Fidelity Residential Ltd

Alexander Care Home

Inspection report

164 Rochdale Road
Bury
Lancashire
BL9 7BY

Tel: 01617971104

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Alexander Care Home is situated on the outskirts of Bury town centre. The home is a large detached property in its own grounds. Accommodation is provided over two floors and can be accessed via a passenger lift. Communal rooms are available on the ground floor. These include a large lounge, two smaller lounges and a dining room. The service provides accommodation and personal care for up to 31 older people, some of whom are living with dementia. At the time of our inspection there were 29 people living at the home.

This was an unannounced inspection which took place on the 14 and 15 December 2016. The inspection was undertaken by one adult social care inspector and an expert by experience.

The service was last inspected in November 2015. During that inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. This resulted in us making one requirement action. Following the inspection in November 2015 the provider wrote to us to tell us what action they intended to take to ensure they met all the relevant regulations. During this inspection we checked if the required improvements had been made. We found that improvements had been made and the requirement aciton had been met.

We found the building to be clean and tidy with no malodours. The bedrooms we went in were spacious, well-furnished and were personalised with people's own possessions. Since our last inspection some redecoration and refurbishment had taken place, however we found all the previously planned works had not taken place and some areas of the home were in need of improvements. In the entrance hall and stairway there were two areas where paint was peeling from the ceiling, missing or peeling wallpaper had not been replaced in the lounge and flooring in the laundry was ripped leaving the floor underneath exposed. The provider told us the required work would be completed by May 2017

We saw that appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. The registered manager was meeting their responsibility under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure that people's rights were considered and protected. Staff we spoke with could demonstrate how they gained peoples consent to the support they provided, but theydid not have a good understanding of MCA & DoLS and did not fully understand their legal responsibilities. We have made a recommendation about staff training on the subject of MCA & DoLS.

Recruitment procedures were in place which ensured staff had been safely recruited. There were sufficient staff to meet people's needs. Staff received the training, support and supervision they needed to carry out their roles effectively.

The service is required to have a registered manager in place. There was a registered manager in place at Alexander Care Home. A registered manager is a person who has registered with the CQC 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. The registered manager was present during this inspection.

People we spoke with were positive about the service and the way it was managed. People told us the registered manager was friendly, caring and said they could approach her with any problems they had.

All the people we spoke with were positive about the support they received and the caring attitude of the staff. Visitors we spoke with told us they were made to feel welcome. We found staff were responsive when people needed support and spent time chatting with people. There was a good rapport between staff and people who used the service. We observed staff interactions that were polite, kind, patient and sensitive.

We found that the registered manager, and all the staff we spoke with, spoke very fondly about people who used the service. They knew them well and knew their likes and dislikes.

People told us they felt safe at Alexander Care Home. Staff had received training in safeguarding adults. They were aware of the correct action to take if they witnessed or suspected any abuse. Staff were aware of the whistleblowing (reporting poor practice) policy in place in the service. Staff were confident the registered manager or the provider would deal with any issues they raised.

Medicines were stored safely and securely and procedures were in place to ensure people received medicines as prescribed.

The service had an infection control policy; this gave staff guidance on preventing, detecting and controlling the spread of infection and staff received training in infection prevention and control. Staff had access to and wore person protective equipment when undertaking person care tasks.

Accidents and incidents were appropriately recorded. Risk assessment were in place for the general environment. Appropriate health and safety checks had been carried out and equipment was maintained and serviced appropriately.

People's support needs were assessed before they moved into Alexander Care Home. We found care records were detailed; person centred and also included information about people's daily living skills, routines and preferences. Risk assessments were in place for people who used the service and staff. They described potential risks and the safeguards in place. Care records had been reviewed regularly and had been updated when people's support needs had changed. People and their relatives had been involved in planning and reviewing the care provided.

There were a range of activities and social events on offer in the home and in the community to reduce people's social isolation and promote their well-being. Individual activities were also offered to people who didn't want to join in group activities. People told us they enjoyed the activities.

