, we always go to management."

Staffing and recruitment

- Staff recruitment records showed relevant checks had been completed before staff worked at the service. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.
- Copies of vaccination cards were on individual staff files. The provider said that now vaccination was a legal requirement they had introduced a system where staff needed to show evidence via the COVID pass. All staff had been asked to bring this in so a copy could be put on their file.
- We found there were enough staff to meet the needs of people who used the service. One staff member told us, "There is adequate staff. If someone is off sick, there is cover." One person told us, "If I need anything there is always a staff member around to ask. Yes, I should think there are enough staff." Another person commented, "We have day and night-time staff. There's never a time when no-one is here. There are enough

staff around."

Using medicines safely

- Systems and processes were in place to ensure safe management of medicines. People told us they received medicines safely and on time. One person said, "I do have to take medication and it has to be administered by the staff. Always in the morning. Yes, all on time." A relative told us, "There hasn't been any problems with [medicines] as far as I know."
- Records showed that people received their medicines as prescribed including medicines given only when required (known as PRN medicines). Staff had a PRN protocol in place to support administration of these medicines.
- The service had a medicines policy in place which covered the recording and administration of medicines.
- Electronic medicine administration records were thoroughly completed. There were processes in place to identify any issues or errors.
- Policies and procedures were in place governing the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). Controlled drugs were managed safely.

Preventing and controlling infection

- The service followed current guidance to make sure infection outbreaks could be effectively prevented or managed. The home was clean and odour free. One person told us "My room is cleaned regularly and there is a laundry here." A relative told us, "My [relative's] room was always clean when I visited."
- Staff completed training in infection prevention and control. Records confirmed this.
- The infection prevention and control policy was up to date and regular infection control audits were being carried out which included checking staff handwashing and donning and doffing techniques.
- Personal protective equipment (PPE) was being used and regular testing of staff and people using the service was being carried out.
- All staff and residents had been vaccinated.
- The registered manager and staff were following safe guidance to ensure visitors were not at risk of catching and spreading infections. The service had PPE and hand sanitizer available in the front entrance with information about COVID-19. Visitors were given lateral flow testing for COVID-19 when they entered the service. The lateral flow testing can provide results in 30 minutes.

Learning lessons when things go wrong

- Management and staff completed records in relation to any accidents or incidents that had occurred at the service and the registered manager provided a recent example of an incident, which led to a lesson learnt. The registered manager explained, "[Person] uses a Zimmer frame and was walking in the home and their carer walked a little ahead... [person] incurred a little knock against something. [Person] wasn't injured but we adapted their care plan to reflect that carers should walk beside [them] or behind [them] and not go ahead."

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.

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has improved to good.

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

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

- People's needs and choices were assessed to ensure their care, treatment and support was delivered in line with current legislation, standards and evidence-based practice to achieve effective outcomes.
- Staff were able to tell us about the needs of the people they supported and we observed positive interactions between staff and people who used the service that showed they knew people well. One relative said, "I think they support my [relative] very well. As her needs have changed since going to live at the home she has moved to a bigger room, which is more suitable for her. Things like that assure me they are doing their best for my [relative]."
- On the day of inspection an optician visited to deliver new glasses to people who used the service and this was recorded accordingly.
- People's care records reflected their current care and support requirements. Any input which had been provided by external health care professionals, was recorded appropriately.

Staff support; induction, training, skills and experience

- Staff were provided with training to help equip them with the necessary skills and knowledge to perform their role and records confirmed this.
- Any additional training was provided to enable staff to effectively meet the particular health care needs of people. Staff told us training was thorough.

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.

- Consent to care and treatment was sought in line with legislation and guidance. People told us staff asked for their consent before any care was provided. One person said, "The staff understand and respect that. We are listened to here."
- Where people were unable to provide consent, appropriate applications for DoLS had been made in accordance with people's best interests.
- People's care records demonstrated that care and treatment had been provided with the consent of the relevant person.

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

- People were supported to eat and drink enough to maintain a balanced diet, in line with their needs.
- The menu was varied and people were complimentary about the food. Comments included, "We do get a choice, they know what we like. There is enough to eat – any leftovers I'll take it. We can have drinks whenever we want. There's a water dispenser over there; also juice. You can help yourself" and "I like the food. There's absolutely more than enough to eat. Drinks too."

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

- People were supported to live healthier lives. Staff worked alongside external health care professionals (such as GPs and district nurses) where required to ensure people's needs were met in a timely way.
- People's care records reflected their current care and support requirements. Any input from external professionals was recorded, in order to provide staff with the necessary guidance.

