

Life Style Care (2011) plc

Alexander Court Care Centre

Inspection report

320 Rainham Road South
Dagenham
Essex
RM10 7UU
Tel: 02087090080
Website: www.lifestylecare.co.uk

Date of inspection visit: 28, 29 May & 5 June 2015
Date of publication: 20/10/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Inadequate



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

This was an unannounced inspection, carried out over three days on 28, 29 May and 5 June 2015. At the previous inspection of this service in April 2014 the provider was not meeting the legal requirement in relation to safety and suitability of premises, care and welfare of people, safeguarding people from abuse, infection control, nutritional needs, and respecting and involving people.

Alexander court care Centre provides 24 hour care, including personal care for up to 82 older people. This includes nursing care for people with dementia and those with physical needs. The service is a large purpose built

property. The accommodation is arranged across five units over three levels. There are three units for people living with dementia and one unit for young people with physical disabilities, all providing nursing care. There is also a residential unit for older people. There were 70 people living at the service at the time of our inspection. During our last inspection of Alexander Court Care Centre on 28 April 2014 we found six breaches of regulations. The provider was not meeting the legal requirements in

Summary of findings

relation to cleanliness and infection control, safeguarding people from abuse, safety and suitability of the premises, respecting and involving people, meeting nutritional needs and care and welfare of people using the service.

People were not kept safe at the service. There were poor arrangements for the infection control and we had concerns about the safety and suitability of the premises. There were not enough staff available to meet people's needs.

The service had a safeguarding procedure in place and staff were aware of their responsibility with regard to safeguarding adults.

People received nutrition which was compatible with their specific dietary requirements.

Staff received regular supervision or appraisals and there was a clear line management structure for staff. Training records showed that some staff had not received up to date mandatory training.

Senior staff demonstrated they had an awareness of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, which meant they could support people to make choices and decisions where people did not have capacity.

People told us they did not always feel cared for by some staff. The staff knew people's likes and dislikes. We saw staff speaking with people in a way that promoted their independence.

Some people told us they did not feel there were enough activities at the home. The service had two activities co-ordinators who provided support with activities during weekdays. There was no weekend activity program.

Each person had a care plan which set out their individual and assessed needs. However some preferences were not always evident. People had access to health care professionals. People had opportunities to attend residents meetings.

The service was not always well led. During the inspection we identified failings in a number of areas. These included managing risks, infection control, safety and suitability of premises, staffing levels and training. Records relating to people's care were not always fully completed.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the full version of this 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?

The service was not safe. There were poor arrangements for infection control and there were concerns about the safety and suitability of the premises.

People, their relatives and staff told us there were not always enough staff to meet people's needs and to keep them safe

The service had a safeguarding procedure in place and staff were aware of their responsibility with regard to safeguarding adults.

Inadequate



Is the service effective?

The service was not always effective. Staff told us they undertook regular training however the training matrix showed that some staff had not received up to date mandatory training.

Staff received regular supervision and appraisals and there was a clear management structure.

People received nutrition which was compatible with their specific dietary requirements. We have made a recommendation about informing people about menu choices.

Staff demonstrated they had an awareness of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), which meant they could support people to make choices and decisions where people did not have capacity.

Requires Improvement



Is the service caring?

The service was not always caring. People told us they did not always feel cared for by some staff.

Requires Improvement



Is the service responsive?

The service was not always responsive. Each person had a care plan which set out their individual and assessed needs. However some preferences were not always evident.

People had access to health care professionals.

There was a programme of activities but people were not always aware of activities available.

People said they knew how to complain if they needed to.

Requires Improvement



Is the service well-led?

The service was not always well led. Records relating to people's care were not always fully completed.

Requires Improvement



Summary of findings

The service had systems in place to monitor quality, however the provider did not identify the issues we found during our inspection. People were involved in meetings to obtain their views about the service.

People using the service and staff told us the management team were approachable.

Alexander Court Care Centre

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.