People had their health needs met and had access to a range of health care professionals and records were kept of any visits or appointments along with any action required. People at risk of poor nutrition and hydration had their needs regularly assessed and monitored. People gave us mixed views on the food but told us the food had improved.

We found that paper and electronic care records were stored securely. There was a good system of weekly, monthly and annual quality monitoring and auditing in place to help improve the quality of the service provided. People who used the service had opportunities to give their feedback on the service provided.

Staff were positive about the registered manager and working for the service.

The service had notified CQC of any DoLS authorisations, accidents, serious incidents and safeguarding allegations as they are required to do.

The CQC rating and report from the last inspection was displayed in the entrance hall.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Safe systems of recruitment were in place. Staff were trained in safeguarding adults and were aware of how to identify and respond to allegations and signs of abuse.

Systems were in place to ensure that people received their medicines safely.

Risks to people's health and wellbeing were identified and direction was given to staff on how to reduce or eliminate those risks.

Is the service effective?

Requires Improvement

The service was not always effective.

Arrangements were in place to ensure people's rights were protected when they were unable to consent to their care and treatment in the service. Staff awareness of MCA needed to be improved.

Some areas of the home were in need of redecoration and refurbishment. The provider had a refurbishment plan in place for all areas identified to be upgraded by May 2017.

People gave us mixed feedback about the food, but said it had improved since our last inspection.

Is the service caring?

Good

The service was caring.

People who lived in Alexander Care Home were positive about the support they received and the caring attitude of the staff. They told us staff were always kind, caring, respectful and protected their privacy.

The registered manager and all the staff spoke very fondly about people who used the service. There was a good rapport between staff and people who used the service.

Visitors told us they were made to feel welcome.

Is the service responsive?

Good

The service was responsive.

Care records were detailed; person centred and also included information about people's daily living skills, routines and preferences.

Care records we looked at had been reviewed regularly. Changes were made to the care plans and risk assessments when people's support needs changed.

A range of activities were provided to help maintain the well-being of people who used the service.

Is the service well-led?

Good

The service was well-led.

People we spoke with were positive about the registered manager, the service and the way it was managed.

There was a good system in place for monitoring and reviewing the quality of the service provided.

Staff were positive about the service and felt supported and enjoyed working for the service.

Alexander Care Home

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 was an unannounced comprehensive inspection which took place on the 15 and 16 December 2016. The inspection was undertaken by one adult social care inspector 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. This expert by experience had experience of services for older people and dementia care.

Before the inspection we asked the provider to complete 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 what improvements they plan to make. Prior to the inspection we reviewed the PIR and looked at information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to help us plan the inspection. We also asked the local authority and Healthwatch Bury for their views on the service.

As most people living at Alexander Care Home were not able to tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

During our inspection we spoke with ten people who used the service, four visitors, the registered manager, the provider, five care workers, the activity coordinator and a visiting health care professional.

We carried out observations in public areas of the service. We looked at four care records, a range of records relating to how the service was managed including medication records, five staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

Good

Is the service safe?

Our findings

People we spoke with told us they felt people were safe living at Alexander Care Home. People said, "I like it here and feel safe. The staff are so kind", "I had been nervous living on my own and feel safe here. [Staff member] is very good", "I feel safe and can sleep well here. I like peace and quiet." Other people told us, "It's safe and clean enough" , "I feel safe here and I like it."
One visitor told us "[person who used the service] seems happy and safe here" another said "My [person who used the service] is very safe here. Two carers always support [their] needs."

During our last inspection we found systems of recruitment were not always safe. During this inspection we found improvements had been made. We looked at five staff personnel files. We noted that four staff personnel files contained an application form with full employment history. We found that in one file there were two gaps in the staff member's employment history. The reasons for these were not recorded, but the registered manager was able to tell us the reasons. They told us the reasons for gaps had been explored but that it had been an oversight that they had not been recorded. During our inspection they amended the file. All the staff files we looked at contained copies of interview notes, at least two written references, copies of identification documents including a photograph and information about terms and conditions of employment.

