Cambridge Housing Society Limited

Alex Wood House

Inspection report

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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

Alex Wood House is a residential care home for older people and people living with dementia. It is registered to provide accommodation and personal care. It is not registered to provide nursing care. At the time of our inspection there were 30 people living at the service. The service is located in a residential area of the city of Cambridge.

There was no registered manager in post at the time of the inspection. The deputy manager was 'acting up' into this role, whilst the provider advertised for a new 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.

This inspection was carried out on 2 May 2017 and was an unannounced inspection. At the last inspection on 29 June 2015, the service was rated as 'good.' At this inspection we found the service remained 'good.'

Staff assisted people in a way that supported their safety and people were treated with respect. Staff were knowledgeable of how to report incidents of harm and poor care. Accidents and incidents were identified and recorded. Actions were taken to, as far as possible, reduce the risk of recurrence.

People had care plans in place which took account of their individual needs. These plans recorded people's choices, their likes and dislikes, and any assistance they required. Risks to people who lived at the service were identified, and plans were put into place by staff to minimise and monitor these risks. This enabled people to live as safe and independent a life as possible.

People and their relatives/ advocates were involved in the setting up and agreement of their/their family members care plans.

People were looked after by enough, suitably qualified staff to support them safely with their individual needs. Pre-employment checks were completed on staff before they were deemed to be suitable to look after people at the service.

People were supported to take their medicines as prescribed and medicines were safely managed by staff whose competency had been assessed. Where there had been any errors in the administration of people's medicines, these had been identified and dealt with appropriately.

Staff assisted people in a caring manner and with compassion. They knew the people they supported well and were aware of their history and personal preferences. Staff promoted and encouraged people to make their own choices. People's dignity was respected at all times and staff assisted people in the way they wished to be supported.

The service was flexible and responsive to people's needs. People maintained contact with their relatives, friends and the local community.

People were supported to eat and drink sufficient amounts of food and fluids. Staff monitored people's health and well-being needs and acted upon issues identified. They also assisted people to access a range of external health care services when needed and their individual health needs were met.

Staff enjoyed their work and were supported and managed to look after people. Staff understood their roles and responsibilities. They were assisted by the acting manager to maintain and develop their skills and knowledge by way of supervision, competencies, and appraisals. Staff were trained to provide safe and effective care which met people's individual requirements.

There was a process in place so that people's concerns and complaints were listened to and acted upon and where possible resolved to the complainants satisfaction.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. DoLS applications had been made to the appropriate authorities to ensure that people's rights were protected. People's rights in making decisions and suggestions in relation to their support and care were valued and acted on.

Arrangements were in place to ensure the quality of the service provided for people was regularly monitored. People who lived at the service and their relatives were encouraged to share their views and feedback about the quality of the care and support provided and actions were taken as a result to drive forward any improvements required.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Alex Wood House

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 took place on 2 May 2017. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 looked at this and other information we hold about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. Before the inspection we received information from a care services development officer and a representative of the local authority supervisory body to aid us with planning this inspection.

During the inspection we spoke with four people who used the service and two relatives, one of whom we liaised with via e-mail. We also spoke with, the nominated individual; the acting manager; the dementia services manager; a team leader; two care staff; the cook and kitchen assistant. We looked at four people's care records and records in relation to the management of the service and staff.

We used observations as a way of viewing the care and support provided by staff to help us understand the experience of people who were present on the day of the inspection, but could not talk to us.

Good

Is the service safe?

Our findings

Relatives told us that their family members were looked after well and were kept safe because of the care they received. One relative told us, "I feel that staff keep [family member] safe." A person said, "I feel safe, I had not been feeling safe before I came here [to Alex Wood House]."

Staff were able to demonstrate that they knew how to recognise and report any suspicions of harm or poor care. They gave examples of types of harm and what action they would take in protecting and reporting such incidents internally or to external agencies. This showed us that staff knew the processes in place to reduce the risk of harm occurring.

Risk assessments were in place and staff were aware of their roles and responsibilities in keeping people safe. This included following the guidance as set out in people's risk assessments. Risks included but were not limited to, people being at being at risk in relation to their behaviours; moving and handling risks; prescribed medicines; being at risk of falls; poor skin integrity; social isolation and self-neglect. These risk assessments also included actions to be taken by staff to minimise the risk of harm to people.

Personal emergency evacuation plans were available and records showed that fire drills were carried out. We saw that there were contingency plans in place for any foreseeable emergencies, that included locations staff could evacuate people to safely.