We visited the service unannounced on 28, 29 May and 5 June. On the first day of our visit the inspection team consisted of two inspectors and an expert by experience who is a person who has personal experience of using or caring for someone who uses this type of service. We were also accompanied by three specialist advisors. A specialist advisor is a person who has professional experience in caring for people who use this type of care service. On the second and third day an inspector visited the service accompanied by a specialist advisor.

During our inspection we spoke with 25 people who lived in the service, five relatives, the chef, three domestic staff, eight care staff, two activities co-ordinators, six nurses, an administrator, the handyman, business director, regional

manager, deputy manager and the registered manager of the service. We also spoke with the three health care professionals who were visiting people using the service during our inspection.

We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

Before the inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since the last inspection. We contacted the local commissioning team for the service to obtain their views about it.

We asked the provider to complete a Provider Information Return (PIR) before the inspection. 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.

We observed care and support in communal areas, spoke with people in private, and looked at care records for 20 people. We also looked at records that related to how the service is managed including training records, staff files, quality assurance records, policies, staff duty rotas and maintenance records.

Is the service safe?

Our findings

At the last inspection we found breaches to the regulations relating to infection control and safety and suitability of the equipment. The provider sent us an action plan stating the steps they would take to address these issues. During this inspection we checked to determine whether the required improvements had been made. We found the service was not meeting the regulations.

The equipment previously stored in the main fire escape route had been removed and steps had been taken to improve hand hygiene but we found other concerns relating to safety and suitability of the premises and infection control.

The provider had not taken action to complete urgent remedial work following an inspection of the electrical Installation carried out on the 21 March 2012. This included work to electrical outlets in bedrooms which did not have bonding to earth. The service had no emergency backup generator in the event of electrical power failure within the home.

A fire risk assessment carried out on 29th September 2014 identified that two padlocks had been placed on the exit gates leading to the fire assembly point and should have been removed immediately. We noted that these were still in place during our inspection. We brought this to the attention of the manager and the padlocks were removed. We noted there were discarded items in the garden including bulky furniture, a fridge/freezer and wheelchairs that would restrict safe evacuation in the event of a fire. We brought this to the attention of the manager who told us these items would be removed. We had confirmation following the inspection that the items were removed. A number of fire call points were noted not to have the accompanying fire action notices. The provider was unable to show us a fire safety policy for the service and we noted that some staff had not received up to date fire training. The main boiler house did not have a plan displayed to identify main shut off points.

The water temperatures in some bathrooms was above the safe level of 41 degrees Celsius. We raised this with the manager and handyman and were informed that the water temperatures were checked once a month. Following the inspection we were provided with evidence of the checks.

There were instances of the water temperature being above the recommended level. We were not satisfied that people were safe from the risk of scalding. The above issues meant people were at serious risk of harm.

Some communal areas of the home were in poor decorative order and needed refurbishment. In some areas including treatment rooms, domestic cleaning store rooms and kitchen dry goods store we saw exposed plaster work, damaged doors, worktops and flooring. The domestic cleaning stores were dirty with stains on the walls and floor and the main floor covering to the kitchen looked unclean with gaps and signs of wear and tear in places. The manager told us they had been liaising with the provider regarding concerns about the premises and had received agreement to ensure that a program would be put in place to refurbish the home. However, they were unable to tell us when the work would begin.

These findings were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People using the service were not always kept safe from the risk of infection. We found that treatment rooms were not kept clean. Surfaces were untidy and there was dirt and grime visible on the floor coverings where boxes of treatment supplies were stored.

We observed that staff did not always wash their hands after disposing of clinical waste. We also noted there was no information displayed in strategic areas to remind staff about infection control, for example steps for hand hygiene. This meant that staff may not be able to follow hand washing techniques correctly.

We observed that domestic staff did not always wear protective clothing during cleaning duties. In the kitchen, mops were left on the floor with no colour coding apparent between clean and dirty areas in terms of cleaning.

We looked at the most recent infection control audit carried out at the service on 24 April 2014 and noted that the provider had not identified these areas of concern.