All of the personnel files we reviewed contained a check with the Disclosure and Barring Service (DBS); the DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff.

We saw the service had policies, procedures to guide staff on staff recruitment, equal opportunities, sickness and disciplinary matters. These helped staff to know what was expected of them in their roles.

We looked to see if arrangements were in place for safeguarding people who used the service from abuse. We found policies and procedures for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse. Training records we looked at and staff we spoke with confirmed staff had received training in safeguarding. They were able to tell us the potential signs of abuse, what they would do if they suspected abuse and who they would report it to. We saw that information about the local authority safeguarding team was displayed on a notice board, this included contact telephone numbers. Staff we spoke with told us they were confident they would be listened to and that the registered manager or the provider would deal with any issues they raised.

We saw that the service had a whistleblowing policy. This told staff how they would be supported if they reported poor practice or other issues of concern. It also contained telephone numbers for organisations outside of the service that staff could contact if they needed, such as the local authority and CQC. Staff we spoke with were aware of the company policy.

We looked at the staffing arrangements in place to support the people who lived at the home. Most people

we spoke with told us that they usually received the support they needed when they needed it. Some people said that on occasions they had to wait longer at night time as there were less staff on duty. People we spoke with said, "The carers couldn't be better. Just need more [staff] on at night. It really is a problem", "My room's cleaned every day and they respond to my buzzer immediately, except at night." Other people said, "The carers always come when I need them. They act on what I say" and "I like living here and feel safe. There are no restrictions and no waiting if I press my buzzer."

Staff told us, "It can be hard when people ring in sick, but it runs smooth; when we are all in", "There are enough staff, we can do what we need to do", "There's enough [staff] when everyone is in" and "People are happier. You get more time to spend with people. You can sit and do their nails or dance with them."

During our inspection we observed people received the support they needed in a timely manner and call bells were answered promptly. Staff provided support to people in an unhurried and calm way. Records we looked at showed that the support people needed was assessed when they first started to live at the home and reviewed regularly. Records also showed that staffing levels were consistent and that cover for sickness and annual leave was usually provided by existing staff taking on additional shifts. We were told by the registered manager that agency staff were sometimes used, but that the same agency staff were requested to help ensure continuity of care.

We looked at the systems in place for laundry. The service also used red alginate bags to safely wash soiled clothing. Soiled items can be placed in these bags which then dissolve when put in the washing machine. This helps prevent the risk of spread of infection or disease.

We looked to see if people received their medicines safely. We found that people were receiving their medicines as prescribed. We saw medicines management policies and procedures were in place to guide staff on the storage and administration of medicines. These gave guidance to staff on ordering and disposing of medicines, administering and managing errors and the action to take if someone refused to take their medicines. We found that protocols were in place to guide staff on administration of 'as required' medicines. We noted staff responsible for administering medicines had received training for this task. There was also a system in place to assess the competence of staff to administer medicines safely.

We looked at eleven peoples medicines administration record (MAR) during the inspection. We observed that each person had a MAR chart in place, this included a photograph of the person, a list and photographs of all their medicines and the times these should be given. We saw records were complete except one record where a staff signature was missing. Records we saw showed that this had been found during an audit by the manager and had been discussed with the staff member concerned.

We found that medicines, including controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for their misuse), were stored securely and only authorised and suitably qualified people had access to them. All stocks of medicines we reviewed were accurate. We saw that medicines fridge temperatures were taken daily to ensure that medicines were being stored correctly.

We found people's care records contained risk assessments. We saw these records were detailed and identified the risks to people's health and wellbeing and gave direction to staff on how to reduce or eliminate those risks. We found these included moving and handling, falls, personal care and continence, nutrition and hydration, weight loss, mobility, medicines and pressure areas. We saw that records had been reviewed regularly and we found that where changes had occurred the records had been updated.