People and their relatives told us that there were enough staff to meet their/their family member's requirements. A relative said, "You can always find a member of staff when you need to." A staff member told us, "There are more staff [working] here than anywhere else I have worked." The acting manager advised us that the number of staff needed was based on people's individual support and care needs. We saw that there were enough staff to meet people's needs. The acting manager told us that new staff were being recruited to fill the current vacancies and said that would help with developing a consistent team of staff.

Staff said that they had completed an application form and attended a face-to-face interview as part of the recruitment process. Pre-employment checks were carried out to clarify that the proposed new staff member was of a good character. One staff member said, "My references [from previous employers] were in place before starting the job. I waited two months to have my DBS [criminal records check] in place, before I could start [work]."

People and their relatives told us that they had no concerns with the way their/their family member's medicines were managed. A person told us, "[My] medication is [given] promptly." Staff said that they had attended training and refresher in the management of people's medicines. One staff member told us, "I had my medicines competency last week." Where there had been any errors in the administration of people's medicines, these had been identified and dealt with appropriately. This showed us that there were processes in place to ensure that people's medicines were safely managed.

We saw that medicines were stored and disposed of securely and Medication Administration Records (MARs)

showed that medicines had been administered as prescribed. Systems were in place for people who required support with their 'as and when needed' (prn) medicines such as those for pain relief and the frequency people could have these if required. People could be assured that they would be administered medicines as prescribed.

Good

Is the service effective?

Our findings

Staff told us, and records confirmed that they received training to deliver effective care and support that met people's individual needs. Competency checks, supervisions and appraisals were used by the acting manager to monitor staffs progress, to discuss support needed, and any training and developmental needs. This demonstrated to us that staff were supported to maintain and develop their skills and knowledge.

New staff completed the care certificate as part of their induction. The care certificate is a nationally recognised induction programme that applies across health and social care. Staff told us that their induction consisted of training and being shadowed (observed) by a more experienced member of staff for two weeks. This was until the acting manager deemed them confident and competent to carry out care and support.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty safeguards (DoLS). People's capacity to make day-to-day decisions had been assessed by the acting manager. Staff we spoke with demonstrated to us an understanding of how they put their MCA 2005 and DoLS training into practice. One staff member said, "Assume a person has capacity, if you make a decision on behalf of a person it needs to be the least restrictive [decision]. Involve a person in decision making and make a best interest decision." We found that people were supported with making their decisions and had no unlawful restrictions imposed on them.

Our observations showed that the lunchtime experience for people was pleasant, relaxed and managed efficiently. People could eat in either of the two dining rooms or have their meal in their room if they preferred. We saw that people were offered a choice of meals and individual diets were catered for, which included wheat free food options. People and their relatives had mixed views over the choices of food available. One relative said, "They [people living at the home] eat their meals together which means there is a social interaction. [Family member] likes the food and has second helpings." However, a person told us, "[The] menu could be more varied."

People were offered to have hot and cold drinks and snacks during and between meals. One person told us, "I get lots of offers of drinks throughout the day." People's weights were monitored and programmes were in place to encourage people to eat a diet that maintained a healthy weight.

People were supported to access a range of health care services to maintain their health and well-being. Records showed that external health care professionals such as, chiropodists, speech and language therapists, dieticians, and community psychiatrists were involved in people's care as and when required. One relative said, "[Family member] had to see the GP, and they were called quickly." Another relative told us, "They [staff] have always contacted me promptly when [family member] is taken ill and needed to go to A&E."

Good

Is the service caring?

Our findings

People were looked after by kind and compassionate staff and special attention was given to people to help them to celebrate special occasions. One person said, "[Recently] they [staff] made a birthday cake for me." Observations showed that staff interacted with people in a caring and patient manner. A relative told us, "The staff are cheerful, helpful and always willing to go the extra mile." A person said, "I'm as happy here as I can be." Another person told us, "The staff are very good." We saw that people recognised staff and responded to them with smiles.

Staff were busy, but we saw that they supported people in an unrushed manner and at the persons preferred pace. People were able to move around the different areas of the home and choose if they wanted to take part with any activities. Our observations showed that staff explained to people what they were doing when helping them. For example when guiding them to sit down into a chair.

With the support from staff and the acting manager, people's rooms had been individually decorated with their own belongings. This meant that these individualised rooms enabled each person to make the home their own.