These findings were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our visits we noted that communal areas and peoples bedrooms were clean and tidy. One person said, "They really keep my room clean for me." We observed

Is the service safe?

nursing and care staff wearing personal protection equipment when carrying out personal care and treatment. There were dispensers available for hand sanitising gel at various places in the home and on individual units.

People did not feel there were enough staff available to meet their needs and keep them safe. We reviewed the rota on each unit. We spoke with the manager about the number of staff available. They told us there were times when they needed more staff. When we spoke with staff about staffing levels they told us they felt there were enough staff to give care but sometimes found they were not able to sit with people as they were always kept very busy. One staff member said, "Sometimes you could just do with another member of staff on the unit."

During our visits we saw that on occasions people had to wait for staff to provide the support they needed, when they required it. People told us they felt that there were not enough members of staff to look after them. One person said, "Sometimes there's just not enough staff." Another person said, "I can press my bell, but nobody comes. Sometimes I can wait a couple of hours before they put me on the toilet. It's a bit late by then." Another person told us they did not always receive prompt care due to staff shortages. They said, "I press my buzzer, but I've counted 200 rings sometimes before they come. By the time they've got me into the hoist and into the toilet, I can have soiled my pad." One relative we spoke with said, "There's a shortage of staff here which means sometimes they are slow to answer to the buzzer especially if someone is incontinent and that's not good."

These findings were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the number of staff available on each shift including the night shift and saw that additional members of staff were sometimes allocated to units during the morning or evening to assist staff when supporting people. Staff sickness or absence at short notice was covered by bank staff directly employed by the provider.

The service followed safe recruitment practices. Appropriate and necessary checks were carried out prior to staff being employed by the service. We looked at 10 staff files and we saw there was a robust process in place for recruiting staff that ensured all relevant checks were carried out before someone was employed. We saw that

interview questions were appropriate for the role and clear records of interviews documented. We saw copies of proof of identity and application forms which included people's employment history. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work with people. We saw that at least two references had been obtained to ensure people were of good character and fit for work. Records also showed that staff's visa status where relevant had been monitored to ensure they were eligible to work. This meant the provider had taken appropriate steps to make sure people were safe and their welfare needs were met by staff who were suitably qualified, skilled and experienced.

Medicines were managed and stored safely. We looked at the Medicines Administration Record (MAR) sheets for 50 of the people living in the service. We saw they had been appropriately completed with clear records of what medicines people had been given and at what time. Where there were medicines that had not been signed for staff were able to explain any delays for recording these. For example, one person had their medicines after a late breakfast and we saw staff recording this once the person had taken their medicines. We observed staff administering medicines to people and explaining the medicines given. One person discussed their pain relieving medicine with the nurses and requested that the GP reviewed this as their pain had reduced and they wanted a lower dose. We noted that the nurse agreed to do this and asked questions about what activities made the pain better or worse and what times during the day they felt they may need less pain relief. We checked the stocks of medicines and saw this corresponded with the MAR sheets. Staff told us they were trained in medicines management and training records confirmed this. The manager told us nurses carry out a weekly audit on the units and the manager completes a monthly audit of the medicines. We saw records which confirmed this.

We asked people living at the service if they felt safe. One person said, "I feel safe here. I know no harm will come to me." Another person told us, "Yes. It's a place where I've felt safe." One relative when asked if their family member was safe said, "I feel he's safe here. There's usually staff around and they are very on the ball." Another relative said, "I feel mum is safe. If I thought she wasn't then she wouldn't be here."

Is the service safe?

At the last inspection we found breaches to the regulation relating to safeguarding people from abuse. The provider sent us an action plan stating the steps they would take to address these issues. During this inspection we checked to determine whether the required improvements had been made. We found the service was now meeting the regulation. The service had safeguarding policies and procedures in place to guide practice. Staff told us they received training in safeguarding adults. Staff were knowledgeable in recognising signs of potential abuse and the procedure for reporting abuse. They told us they would report any concerns to the manager of the service or the local authority safeguarding team. We looked at the training log and noted that staff working at Alexander Court Care Centre had received up to date safeguarding training. There were seven staff whose training had lapsed and the manager told us these were currently being booked. All staff said they felt safe working in the service and that their colleagues were supportive. The service had a whistleblowing policy in place. Staff were able to explain whistleblowing and knew how they could report concerns. Staff told us they would feel comfortable and confident to whistle blow and would contact the local authority or CQC to report any concerns.