We saw risk assessments were in place for the general environment. Records we looked at showed there was a system in place for carrying out health and safety checks and that equipment in the home was appropriately serviced and maintained. We saw valid maintenance certificates for portable electrical appliances, electrical fittings such as plug sockets and light switches and a gas safety certificate. We saw that a record was kept of any repairs that needed doing and when they had been completed. This meant the provider had taken seriously any risks to people's health and well-being and put in place information to guide staff on how to reduce or eliminate identified risk.

We saw that Personal Emergency Evacuation Plans (PEEPS) had been completed for each person who used the service. PEEPs described the support people would need in the event of having to evacuate the building. These were kept in people's care records and in a "Fire box" which was kept in the main office for use in the event of a fire. This included important information that staff would need to pass to emergency services. We found that regular fire safety checks were carried out on fire alarms, emergency lighting, smoke detectors and fire extinguishers. Records showed that staff had received training in fire safety awareness.

We saw that the service had an infection control policy and procedures. These gave staff guidance on preventing, detecting and controlling the spread of infection. They also provided guidance for staff on effective hand washing, disposal of contaminated waste and use of personal protective equipment (PPE) such as disposable gloves and aprons. We saw that staff wore appropriate PPE when carrying out personal care tasks. Records showed that staff had received training in infection prevention.

The service had an incident and accident reporting policy to guide staff on the action to take following an accident or incident. Records we looked at showed that accidents and incidents were recorded. The record included a description of the incident and any injury, action taken by staff or managers and whether it had been reported to CQC or the local authority safeguarding team. We found that the registered manager kept a log of all accidents and incidents so that they could review the action taken and identify any patterns or lessons that could be learned to prevent future occurrences. They also kept a log of any falls that occurred, whether they resulted in injury or not. We saw from one record that as a result of a fall a person who used the service had been referred to their GP for a medication review and had been referred to the falls prevention team.

We looked to see what systems were in place in the event of an emergency or an incident that could disrupt the service or endanger people who used the service. The service had a business continuity plan. This informed managers and staff what to do in the event of an emergency or incident and included loss of gas, electricity, telephones, heating, breakdown of essential equipment, catering disruption, damage to the building and severe weather.

Requires Improvement

Is the service effective?

Our findings

People we spoke with told us they were consulted about their care and the service provided them with the care and support they needed. One person who used the service told us, "The staff respect my choices." A visitor told us, "Its early days, but [person who used the service] is showing improvement. [Staff member] has such a lot of patience and staff seem very helpful."

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Care records we reviewed contained evidence that the service had identified whether each person could consent to their care. At the time of our inspection authorisations for DoLS were in place for twelve people who used the service. Applications for DoLS authorisations had been made for a further two people. Conditions on authorisations to deprive a person of their liberty were being met. These authorisations ensured that people were looked after in a way that protected their rights and did not inappropriately restrict their freedom.

People's care records we reviewed contained evidence that the service had identified whether each person could consent to their care. They contained information about each individual's capacity to make decisions. We found that this information was reviewed regularly. We saw that, where appropriate, relatives had been consulted about people's wishes. We saw that care records included advice to staff on how to best support people to make decisions, this included how to offer choices so that the person could understand what was being asked.

A review of people's records showed that where specific decisions needed to be made, for example in relation to medicines or restrictive practice, a mental capacity assessment was completed along with a 'best interest' meeting. Staff and relatives we spoke with told us they had been involved in best interests meetings. We saw that health care professionals were also involved where appropriate. However we found in two care records decisons on the use of bed rails had been taken but the views of people involved and all options considered during these meetings had not been recorded.

