Eastgate Care Ltd

Alexandra House - Eastwood

Inspection report

Wroughton Court
Nottingham Road, Eastwood
Nottingham
Nottinghamshire
NG16 3GP

Tel: 01773530601

Date of inspection visit:
16 April 2018

Date of publication:
19 July 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 16 April 2018 and was unannounced. Alexandra House is a care home that provides accommodation with personal care and nursing and is registered to accommodate 38 people. The service supports older people who may have nursing needs or are living with dementia.

Alexandra House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there were 29 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Alexandra House was last inspected on 25 February 2016 and the service was rated as Good On this inspection the service has been rated as Requires Improvement. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive and we found systems in place to ensure improvements were made and sustained were not effective.

This is the first time the service has been rated Requires Improvement. This was because there was not enough staff to meet people's needs in a timely manner. This lack of sufficient staffing impacted on all aspects of the service. It meant people had to wait too long for their needs to be met. Staff employed to provide activities had to provide care when staff were very busy. When they rang their call bell, staff checked if they were safe and if they were came back later to attend to them. This could be up to 20 minutes later. People were left unattended at busy times due to pressure on staff.

Risk was recognised and managed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff were aware of the Mental Capacity Act and people's rights under this.

Staff were aware of their duty of care to keep people safe. They understood what abuse was and how to respond appropriately should they be concerned about people's safety or welfare.

People's medicines were administered as prescribed and stored appropriately. Staff were trained to care for the people they supported.

People were not always happy with the food. However people's dietary needs were recognised and met.

Staff were seen to be kind and caring in their interactions with people. However, some staff did not always acknowledge people when they were in the communal rooms.

Floor covering was worn and broken in some areas, this meant staff could not always clean it effectively. The environment was not well maintained and some areas showed signs of neglect.

People maintained important relationships, as relatives and friends could visit at any time. People were able to regularly review their care to ensure it was still relevant for them. People enjoyed a varied programme of entertainment and support with their hobbies to prevent them from becoming socially isolated, however this could be interrupted due to staff shortages. People knew who to speak with if they wanted to discuss a concern or complaint.

People received support from health care professionals where they needed this to keep well. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs. People felt the registered manager was approachable and keen to listen to their views and they were able to share their views about how the service was managed.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were left unattended for periods of time at the busiest times. Infection control could not be guaranteed due to broken and worn floor covering.
Medicines were administered as prescribed. Staff were recruited safely.

Is the service effective?

Requires Improvement

The service was not always effective.

People were not happy with the quality of the food. The environment was in need of attention. People's rights were protected under the Mental Capacity Act. Staff were trained to care for people effectively. People's mental and physical health was promoted.

Is the service caring?

Requires Improvement

The service was not always caring.

People's dignity was not always promoted. Some staff ignored people. Other staff were caring and kind. People privacy was promoted.

Is the service responsive?

Requires Improvement

The service was not always responsive.

There was not enough staff to meet people's individual needs in a timely manner. People had to wait too long for their call bells to be answered. This impacted on all aspects of their lives. There were activities in the service. There was a complaints system in place. The service had many complements.

Is the service well-led?

Requires Improvement

The service was not always well led.

The manager understood their responsibilities for the management and governance of the service, however they had

not have the staffing levels to put this in place and the service lacked direction from the provider. Care was not always personalised.
Systems were in place to monitor and improve the quality of the service. Staff were supported and they were happy with the registered manager.

Alexandra House - Eastwood

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on the 16 April 2018 and was unannounced. The inspection visit was carried out by one inspector, a specialist advisor 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. The specialist advisor was a nurse.

We used information the provider sent us in the Provider Information Return to help us plan the inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
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 with us.

We spent time observing care and support in the communal areas, and how staff interacted with people. We spoke with six people who used the service and three relatives. We also spoke with four members of care staff, the deputy manager and the registered manager. We also spoke with one social care professional. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for four people and we checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including medicine records, quality checks and staff files

Requires Improvement

Is the service safe?

