RV Care Homes Limited

Alexander Heights Care Home

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

Alexander Heights 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. Alexander Heights accommodates up to 28 people in one adapted building. At the time of our inspection 16 people were living at the home. The home is on the same site as two other care homes managed by the provider in a 'retirement village', which also includes independent apartments. This inspection only covered the care and accommodation being provided in Alexander Heights.

This was the first inspection since the home was registered under the current provider in August 2017.

This inspection took place on 6 September 2018 and was unannounced. We returned on 7 September 2018 to complete the inspection.

There was a registered manager in post at the service. 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 and associated Regulations about how the service is run.

People who used the service were positive about the care they received and praised the quality of the staff and management. We observed staff interacting with people in a friendly and respectful way. Staff respected people's choices and privacy and responded promptly to requests for assistance.

People told us they felt safe when receiving care. People were involved in developing and reviewing their care plans. Systems were in place to protect people from abuse and harm and staff knew how to use them. Medicines were stored safely in the home and staff had received suitable training in medicines management and administration. People received the support they needed to take their medicines.

Sufficient staff were deployed to meet people's needs safely. The registered manager was aware of the need to continue to review staffing levels as more people moved into the service.

The service was responsive to people's needs and wishes. People had regular meetings to provide feedback about their care and there was an effective complaints procedure. People were supported to take part in social activities they enjoyed.

Staff demonstrated a good understanding of their role and responsibilities. Staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

The management team regularly assessed and monitored the quality of care provided. Feedback was encouraged and was used to make improvements to the service. The registered manager and leadership

team had a good understanding of improvements that were needed in the service and had plans in place to implement them.

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.

People who used the service said they said they felt safe when receiving support.

There were sufficient staff to meet people's needs.

Medicines were managed safely and people were supported to take the medicines they had been prescribed.

Systems were in place to ensure people were protected from abuse. Risks people faced were assessed and action taken to manage the risks.

Is the service effective?

Good

The service was effective.

Staff had suitable skills and received training to ensure they could meet the needs of the people they cared for.

People's health needs were assessed and staff supported people to stay healthy.

Staff understood whether people were able to consent to their care and treatment and provided support for people to be able to make decisions.

Is the service caring?

Good

The service was caring.

People spoke positively about staff and the care they received.

Care was delivered in a way that took account of people's individual needs.

People's dignity was maintained and their rights upheld.

People's privacy was protected and they were treated with respect.

Is the service responsive?

Good

The service was responsive.

People and their representatives were involved in planning and reviewing their care. Staff had clear information about people's needs and how to meet them.

There was a clear complaints procedure and action was taken in response to concerns people raised.

Is the service well-led?

Good

The service was well-led.

There was a registered manager who promoted the values of the service, which were focused on providing person centred care. The registered manager ensured these values were implemented by the staff team.

Systems were in place to review incidents and audit performance. This helped to identify any themes, trends or lessons to be learned.

Quality assurance systems involved people who used the service, their relatives, visiting professionals and staff. They were used to improve the quality of the service provided.

Alexander Heights 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 inspection took place on 6 September 2018 and was unannounced. We returned on 7 September 2018 to complete the inspection.

The inspection was completed by one inspector. Before the inspection we reviewed all the information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us.

We used information the provider sent us in the Provider Information Return. 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.

During the visit we spoke with the registered manager, unit manager for Alexander Heights, six people who use the service, one relative and two care staff. We spent time observing the way staff interacted with people who used the service. We looked at the care records for six people and records about the management of the service. We received written feedback from a health and social care professional who has contact with the service.

Good

Is the service safe?

Our findings

People said they felt safe living at Alexander Heights. Comments included, "I feel safe here. If I had any concerns I would speak to [the unit manager] or one of the other managers" and "I feel safe here, there is always someone on hand to help out if needed."

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding procedures to help them identify possible abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report suspected abuse and were confident senior staff in the service would listen to them and act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with.

The registered manager was aware how to report allegations of abuse to the police, Wiltshire Council and the Care Quality Commission. They had attended regular training to keep their knowledge up to date. Safeguarding was regularly discussed in team meetings to ensure all staff were aware of the actions they should take to report any concerns. Where concerns had been raised, the management team had worked with the safeguarding team at Wiltshire Council and had taken action to ensure people were safe.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting them to maintain their rights. Examples included assessments about how to support people to minimise the risk of falls, to manage the risks when people become distressed and to manage the risks associated with the use of specialist medical equipment. The assessments contained detailed information about the way staff should support people and information about what they should monitor to identify increased risks. People and their representatives had been involved throughout the process to assess and plan the management of risks. Staff demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe. The plans had been regularly reviewed and updated as the risks people faced changed.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. We checked the records of two staff employed in the home. These showed that staff were thoroughly checked before they started providing care to people.