Training plans we looked at and staff we spoke with showed that staff had received training in MCA and DoLS. Staff we spoke with demonstrated how they gained peoples consent to the support they provided,

and gave us examples of who they ensured people were involved in decisions about their care. However we found that most staff we spoke with did not have a good understanding of MCA & DoLS and did not fully understand how gaining consent related to their legal responsibilities, not just good practise. Some staff we spoke with were not able to tell us which people who used the service were subject to DoLS authorisations. Training is important and should help staff understand that where a person lacks the mental capacity and is deprived of their liberty, they will need special protection to make sure their rights are safeguarded. We recommend that the service reviews their training for managers and staff in relation to MCA & DoLS and ensure that as a result of training staff understand their responsibilities.

We looked in several bedrooms and all communal areas and found these to be clean and tidy with no malodours. The bedrooms we went in were spacious, well-furnished and were personalised with people's own photographs and possessions. All except one bedroom had an en-suite toilet. We saw communal toilets and bathrooms were clean, tidy and contained appropriate hand hygiene guidance, paper towels liquid soap and foot operated pedal bins. People we spoke with told us the home was always kept clean.

During our last inspection we found that some areas of the home were in need of refurbishment or redecoration. During this inspection we found that some improvements had been carried out, including redecoration of a number of bedrooms and new flooring to the bathroom. People told us they liked the improvements to the bedrooms but thought communal areas were still in need of improvement. One person told us, "I wish they would replace the downstairs carpets though."

The provider told us they were waiting for delivery of the bath hoist which was due within the month. However we found some areas of the home were still in need of redecoration and refurbishment

During our last inspection we found that an area of wall paper in the main lounge was peeling from the wall. During this inspection we found that the provider had removed the peeling wallpaper down to the lining paper. The wallpaper had not been replaced. We also saw that the wallpaper was also now peeling around the window. Records showed that the lounge carpet was cleaned regularly, but it had old stains on it which made it look dirty. In the entrance hall and stairs there were two areas where paint was peeling from the ceiling.

During our last inspection we found that the laundry needed decorating and flooring needed replacing. We were told that the provider had plans to knock through into the room next door, which would create a better 'dirty to clean' pathway for laundry and would then replace the flooring. At this inspection we found the work had not been completed and the flooring was now ripped, leaving the floor underneath exposed. The provider told us that they had organised for temporary replacement flooring to be completed the week before our inspection but that the builder had failed to arrive.

The provider told us that all remaining building work was planned and that it would be completed by May 2017.

We looked at the systems in place to ensure people's nutritional needs were met. All of the care records we reviewed contained information about each person's needs and risks in relation to their nutritional intake. We saw that people were weighed regularly and that, where necessary, staff took appropriate action such as making a referral to a dietician for advice and support.

People gave us mixed feedback about the food, but said it had improved since our last inspection. One person told us, "The food's a bit iffy. Sometimes it's OK and sometimes I can't eat it. They need someone who is a real cook, who can cater for the numbers in the home", "The food's not cooked properly. They serve

scrambled eggs and mash. There's no presentation skills. It looks unappetising." Others told us, "It's very good food", "The food is quite nice." A visitor told us, "There seem to be plenty of drinks."

We spoke with the staff member on duty in the kitchen, who was a care worker covering in the absence of a cook. They were aware of people's likes, dislikes and any allergies people who used the service might have. They were also aware if people needed their food preparing in a specific way such as pureed. We found the kitchen was clean. Checks were carried out by the kitchen staff to ensure food was stored and prepared at the correct temperatures. The service had received a 4 star rating from the national food hygiene rating scheme in August 2016. The provider told us that a qualified chef had been appointed and would be starting work during the week following our inspection.

We saw menus that included choices of meals and that there were plentiful supplies of fresh meat, vegetables and fruit, as well as tinned and dried goods to provide what was on the menu for that day. The main meal was served at mid-day with a lighter snack in the evening. We noted that there was not always a suitable choice of evening meal for those people who needed a soft diet. The registered manager told us that an alternative would always be provided but they would be working with the new chef to plan a menu that included suitable alternatives.