Records we saw showed there had been ten safeguarding incidents since our last inspection. The deputy manager was able to describe the actions they had taken when the incidents had occurred, which included reporting to the Care Quality Commission (CQC) and the local authority and

actions taken to prevent reoccurrence of incidents. This meant that the service reported safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively. The local safeguarding team did not express any concerns about the service.

Individual risk assessments were completed to identify the risks presented to people who used the service and others. We looked at 20 care files and noted the risk assessments included information received at the time of referral to the service and observations undertaken by staff at the service. Risks considered included both to the person and to others. We saw evidence in care files that risks were updated monthly and as a new risk was identified. However, these were not always clearly highlighted in care files but were included within care plan documents which made the information difficult to find. Staff we spoke with were familiar with the risks that people presented. One staff member told us, “you assess risks for people daily. You have to be aware and update plans.” We recommend the service seek advice and guidance from a reputable source about documenting risk assessments.

Monthly checks were carried out to summarise accidents and incidents and to monitor trends. A log was also kept to provide clarity about how and where accidents and incidents occurred in the service in order to identify any actions to be taken to prevent them. Records detailed the accident or incident and included the actions that were taken following the event.

Is the service effective?

Our findings

Staff did not always receive up to date training. We looked at the training matrix which covered training completed. The mandatory training included fire safety, health and safety, safeguarding of vulnerable adults, nutrition, medication, infection control, pressure care, care planning and dementia awareness.

We noted that some mandatory training had lapsed for between six months and one year. Fire safety had not been completed by 18 staff. Food hygiene had not been completed by ten staff. Thirteen staff had not completed moving and handling. Safeguarding of vulnerable adults training had not been completed by seven staff. Nine staff had not completed infection control training and nutrition training had not been completed by 19 staff. We did not see dates of when this training would be carried out. This meant that staff were not always supported to undertake training to enable them to fulfil the requirements of their role appropriately. These findings were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told us they received regular supervision with their line manager and nursing staff had clinical supervision with the deputy manager for the service. Staff also had an annual appraisal. We looked at 11 staff files and saw records of appraisals and supervision sessions that showed topics such as documentation, infection control, safeguarding, whistleblowing, person centred care, training and medicines management. One staff member told us, "I bring up issues in supervision and they are addressed." Staff told us, and records showed weekly meetings were attended by nursing staff and each unit had a monthly staff meeting. New staff had been provided with induction training so they knew what was expected of them and had the necessary skills to carry out their role. Staff told us they felt supported by their line manager and were clear about the management structure in the home.

We discussed the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) with the registered manager and deputy manager. MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests. The registered manager and deputy manager knew how to

make an application for consideration to deprive a person of their liberty. The nurses and care staff we spoke with had an understanding of MCA and DoLS although the information some staff provided was basic. There was a robust system regarding DoLS referrals for authorisation. The service had regular nursing meetings where DoLS referrals were discussed.

We looked at the applications for authorisation which included ways care may be offered and least restrictive options explored. The service informed the Care Quality Commission (CQC) of the outcome of the applications in a timely manner. This meant that the CQC were able to monitor that appropriate action had been taken.

People told us staff asked permission before giving them support. One person said, "They never just start doing things to you, they always ask first." Staff told us they always sought permission to assist people before carrying out care or treatment. One staff member said, "We all have to ask permission before giving care." The manager told us it was important that staff understood about consent and sought this when caring for people.

At the last inspection we found breaches to the regulation relating to meeting nutritional needs. The provider sent us an action plan stating the steps they would take to address these issues. During this inspection we checked to determine whether the required improvements had been made. We found the service was now meeting the regulation.