Our findings

There was not enough staff at busy periods, such as early mornings when staff were getting people up, to ensure people's safety. We did not see people directly at risk; however, people were left alone in the dining room for long periods and during this time we saw broken crockery on the floor. This could have posed a risk to people with poor sight or poor mobility. Our observations showed people were kept safe throughout the day, however they did not have their needs met in a timely manner.

Risk assessments were carried out and we saw they gave staff clear directions on how to ensure the safety of people. The provider had systems and processes in place to ensure the risks to people were recognised and where possible reduced. Where people used a catheter there was a risk assessment to endure it was used appropriately to promote the health of the person using it. However, we found the risk reduction process put in place were not always followed. For example where a person was due to be turned on a regular basis, we found gaps in the recordings of these movements. Also where a person was due to be weighted weekly we found gaps in recordings. This could put people at risk of poor health. The systems in place did not always pick up these issues and implement an action plan to prevent them happening in future.

Action had been taken when people were at risk of falling or had fallen. For example, people were referred to a falls clinic to ensure the service was doing all they could to keep them safe. Staff told us they were familiar with people's care plans and risk assessments and these were kept under review. Records confirmed people had care plans and risk assessments in place and these enabled staff to understand what care was required. For example some people had risk assessments to ensure the integrity of their skin was promoted, and where needed there was a wound care plan to ensure if a person had a skin break it would be managed effectively.

Staff knew how to keep people safe and their duty of care to people. They were able to describe the different types of abuse people may be subjected to. They were aware of how and where to report their concerns. They told us they would follow up on any concerns until they were sure the person was protected. Training records supported this. Staff told us the manager regularly reminded of their duty of care to keep people safe.

The provider had systems in place to ensure people got their medicine on time and as prescribed. Some people knew what their medicines were for and records showed reviews of people's medicines had taken place with their GP. Medicines were stored safely and were in date. Staff provided people with medicines as and when they were prescribed.

People told us they were confident they got their medication on time. One person said "I'm a diabetic and I'm on insulin injections, the nurse does that. It's important that I have my medication regularly." Another said, "Yes I'm happy with how I get my medicine."

Staff recorded the medicines that had been administered and the reason why. We checked other medicines

administration record (MAR) charts and found these had been completed as required.

The staff member in charge of medicines administration was knowledgeable on the systems in place to ensure people received their medicines safely. These included the processes for ordering, storage and disposal of medicines. Staff had been trained in medicines administration and management. In addition, regular checks on records helped to ensure the proper and safe use of medicines. These actions helped to ensure people received safe care around the management and administration of their medicines. Medicines were managed safely and people's involvement and independence was supported in the management of their own medicines when appropriate.

The registered manager had a system in place to keep the service clean and infection free. However the service had the same floor covering throughout the building. This was old and was showing signs of wear and tear. We saw it was broken in areas, particularly around doors, and had other breaks in the surface. While staff endeavoured to keep it clean this was not always possible and therefore it presented a risk to people as this may encourage the spread of infection.

Safe recruitment and selection processes were followed. We looked at recruitment files for staff employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work.

Requires Improvement

Is the service effective?

Our findings

People living at the service told us they were not happy with the quality of the food. One person wanted 'real butter' and said they never got any. Other people said the quantity was sufficient but they would like better quality food. One person said, "The food's not too good. I have bread and jam for my tea and I've asked for other things but you never get it." Another person said, "The food's not good. They have a good chef at weekends. They seem to have a lot of pasta, do old people like pasta, I don't think so." A relative told us, "The tea trolley is supposed to come round at half past three but, the week before last it was past four and another day it was quarter to five. I went to the deputy and she said "We haven't enough staff," That's no good."