We looked to see what support staff received to develop their knowledge and carry out their roles effectively. We were told by the registered manager that when staff started to work at the service they received an induction. Staff we spoke with confirmed this induction had included reading policies and procedures as well as completing required training and shadowing experienced staff. One staff member told us "The induction was good. I got experience working alongside different staff."

Records we reviewed showed that staff employed in the service had received training to help ensure they were able to safely care for and support people. The registered manager showed us the training matrix they used to record all staff training. Records we looked at and staff we spoke with showed that staff received training that included moving and handling, fire safety , health and safety, safeguarding, equality and diversity, medicines, food hygiene, nutrition, first aid, dementia awareness, infection control, pressure sores prevention, person centred care and MCA and DoLS. Most staff had completed or were studying for level 2 or 3 Health and Social care courses.

Records we reviewed showed that staff received regular supervision. Staff we spoke with were positive about the support they received. We found that regular staff meetings were held. The registered manager told us these gave staff an opportunity to discuss any issues that were important to them or that were affecting people who used the service. Records we looked at showed that a recent staff meeting had been used to discuss staff wearing PPE and the action staff should take in the event of someone who used the service having a fall.

Care records we looked at showed that people had access to a range of health care professionals including doctors, speech and language therapists, district nurses, chiropodists and opticians. People who used the service told us, "I am looked after well in terms of my health. They call the doctor as soon as anything is wrong" and "Staff contact the GP immediately if I feel it's needed."
A visitor told us, "If [person who used the service] is not well the GP is called immediately.' A visiting health care professional told us the service was proactive and rang them if they had any concerns. They told us staff were, "Interested and ask questions."

We saw that records were kept of any visits or appointments along with any action required. This helped to ensure people's healthcare needs were met. We were told that should a person require admission to

hospital a paper copy their care and medicines records were printed and given to the hospital staff. These arrangements should help ensure the person received the care and support they required while they were away from the home.

Good

Is the service caring?

Our findings

All the people we spoke with were positive about the support they received and the caring attitude of the staff. They said about the staff, "They are good to me and do what I ask", "The staff all seem very friendly and courteous to everyone", "The staff here are all very good, and you're looked after well." Other people told us, "The staff are nice and support me well and we're all treated with respect" and "Staff are good and kind to me." Visitors we spoke with told us, "There's a nice feel in this home and it's pleasant to visit at night too" and "The staff are approachable and will work with us. They would always inform us about [person who used the service] condition."

People we spoke with told us the staff were polite, respectful and protected their privacy. One person said, "The carers always knock on my door and ask if they can come in. That's respect, I think."

In the reception area we saw a display of thank you cards that had been sent to the service. One from a family of a person who had used the service said, "Thank you for the last five years you looked after our [person who used the service]. [Person] was one of your own. For that we will always be grateful."

During the inspection we spent time observing the care provided in communal areas of the home. We found staff were responsive when people needed support and spent time chatting with people. There was a good rapport between staff and people who used the service. We observed staff interactions that were polite, kind, patient and sensitive. We observed one staff member speaking kindly with a person who used the service whilst supporting them to eat lunch in their bedroom. The person does not use words to communicate but showed, with their facial expression, recognition and affection when the staff member spoke with them.

Visitors we spoke with told us they were made to feel welcome. We observed lots of visitors coming and going throughout our inspection. One person who used the service told us, "My [relative] can come in anytime." We found that staff responded quickly and respectfully to visitors enquiries. We saw that a visiting relative had brought in a bunch of roses as a thank you for the care that the person who used the service had received.

We found that the registered manager, and all the staff we spoke with, spoke very fondly about people who used the service. They knew them well and knew their likes and dislikes. They were able to tell us about people's life histories and what was important to them. One staff member told us when people who used the service that didn't have relatives went into hospital, they would visit them. Another staff member described how they had decorated deserts with fresh fruit to make them look more appealing to encourage someone who was not eating well.