At this inspection people had mixed views about the food at the service. One person said, "The food is good." Another person said, "The meals are very tasty." However, other people were less complimentary. "One person said, "The food is awful, tasteless." Another person said, "The sandwiches for supper are not very nice, breakfast is the best." Relatives we spoke with said they were happy with the meals at the home. One relative said, "Occasionally there is something my [relative] doesn't like but we tell the staff and there's usually another choice." We saw food served which looked well cooked and appetising.

Menus were displayed on the dining room tables in each unit. We noted that there were differing menu choices on each floor. There were breakfast choices including a cooked breakfast each day. The lunch menu included two choices. On the day of our visit the menu choice was fish or a roast dinner, two different potatoes and two vegetables.

Is the service effective?

There was also a vegetarian option and a choice of desserts. Supper was soup and jacket potatoes or sandwiches with a dessert. We observed people were given a choice of hot and cold drinks at mealtimes. One person was offered tea before their meal. We heard a staff member ask them, "Do you want your tea before your lunch as usual or something else?"

Some people told us they didn't always get a choice at meal times and were unaware they could ask for specific meals. One person told us there was a good selection and lots of choice available but sometimes found that at suppertime there was less choice. They said, "It's just pot luck what you get in your sandwiches. Sometimes you see a nice salad on the plate, but you don't get a choice." We asked people on the units if they would ask for a meal that wasn't on the weekly menu. Some people said they would but they were not sure if it was possible. One person said, "I sometimes fancy something different but I don't feel I can ask." Another person said, "I really would like to ask for my favourite food but I don't think you can ask for something special cooked just for you." However, one person told us, "I like my foods cooked a certain way and I like fruit and vegetables. The chef makes me beautiful fresh fruit salads with exotic fruits." We recommend the service provides people with information about menu options and choices.

Care files we looked at had records relating to peoples' nutritional needs, food allergies and food preferences, including cultural or religious preferences. Some people's records showed they had been referred to a dietician and prescribed supplements. The records stated the reason for the referral and the outcome of the assessment carried out by the dietician. People's weights were recorded monthly and those at risk of malnutrition due to their medical condition were weighed weekly. We saw care plans detailed the actions put in place. For example additional snacks, food and fluid intake and output chart, and weekly risk assessments. One person's plan detailed that they should be encouraged to eat by requesting a favourite meal be prepared by the kitchen. Another person's plan

detailed favourite tasty snacks and drinks they were likely to enjoy. Staff told us people's fluid intake was increased during warm weather and records showed this documented on fluid intake charts. People we spoke with told us they could get drinks as often as they wanted them. One person said, "I could have drinks all day if I want. I just ask the nurses."

We spoke with the chef about special requirements people may have. They were knowledgeable about the needs of people and the different meals people required to keep them well nourished. The chef explained how meals were prepared for people at risk of malnutrition. For example, porridge was fortified with cream, whole milk and milk powder and they provided fortified milk shakes. The service provided culturally appropriate diets.

We observed staff supporting people with their meals either in bed or in the lounge/dining room, with staff seated at the appropriate height, giving people time and encouragement to eat their meals.

We saw staff wearing aprons and gloves appropriately when serving meals. Staff were trained in food hygiene and nutrition and we saw records of this. We observed staff checking food temperatures and recording them before serving meals. Fridge and freezer temperatures were recorded. The service had a main kitchen with smaller kitchens on each unit. There was a cleaning schedule for each kitchen. The domestic staff cleaning schedule included cleaning and checking the fridge, checking food was covered and that kitchen equipment and dining areas were kept clean.

The service had a nutrition and hydration policy dated October 2014. We looked at staff training records and noted that some staff had not completed refresher courses. We looked at records of residents meetings and noted that food was discussed in the most recent meeting held on 21 April 2015. The resident satisfaction survey for the period 2014 to 2015 reported 83% satisfaction with and the standard of catering at the home.