Specialist diets were catered for, staff in the kitchen had information to inform them which people had special dietary requirements. For example, what type and texture of foods people required. Where people required assistance with eating and drinking this was provided in a dignified and unhurried manner. However, one person who we spoke to in the quiet lounge at 11.50 am told us "I haven't had my breakfast yet". On hearing this a staff member said, "Haven't you had your breakfast yet [name] I'll get it." They then got the person some toast. That person told us, "It's the way it is, there's quite a lot of waiting."

Where people were at risk of choking or had swallowing difficulties they were referred to a speech and language therapist (SALT). We saw their directions were followed.

People told us they were supported by staff who had the skills to provide care for them. One person told us they believed staff knew what they were doing; they said "Staff know how to look after me." Another person said, "The staff are very helpful; they know what they're doing".

Records showed staff had either completed training or dates had been confirmed for those who required training. For example, safeguarding adults, health and safety and infection control. We noted the training such as caring for people who are living with dementia was out of date. However, staff were supported by the community 'dementia out-reach team.' New staff had a period of induction where they shadowed an experienced member of staff. New staff were given the opportunity to complete the nationally recognised Care Certificate, which supports staff to gain the skills needed to work in a caring environment.
This meant the staff had the relevant skills and knowledge to help effectively support people's needs. Staff told us they now received supervision on a regular basis and records confirmed this. Supervision is a way of supporting staff to deliver good quality care by ensuring their skills are of a high enough standard.

The Mental Capacity Act (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. We checked whether the service was working within the principles of the MCA.

The provider had policies and procedures in place for staff to follow in relation to the MCA. Staff told us

they monitored people's mental capacity on a daily basis, if they noticed any changes they would report this to the manager who put in the appropriate applications. Staff demonstrated a knowledge of when they were required to discuss a person's capacity. Staff we spoke with understood their duty to people under the Act. One staff member said, "No matter what we think, it's not our decision and we understand people's ability changes from day to day and we respect that."

People can only be deprived of their liberty so they can receive care and treatment when this in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and whether conditions were being met and found they were. The manager understood their responsibilities to ensure applications were made for those people whose freedom and liberty had been restricted. When required, applications had been made for people to be assessed under Deprivation of Liberty Safeguards (DoLS).

People told us they were confident they could see their GP or other health care professionals if this was required. One relative told us "[relative's name] had a glaucoma eye test at the hospital, they (staff) organised that". Another person said, "I fell here, I had one or two at home that's why I came here, they (staff) called an ambulance straight away. If you ask for a doctor they get you one". Another said, "The GP comes and the optician". We saw in care plans that advice had been sought from health professionals when this was necessary. This meant people were supported by health and social care professionals when this was necessary.

The environment was in poor decorative order and some areas were in need of repair. For example one wooden window frame was crumbling and was breaking up. The floor covering was broken and dirty in places. The skirting boards were dirty had peeling pain and scuff marks. Use of equipment had taken 'gouges' out of them. This left the environment lacking in warmth and domestic appeal.

Requires Improvement

Is the service caring?

Our findings

People told us staff were very caring. One person said "They are very good, I get on with them all. They are very gentle and kind, I can't fault them". Another said, "Staff are very good and they are all very friendly, they go out of their way to be friendly". A visiting relative told us "It's fine on the whole, the staff are quite friendly, make me welcome, always speak to you".

Throughout the inspection visit we saw staff interacting warmly with people often touching them gently and respectfully as they helped them with something and engaging them in cheerful conversation.

We saw people and staff had a good relationship. Staff were aware of people's needs and wishes. Staff spoke with warmth and fondness for the people they cared for; throughout our inspection, there was an atmosphere of caring.

However, we found people were not always cared for in a manner that promoted their dignity. We saw people spent the day of our visit in dirty and stained clothing without the opportunity to change to fresh clothing. Bed linen looked faded and worn and was see through in some cases. This did not promote people's choice and dignity.