Adapting service, design, decoration to meet people's needs

- People were able to navigate around the home via corridors which were kept uncluttered. People had access to a lounge where they could socialise and a small garden.

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.

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has improved to good.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were treated in a person-centred way which respected their dignity and independence. We received positive feedback from people and their relatives about the care and support they received, one person told us, "I think I'm treated with both dignity and respect. They're never rude to me." A relative told us. "My [relative] is content; not unhappy. That's about the most you can hope for. I always feel welcome at the home."
- We observed positive interactions between people and staff throughout the day.
- People's care records contained information about their background and preferences with input from their relatives. This information helped staff get to know people more and deliver person centred care.
- People and their relatives told us their privacy was respected. Comments included, "I like to be left alone and they respect that choice" and "The staff are caring; I've seen the way they engage with my [relative]."
- Records showed that the service was committed to delivering person-centred care that reflected people's diverse needs in respect of the protected characteristics of the Equality Act 2010. For example, care plans included information about people's religious, cultural and sexual needs. A member of told us they were respectful of anyone from the LGBTQ+ community, "No one will be discriminated against. We have to respect diversity. Treat them like other people."

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

- People's preferences and choices were respected. People had a say over how they wanted to spend their day. Care and support needs had been discussed with people and their relatives helping to ensure staff knew how people wanted to be supported. A member of staff told us, "Respect preferences for example If someone doesn't want to have their hair washed, I respect that. I have the time to do personalised care."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

At our last inspection the provider had failed to ensure people were involved in planning or reviewing their care and treatment needs. This was a breach of regulation 9 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 9.

- People received personalised care that was responsive to their needs. People's care records demonstrated that care and support was tailored as far as possible, to people's preferences. For example, care plans included statements such as, "[Person] prefers to shower once a week' and 'I am [specific religion] and my [religious leader] comes to give me [religious practice] every 2 months."
- People told us they were supported to take part in activities that were in line with their interests. One person said, "I do like doing jigsaws. I've got loads of them in my room" and "We do tai chi once a week. A person visits to teach us." During the inspection we observed this person sitting at a table with another person doing a jigsaw puzzle.

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 communication needs were being met and care records showed that an assessment of their communication needs had been undertaken.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and the registered manager told us there had been no complaints since they had taken over the management of the home. One person told us, "I like living here. I don't really have any complaints." A relative explained, "If I had a complaint I would not hesitate to let them know."

End of life care and support

- The provider had an end of life care planning policy.
- We saw an end of life care plan in place in all the care plans we looked at. This included details of people's funeral wishes and preferences in the event of their death.

- Staff had received training on how to deliver individualised and dignified end of life care. Staff worked in conjunction with other health care professionals to ensure people's end of life needs were met. One staff member said, "[Person] is at the end of [their] life. I know [their] preferences, [they] want to die here. [Person] has family, [their] [relative] that we can call."

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 the last inspection, this key question was rated as requires improvement. At this inspection, this key question has improved to good.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff were clear about their roles and responsibilities and had a good understanding of the ethos of the service. We saw staff care and support people in line with their requirements and needs.
- The registered manager demonstrated an understanding of their roles and responsibilities and sent us statutory notifications to inform CQC of any significant events that placed people at risk.
- Positive feedback was received about the new registered manager. People and their relatives told us, "That's the new manager! If I had a problem I would go to [them]. She's very approachable" and "I feel comfortable approaching the manager with any problems."
- Audits and governance processes were in place to ensure that the safety and quality of care was monitored and analysed.
- Systems for supporting staff including inductions, supervision and appraisals were implemented to help support the delivery of safe and high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a positive culture and staff morale was good. Staff told us there was an open and inclusive culture within the service and spoke positively about the registered manager. One member of staff said, "Things seem good at the moment. [Registered manager] is approachable."
- People and their relatives also spoke positively about the registered manager as well as the owner of the service. Comments included, "I have met the new manager. She seems very amicable" and "When [owner] arrived she made a lot of changes at the home. It improved immensely."
- The registered manager worked effectively with external agencies to help achieve positive outcomes for people.

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

- The service actively engaged people to ensure they had a say in the running of the home. Feedback from people, staff and relatives was welcomed by the provider. Feedback was used to help make further improvements.
- Regular staff meetings were held which enabled the registered manager and provider to continuously

monitor and improve people's experiences of the care and support provided.

- Staff told us they enjoyed their job and coming into work. One member of staff said, "It's a long day but an enjoyable day."
- The service worked effectively with others such as commissioners, safeguarding teams and health and social care professionals.