Is the service caring?

Our findings

At the last inspection we found breaches to the regulations relating to care and welfare of people using the service. The provider sent us an action plan stating the steps they would take to address these issues. During this inspection we checked to determine whether the required improvements had been made. We found the service was not meeting the regulation.

At this inspection people told us staff were caring but felt that some staff were more caring than others. One person said, "Some are really nice and caring, but others are terrible. Another person said, "Some just want to quickly get you sorted and get out of your room." Another person said, "They don't really talk to you. Not much conversation with most of them. Some are better than others, of course, but some are horrible." Other people told us staff were caring and helpful. They said, "Staff are really very helpful and kind." One relative told us, "The staff are very kind and gentle with mum."

Each person using the service had a named nurse who was responsible for overseeing the care the person receives and liaising with other professionals involved in a person's life.

Staff we spoke with were able to describe how they developed relationships with people which included speaking with the person and their family to gather information about their life history and likes and dislikes. One person told us, "We discussed my care and what I needed." Another person said, "When I came here I was determined to get better and the nurses and carers helped me to plan what I needed to do." People we spoke with knew who their named nurse was. People's preferences were recorded in their care files and both nursing and care staff were knowledgeable about people's preferences. People told us they received information about their care and staff explained treatment and support given. One

person said, "They helped me with my rehabilitation and told me everything I needed to know." Relatives told us they were given information about treatment their family member needed.

We saw staff speaking with people in a way that promoted their independence. One person told us, "They help me to be independent. They encourage you to keep doing the things you are able to do." A staff member told us, "We try to keep people as independent as they can be. Rather than wash someone's face for them I offer them a flannel and ask if they want to try for themselves"

Staff told us how they promoted people's dignity, choice, privacy and independence. For example they said they always ensured doors were closed when providing personal care to people. One staff member said, "I draw the curtains and close the door. You have to put yourself in their place and think how you would feel." People told us their privacy and dignity were respected. People said that staff knocked on the door to their rooms and asked permission to come in. One person said, "They are respectful." Another person said, "They are very good when dressing you. They don't leave you standing there with nothing on."

We saw plans in people's care files regarding their wishes for end of life care. Staff had completed training which gave them the skills to provide end of life care. During our visit we spoke with one of the end of life facilitators. They told us that the home worked well with them and provided "very good care" to people at the end of their life. They told us, "Staff go the extra mile here. I have had people who want to come back to the home for their last days." They told us the staff at the home worked closely with people and their families and they had received good feedback about the care provided. They said the staff were proactive in ensuring that people needing the service were referred to them in a timely manner.

Is the service responsive?

Our findings

At the last inspection we found breaches to the regulations relating to respecting and involving people who use the service by ensuring they received care that reflected their personal preferences. The provider sent us an action plan stating the steps they would take to address these issues. During this inspection we checked to determine whether the required improvements had been made. We found the service was not meeting the regulation.

We looked at 20 care files and noted that some care plans were not comprehensive enough and did not always involve people using the service or their relatives. Care files included people's details, personal care needs, health needs, communication, care plan, medical assessments and appointments, monitoring charts and daily notes. However, we found these areas were not completed in some people's care plans. In one person's care file we found no information about their night time wishes. In people's daily notes we saw standard phrases used that were not individualised.

We looked at a care file for a person living with dementia. The care plan did not outline how dementia affected the person, what symptoms were evident and the most helpful ways to support them. Many of the sections were left blank and those which had been completed were not detailed. For example the section about what people liked to wear was often answered with 'my own clothes'. The care plans we looked at did not give a sense of the person's likes or dislikes regarding food, activities, clothes they like to wear, whether they preferred quiet or the radio or television in their bedroom; socialising or alone time. One person we spoke with told us about their preferences and things they liked to do every week. When we looked at their care plan we saw no mention of these activities or preferences. When we asked some staff how they would know people's preferences if these were not in their care plans they told us they knew people well. We were concerned about how new staff members would know people's care needs and preferences.