The service maximised people's dignity and respect; all bedrooms were en suite and were for single use only. One person told us, "Staff knock on doors before entering." This was confirmed by our observations during this inspection.

People were supported to maintain contact with their relatives and friends. Relatives told us that they were made to feel welcome. A relative told us, "I can come and go when I want to and take my [family member] out for walks."

Care plans had been written in a way that prompted people's individuality, their privacy, and dignity and maintained their independence. Records confirmed that people and /or their relatives were involved in the reviews of their care plans. Relatives told us that they felt involved with their family members' plans of care as communication was good.

Advocacy services were available to people at the service should they wish. Advocates are people who are independent and support people to make and communicate their views and wishes.

Good

Is the service responsive?

Our findings

People, and their relatives told us and we observed that they/their family member had access to a range of activities and links with the community. People took part in individual activities such as knitting, singing along to music and reading books and/or newspapers. We saw also saw group activities organised by staff. These included board games being played and a group cake bake. However, one person told us that, "Outside activities, had dropped off [were less frequent]."

Records showed that people's needs had been assessed before they moved into the service. People, and their relatives, contributed to the assessment and planning of each person's care and support needs. One relative said, "At the pre assessment [meeting] staff talked to you to get to know [family member]."

Reviews of people's care took place to make sure that people's care plans met their current needs. These meetings also looked at what was working well and any changes to the person's care and support were agreed. A relative told us that the acting manager and staff would make themselves available if they wished to discuss with them their family members care. They said, "Staff are so helpful… they are very good in communicating if [family member] is feeling unwell."

We looked at compliments and complaints received by the service since the last inspection. We saw that there was a formal process in place if people ever needed to complain, raise concerns, make suggestions and provide compliments. There was a complaints procedure available in the service for people to use should they wish to do so. One relative confirmed to us, "If I had a concern I feel that it would be listened to." Staff we spoke with were aware of the procedures to follow if anyone raised a concern with them. We looked at the complaints records and found that complaints received had been dealt with appropriately and resolved wherever possible.

Good

Is the service well-led?

Our findings

There was no registered manager in post. The deputy manager was 'acting up' into this role, whilst the provider advertised for a new registered manager and were actively looking to fill the post.

We found that the provider's was displaying their previous inspection report rating website conspicuously on their organisations website and within the service for people and their visitors to view.

People and their relatives knew or recognised who the acting manager was and we saw that they were available to people at the service. Members of staff had positive comments to make about the acting manager. One staff member said, "The management is very approachable, [acting manager] listens to you and is approachable and calm." Another staff member told us, "The manager is very approachable and will listen [to you] and try to resolve things if they can."

The acting manager and their team of staff were dedicated to providing a good service for people in line with the aims and philosophies of the provider's organisation. The acting manager described the culture of the service as being," Open and honest. We provide as good service at an affordable rate, we listen to customers and act upon it [what they say]." Members of staff were also aware of the values that supported people's care. One staff member told us that they would be happy for a family member to be supported by the service.

We saw that the acting manager and their management team observed staff practice to monitor the quality of the service provided and identify what worked well and what improvements were required. The acting manager also attended local meetings with other home managers to make sure that they remained up to date with changing legislation and best practice guidance.

Staff attended meetings and said that they could raise any suggestions and/or concerns that they might have and be listened to. Records showed that at these meetings, information and ideas on how to improve the service were discussed. Staff meetings were informative about the expectations of the provider, any organisational changes and reminded staff of their roles and responsibilities in providing people with safe care that met their individual needs.

Staff were aware of the whistleblowing policy and procedure and their responsibility to raise any concerns that they may have.

The acting manager demonstrated to us that there were arrangements in place to regularly assess and monitor the quality and safety of the service provided. Examples of quality monitoring spot checks that took place included prescribed medicines, health and safety and people's care plans. Records also showed that an external pharmacy audit of people's prescribed medicines had been carried out. The service had also received quality assurance visits from another of the providers care home managers.

There was also an audit undertaken by a representative of the provider that looked at the service as a whole.

This was in place for the service's management team to inform the provider of the progress made in each of these areas. This demonstrated to us that the provider had a range of systems in place that assessed and monitored the quality of the service, including shortfalls and actions taken to address them to drive forward improvements.

Notifications are for events that happen at the service that the registered manager is required to inform the CQC about. Our findings showed that the acting manager informed the CQC of these events in a timely manner.