Care records we reviewed gave staff information to help promote peoples independence. Information in individuals records included, 'I need support with bathing, but otherwise I'm independent' and 'I usually do most things for myself. I get up, washed and dressed. Then I do my bed.' We observed people who wanted to mobilise independently, but slowly, being given time and encouragement to do so.

We observed staff dealing sensitively with people who had behaviours that challenged the service. We saw a staff member sit and talk quietly with a person, who had been shouting, to reassure and calm them.

We saw that consideration was given to people's religious and spiritual needs and that arrangements were in place for people who wanted to, to practise their religion within the home. There was a religious service in the home once per month.

Care records we looked at showed that people had discussed their wishes about how they wanted to be cared for at the end of their lives. We saw that where appropriate relatives had been involved.

Records we looked at also showed that, where necessary, people had access to Independent advocates (IMCA) to help support them when specific decisions needed to be made about their care and support. This helped to ensure that decisions made on their behalf were done so in their 'best interests'. We also found that information about independent advocacy services, including contact details, was available in the reception area.

We found that paper and electronic care records were stored securely. Policies and procedures we looked at showed the service placed importance on protecting people's confidential information.

Good

Is the service responsive?

Our findings

People we spoke with told us the service was responsive to meeting their needs. People who used the service told us, "Members of staff are great. I feel able to speak to staff if something's not right", "They've [the service] provided an electric bed to help me with rising." Visitors told us, "The carers even take time to coordinate [person who used the service] clothes. I only need to mention something and it's done."

The registered manager told us that before people moved into Alexander Care Home their needs were assessed. Care records we saw contained copies of these assessments. We saw the assessments included information about moving and handling, mobility, falls, personal care, continence, pain, nutrition, skin integrity, communication, challenging behaviour and medical conditions.

We looked at four peoples care records. We saw these assessments were used to develop care plans and risk assessments to guide staff on how to support people. We found they were detailed; person centred and also included information about people's daily living skills, routines and preferences. They included information about people's life histories and what was important to them. The records we looked at gave sufficient detail to guide staff on how to provide support to people in a way that met their needs and preferences.

We saw that the registered manager had an electronic system that reminded them when care plans or risk assessments were due to be reviewed. Care records we looked at had been reviewed regularly. We saw that changes were made to the care plans and risk assessments when people's support needs changed. We saw that where appropriate people's relatives and health care professional had been involved in reviews. People told us they had been involved in their care plans. One person said, "I'm involved in my care plan." One visitor told us 'I've been involved in [person who used the service] care plan. They know [persons] background and medical history, likes and dislikes and any allergies.' and 'It's good to be involved in [person who used the service] care plan. They know [persons] needs quite well and will notify us of any changes."

We asked staff how they kept up to date with people's changing needs to ensure they provided safe and effective care. Staff we spoke with told us they could look at care plans and were made aware of any changes in a person's support needs in the daily logs and at the handover which happened at the start of each shift. On the first day of our inspection we observed a handover. We found the information given to staff was detailed and covered each person who used the service. One person had been unsettled during the night and the staff asked that day staff arrange an appointment with the person's G.P. We saw that detailed daily logs were kept for each person. These were written throughout the day not just at shift change. This helped to ensure information about people was up to date.

We looked to see what activities were offered to people that lived at Alexander Care Home. People we spoke with told us they enjoyed the activities on offer and were very complimentary about the activity co coordinator. One visitor told us, "[Activity coordinator] is brilliant and always takes time to include [person who used the service] in activities and that's important." We observed there was an activities board on display in the dining room. We saw that planned activities included; exercises, darts, bowls, bingo,

entertainer and beauty sessions. In the morning of the first day of our inspection we saw that the activities coordinator was in the lounge supporting people to play 'soft' darts, which was enjoyed by all participants. In the afternoon we saw that there was a sing along. This was led by an entertainer who attends the service fortnightly.