We observed that the home was very quiet and although staff spoke to people in a kind, respectful and caring manner there was little spontaneous interaction between staff and people using the service. Some people told us they felt unhappy at the home. One person said, "I don't like it here" We asked them why they felt this way and they

told us it was always quiet. Another person said, "I'm not an old person and I'm not a child. It's just not nice here." They also told us, "My privacy and dignity has been taken away." Another person said, "It's always so quiet." Other people we spoke to living at Alexander Court Care Centre referred to the home as, "like a prison," and "Like [prison] that's what I call it jokingly it's so dead in here." The manager told us they noticed that the home was always quiet and had been speaking with staff about this. They said, "Staff don't talk to residents much or each other. It bothers me that it's not chatty and lively." The manager told us they visited each unit throughout the day and made a point of speaking with people and staff.

The issues above were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told us their understanding of person-centred care. One staff member told us, "It's making sure that the care you give is what they need, you have to discuss it with them or their family if they are unable to tell you." Observation charts were completed and showed people's pulse, body temperature and respiration were monitored on a weekly basis. Records showed people were supported to receive medical check-ups and the service worked together with other health professionals involved in people's care.

People using the service had access to health professionals including their GP. People told us they were able to see a doctor when they needed to. Relatives of people using the service told us the doctor visited the service regularly and they were informed of any changes to their family member's health. One person told us, "The doctor pops in and I can ask if I need to see him in between." We saw records of this in people's care files of visits from health professionals and outcomes of consultations. The GP visited people at the service weekly. We spoke with the GP who was visiting during our inspection and he confirmed he visited once a week and also for emergency appointments if people became unwell. We saw records in people's care files of visits from dietitians, tissue viability nurses, speech and language therapists and opticians.

We saw evidence care plans were reviewed monthly by nurses and the manager audited them every month.

People and their relatives we spoke with said they knew how to complain if they needed to. They said they would

Is the service responsive?

tell a member of staff or the manager. One person told us, "I have complained before and it was dealt with very quickly." Another person said, "Yes, I would tell one of the staff."

People said that they felt staff would listen to them if they had a complaint or concern. One person said, "They are quite good. The manager would sort it out." A relative said that the service had responded to their complaints and had resolved the issues they had raised. The management team and staff were able to explain how they would deal with a complaint. The service had a complaints policy. We looked at the complaints log and saw that two complaints had been received since our last inspection. Both complaints were dealt with in line with the provider's procedure.

Some people told us they did not feel there were enough activities at the home. One person said, "There's not much to do. I would really like to go out but I don't think there's enough of them (staff) to take us." They also told us they would like to go shopping but there didn't seem to be an opportunity to do this. Another person said, "Not that much goes on sometimes." Another person said, "It's terrible here. It's like a prison. I've been stuck in this god-forsaken place for too long." They told us they would like to do something new or different and felt there were not many opportunities so they stayed in their room.

The service had two activities co-ordinators who provided support with activities during weekdays. There was no weekend activity program. However, people could attend religious services or charity events supported by the activities staff who would come in especially for this. On the day of our visit five people had gone out for the day with the activities coordinators. Care staff told us they were responsible for activities on the days when the activity co-ordinators were doing one to one sessions with people or had supported people on a day trip or outing.

We spoke with the activities co-ordinators about how people felt about the activities at the home. They told us

they had planned a new programme of activities which started two weeks prior to our visit, as they felt there was not enough available to ensure people could become involved in an activity they enjoyed. They said they had been supported by the manager to purchase art and craft material and other equipment including games for each unit to give people greater choice. We looked at the plan of activities available for the next four weeks and noted activities such as gardening, baking, arts and crafts, bingo, computer games and day trips were scheduled to take place. One to one sessions took place each morning for people who were unable to come to group activities. Each afternoon there was a two hour group activity in the main lounge. They told us a new rota was now in place for care staff to be involved in facilitating group activities in the morning while one to one sessions were taking place. We observed care staff supporting people to complete jigsaw puzzles during the morning and on another unit we saw staff watching TV with people and talking about the news items broadcasted. On the second day of our visit we saw people singing, dancing and enjoying a performance from an entertainer. We spoke with people later and they told us how enjoyable it was. One person said, "It was so nice. I love dancing." On the third day we heard the activities co-ordinators and people using the service planning a surprise party for someone who was going home. People were excited about the party and later told us it was a huge success and very enjoyable. The activities co-ordinators acknowledged they needed to remind people using the service about the new activities program and get more ideas from people using the service about what they would like to do.