We saw one person being served lunch, another staff member moved this out of their reach without asking them or talking to them. We enquired about this and were told the person may throw their food on the floor. This was confirmed, however the person was left unattended with their food out of their reach. Had the staff waited until they could assist the person to eat this situation could have been avoided. This did not promote the person's dignity.

Staff did not always communicate with people in a manner that promoted their dignity. We saw staff enter a room full of 10 people and they did not speak to or acknowledge people. We saw two staff assist a person into a wheelchair and we saw that while they gave them directions there was no re-assurance or any conversation offered. This approach to caring for people does not promote their individuality or their dignity.

We saw some good interactions between staff and people. For example we saw a staff member comfort someone who got upset and wanted to go home. The staff member knelt down in front of this person, held their hands and gently spoke to them offering reassurance in a kindly, gentle non-patronising manner. We saw this worked and the person was calmed.

Throughout our inspection visit we saw people's privacy was respected. People spent time in their own rooms as they pleased. We saw staff knocked on people's doors and waited for people to answer before entering.

Requires Improvement

Is the service responsive?

Our findings

People told us that the service was not responsive to their needs. They were concerned they had to wait too long for their 'non-urgent needs' to be met. One person said, "They are sometimes very busy, there's not really enough staff, they do keep you waiting a long time when you want to go to the toilet, they say 'you'll have to bear with us' and they are 'just doing this' or 'just doing that'. Sometimes when you are older you can't wait." Another said, "Enough staff, I don't think so, there's always somebody rushing around, people are waiting a long time, waiting for things, to go to the toilet and get up." A third person said, "I think you wait too long, they have other jobs. I have a bell, they don't come very quickly."

In one person's room we observed a person wait 20 for assistance. A staff member checked to see if it was an emergency. On seeing it wasn't they returned to the task they had interrupted to answer the call bell. Sixteen minutes later the person pressed their bell again. This was answered within two minutes. The person said this was too long. It had taken 20 minutes for their needs to be met.

The service was not responsive to people's needs and did not provide person centred care because they did not ensure there was enough staff to meet people's needs and wishes beyond keeping them safe, in a timely manner. They used a tool to establish the staffing needs. This was based on people's needs. However, when we looked at this it did not make allowances for people who needed two staff to assist them in all aspects of their care. At the time of our inspection visit 19 people out of 29 needed two people to assist them. This meant people were not getting the care they needed in a timely manner because the staffing levels were too low.

Staff responded in the best way they could, For example if a person used their call bell for assistance, staff checked on them to ensure they were safe and then turned off their call bell. If they were safe they were not attended to at that time. This meant their needs were not being met. The lack of staffing showed in the high use of call bells.

A person who was assessed by the local authority to have one to one care did not always have this. When we asked why we were told the activities person keeps an eye on them. This did not meet his assessed needs.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to be occupied. The service had a staff member who was in charge of activities (activities co-ordinator.) The activity co-ordinator prepared a monthly programme of activities based on what people wanted. They told us they published a newsletter with details of planned activities and added "I say what we are going to do but am always flexible to do what people want". We saw an example of this month's newsletter which comprised armchair exercises, crosswords, quizzes, bingo, art classes and flower arranging. We saw that there were trips out planned to tea rooms and garden centres and visits from outside entertainers.

The activity co-ordinator and people told us the service had strong links with the local community. We were told "We have a really good relationship with the local school. We have children come in from reception and it works brilliantly. We do it in six weekly cycles for about 40 minutes and at the end of the six weeks the children come running in to meet people. People we spoke with said they really looked forward to these sessions.

We were told the activities co-ordinator was good. One person said, "She is very good, she does a lot for me. She is taking me to [place given] this week. We're going in an ambulance but she is going with me". Another person said, "The person who is the star here is [activity co-ordinator], she makes so much difference. She talks to all of us, it is her whole approach, she is so friendly."