We spoke with the activity co coordinator. They told us that community based activities were also arranged. We found these included visiting the park next door to the home and people attending a concert once per month at a local centre. We saw that seven people had also recently attended a Christmas party at a local football club. They told us that a recent religious service at the home had been an extended service which had included carols. We saw the local primary school was visiting the home the week after our inspection to perform a carol concert. The activity co coordinator told us that activities were also provided for people living with dementia. These included memory games, reminiscence boxes and completion of life story books.

People we spoke with told us that if they didn't want to join in the group activities the activity coordinator would spend time with them individually. People told us, "I don't go down to do activities by choice, but [activity coordinator] comes to my room. We play dominoes, or she massages my hands, or does my nails. We do nice things here" and "It really has helped me here. I don't do activities downstairs by choice, but [with the activity co-ordinator] I do my physiotherapy exercises from the hospital."

We saw that the activity coordinator kept very detailed records of all activities provided and what activities each person had taken part in each day.

We looked to see how the service dealt with complaints. We found the service had a policy and procedure which told people how they could complain and what the service would do about their complaint. It gave contact details of people within the service who would deal with people's complaints and how long staff within the service would take to respond to complaints. It also gave contact details for other organisations that could be contacted if people were not happy with how a complaint had been dealt with. Records we saw showed that there was a system for recording complaints and any action taken. The registered manager told us they had received two complaints since our last inspection. Records we looked at showed this had been responded to and addressed in a timely manner.

Good

Is the service well-led?

Our findings

People we spoke with were positive about the service and the way it was managed. One person said, "Everything is good. I would change nothing here."

The service had a registered manager in place as required under the conditions of their registration with CQC. Since our last inspection the service had a new registered manager. People we spoke with knew who the registered manager was and were complimentary about how they ran the service. They told us the registered manager was friendly, caring and said they could approach her with any problems they had. They told us, "The new manager is very good", "[Registered manager] is very nice and approachable. She's making a difference."

We saw the registered manager knew the names of residents and their visitors. We found the registered manager to be caring and approachable. We observed they interacted politely with everyone and people responded well to them.

Staff were positive about the registered manager and working for the service. The said of the registered manager, "It's been a smooth change [to new manager]. She's lovely", "You can talk to her, she is really helpful", "She's great", "She's brilliant", "She tries her hardest to sort things out." Staff said of the service, "It's a lovely home, we are all like family", "It's like a big family", "I love it, it doesn't feel like a job" and "It's warm and welcoming." Others staff said the service was well organised and well managed "I am proud of what we do", "You know what is expected of you and what needs to be done" and "All the staff know how things should be done."

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensures they provide people with a good service and meet appropriate quality standards and legal obligations. We found there were good systems of weekly, monthly and annual quality assurance check and audits. These included health and safety, falls, safeguarding, medicines management, cleaning, accident and incidents, training, complaints, care records and finances.

We found that when people started to use the service they were given a service user guide. This contained important information about the service and the way it was run. It included information details of the services provided, how people's support needs would be assessed, how the quality of the service would be monitored, how the service they received would be reviewed, confidentiality and how to make a complaint. This should help to ensure people knew what to expect from the service.

We looked at what opportunities were made available for people who used the service and their visitors to comment on the service provided. The registered manager told us that there had been two residents meetings since our last inspection. Records we saw showed issues discussed included; if people were warm enough at night time, food and suggestions for activities.
Records we looked at showed the service had distributed a service user satisfaction survey in July 2016. We

saw that nine people had responded and the responses about the service were positive. The registered manager told us they were also using informal social events and individual meetings to gather feedback from people who used the service and their relatives.

There was a statement of purpose. This told people who used the service, interested organisations and professional's important information about the service. These included the registration information and the legal status of the company.

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of events such as accidents, incidents and DoLS authorisations. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating and report from the last inspection in the entrance hall.