Staff demonstrated their ability to deal with foreseeable emergencies. The manager told us there was an on-call system which they shared with the deputy manager. Staff confirmed they had access to the on-call telephone number. Staff told us the regional manager was also available if they needed additional support.

Is the service well-led?

Our findings

The service was not always well led. We looked at records of care at the service and noted records relating to people's care were not always fully completed by staff. Some of the reports were not precise in their recording for example a report indicated that a person's blood sugar was checked and was stable. Staff did not record the actual level. Other information missing included observation charts and continence assessments. One person's turning chart did not indicate the frequency they needed to be turned.

The service had a new registered manager who had been at the service for three weeks at the time of our inspection. Some people told us they didn't know who was "In charge". One person said, "It keeps changing and they don't say when they are leaving." Another person said, "There's a new manager now but no one ever tells us. They keep changing." Another person told us, "All the staff are great but they have been very down because of all the changes with the manager but they never show their unhappiness to us but I just know." Relatives of people using the service told us there had been lots of changes with managers and they found this was not ideal. One relative said, "Hopefully they will stop changing now." Another person said, "The worst thing is they just never tell you when a manager is leaving."

People told us they liked the new manager and said she was approachable. One person said, "She seems nice. She's been round and introduced herself. She's usually around and about the place." Another person said, "She's new but she seems really nice. Very friendly." Relatives we spoke with said they had met the manager and found her approachable.

Staff we spoke with told us the deputy manager and registered manager were approachable. Staff said there had been a lot of changes to management and they had found this difficult but felt that the new manager was

approachable and listened to their views and concerns. One staff member said, "We have weekly meetings for the nurses and the manager comes in and talks with us and we all share ideas." Another staff member said, "It's so nice to have someone you can work with and who is supportive of you." Another member of staff said, "The deputy is really good but it's even better now you have a good management team working here."

The manager told us she was building a team where staff led by example and appreciated each other and recognised good work. Staff we spoke with told us the manager often thanked them for their hard work and recognised and commented on good practice. They also said the manager highlighted areas of improvement in their work. One staff member said, "We can speak to her quite freely even though we haven't known her long."

The manager told us about the meetings she had put in place to ensure staff could share their thoughts and give feedback about the service and the care and treatment people needed. There were weekly clinical meetings with nursing staff, introductory meetings with care staff and night staff. Unit meetings were held monthly for all staff to attend. People using the service and their relatives attended meetings every three months to give their views about the service. The most recent residents meeting took place on 10 March 2015 and we saw records of this. We saw newsletters with changes that had been made to the service following feedback.

During the inspection the manager was open about areas she felt needed to improve and identified short comings in the service. The service had action plans they had not fully completed following our last inspection. The manager told us about actions that had been taken to improve the service and was open about areas still not completed. The service carried out audits including incidents and accidents, medicines, health and safety checks, maintenance, complaints, care planning and falls audits.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
Staffing

The provider did not deploy sufficient number of staff to make sure that they can meet peoples care and treatment needs.

Regulation 18 (1)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
Staffing

The provider did not ensure that staff undertake training, learning and development to enable them to fulfil the requirements of their role.

Regulation 18 (2)(a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Person-centred care

The provider did not ensure people received care that reflected their personal preferences.

Regulation 9(1)

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Safe care and treatment</p> <p>The provider did not assess the risk of, prevent, detect and control the spread of infections</p> <p>The provider did not ensure that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way</p> <p>Regulation 12 (2) (d) (h)</p>