People who were not able to attend activities were also included. The activity co-ordinator told us "I go to people daily and prompt them to come down and join in, but if they don't want to I respect that. If they are not well enough to join in I do sensory activities, smelling, touch, just hand holding music. Sometimes I just sit and chat, make sure they are comfortable." People we spoke with confirmed this.

However staff told us and the managers confirmed the activity co-ordinator was frequently required to care for people when staff were busy. This meant that people were not assisted to pursue their hobbies and interests without interruption. People told us they were sometimes bored. Care plans showed people's interests and hobbies.

Suitable provision had been made so that people could be supported at the end of their life to have a comfortable, dignified and pain-free death. The wishes of people and their family regarding the care at the end of their lives were discussed, recorded and respected. In addition, staff liaised with other agencies to ensure they had the right medicines available to help people remain pain free at the end of their life.

There was a complaints process in place and people knew how to use it. We were told people had someone to complain to. One person said, "While I wouldn't bother the manager, I could always talk to [person's name]." One relative who made a complaint said, "There was an issue with [family member] being left in a wheelchair a lot. I spoke to the nurse about it. They brought [name] to a bedroom downstairs and now sit them in an easy chair". At the time of our inspection visit there were no complaints outstanding. The service received many complements from relatives and representatives of people who had used the service.
At the time of our inspection visit there was no one who had diverse needs in relation to religion, culture and sexuality.

Staff were aware of people who needed support with communications such as ensuring people had their hearing aids and glasses should they need them. Information about care and activities was available to people in other formats, such as large print. This helped ensure people had information about their care and support in ways which were meaningful to them, and the provider took steps to meet the Accessible Information Standard. The aim of the accessible information standard is to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. □

The registered manager understood the importance of assisting people to maintain relationships and visitors were welcomed to the service at all times. Visitors told us they were made welcome.

Requires Improvement

Is the service well-led?

Our findings

The overall rating for this service is Requires Improvement. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive.

The service was not always led and managed in a manner that put people at the heart of the service. There was no clear vision for the future of the service. The environment was tired and in need of re-decoration. We requested, but were not provided with, a refurbishment or re-decoration plan for the service. The provider did not always ensure there were systems in place to promote people's dignity.

The provider had not ensured there was enough staff to care for people in a person centred manner. Staff were rushed and overstretched and they found it difficult not to be able to provide the care they wanted to deliver to people. Because of this some staff felt under pressure. Staff felt they were not listened to, one staff member told us, "We don't have enough staff, on good days yes but more often than not, no. We have one-to-ones and they take a person from the floor". The staff member added though, "The manager is supportive and does listen to us". Another said, "We keep saying this no one listens."

People knew who the registered manager was and they told us that they were approachable. Staff said they received regular supervision to review how they worked. They said they were supported and could go to the registered manager for support and guidance. They said they felt they were appreciated and valued by the registered manager.

Staff competency checks in medication administration as well as the delivery of good care were completed that ensured staff were providing care and support effectively and safely. However, we found recording charts used to monitor when people were turned in bed were not always completed and people were not always weighed as identified as necessary. This had not been identified by auditing or quality assurance systems.

Quality assurance systems were in place to review how the service was managed, but these were not always effective. These included checks and reviews on risk assessment and care plans, the administration of medicines and how people were supported to be safe. For example, there was a system in place to keep account of how long people had to wait for their call bell to be answered. However, staffing levels had not been reviewed and adjusted to ensure people did not have to wait too long for their needs to be met. This failure to take action had resulted in a breach of the legal regulation related to staffing.

There were systems in place to ensure staff were trained and their training was up to date and they worked well with other social and health care professional. Risk assessments were reviewed on a regular basis.

There were systems in place to ensure staff worked with external healthcare professionals to deliver positive outcomes for people. The provider had met their registration regulatory requirements because they had notified CQC of incidents they are legally required to do.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed this in the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing There was not enough staff to meet people's needs in a timely manner.