Sufficient staff were available to support people. People told us there were enough staff available to provide support for them when they needed it. Comments included, "Staff come fairly quickly when I use the call bell" and "Staff come quickly when I use the call bell, even at night." Two people told us there had been some issues with staffing, but these had improved, with more consistent temporary staff being used to fill

staff vacancies.

Staff told us they were able to provide the support people needed, with comments including, "Staffing is suitable for current numbers [of people living in the home], but will need to increase as numbers increase." The unit manager told us they had been using consistent temporary staff where needed, but their main priority was to get more permanent staff in the home. At the time of the inspection a number of potential staff had been offered posts and the provider was in the process of completing employment checks before they could start work.

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. Medicines administration records had been fully completed. These gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There was a record of all medicines received into the home and disposed of. Where people were prescribed 'as required' medicines, there were protocols in place detailing when they should be administered. Staff followed these protocols and kept a record of how effective the medicine had been, for example whether it had reduced the pain people were experiencing. We observed staff following safe practices when they were supporting people with their medicines. The home had recently changed their supplying pharmacy. Although there had been some 'teething problems' with the changeover to the new system, these had been managed well and people received the medicine they had been prescribed.

All areas of the home were clean and smelt fresh. Clinical waste bins were available for staff and had been emptied before they became over full. There was a colour coding system in place for cleaning materials and equipment, such as floor mops. There was also a colour coding system in use to ensure soiled laundry was kept separate from other items. There was a supply of protective equipment in the home, such as gloves and aprons, and staff were seen to be using them. Staff understood the infection prevention and control systems in place.

Systems were in place for staff to report accidents and incidents. Staff were aware of these and their responsibilities to report events. The registered manager reviewed these reports and recorded any actions that were necessary following them. This ensured lessons were learnt following incidents and reduced the risk of an incident re-occurring.

Good

Is the service effective?

Our findings

People told us staff provided the care and support they needed. Comments included, "On the whole staff have the right skills, they know what they are doing" and "I receive good care from staff who know what they are doing." A relative told us staff had a good understanding of needs related to dementia and provided the care that was needed.

Staff demonstrated a good understanding of people's medical conditions and how they affected them. This included specific information about people's dementia and periods of distress, skin integrity care and use of specialist medical equipment. Staff had worked with specialist health professionals where necessary to develop care plans, for example, community nurses and the care home liaison team.

Staff told us they received regular training to give them the skills to meet people's needs. This included an induction and a comprehensive training programme. New staff spent time shadowing experienced staff members, learning how the home's systems operated and completing the care certificate. The care certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of care staff. Temporary staff completed a written induction, giving them key information about the home and people's specific needs.

Training was provided in a variety of formats, including on-line, group sessions and observations of practice. Where staff completed on-line training, they needed to pass an assessment to demonstrate their understanding of the course. Staff said the training they attended was useful and relevant to their role in the service. No staff identified any training they felt they needed but was not available. The registered manager had a record of all training staff had attended and when refresher training was due. This was used to plan the training programme. Staff were supported to complete formal national qualifications in social care.

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. These supervision sessions were recorded. The registered manager kept a record of the supervision and support sessions staff had attended, to ensure all staff received the support they needed. Staff said they received good support and were also able to raise concerns outside of the formal supervision process.

People were supported to eat meals they enjoyed. Staff had consulted people about their likes, dislikes and any specific dietary needs. Comments from people included, "The food has improved recently, now it's very good, cooked well and a good choice of meals" and "Meals have improved recently and they seem to be more organised." One person said the kitchen did a good job of meeting their specific dietary requirements. Most people chose to eat their meals in the dining room. During the meal there was a relaxed atmosphere, with people chatting and laughing together.

People were able to see health professionals where necessary, such as their GP, specialist nurse or to attend hospital appointments. People's care plans described the support they needed to manage their health needs. There was clear information about monitoring for signs of deterioration in their conditions, details of

support needed and health staff to be contacted.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. Staff gained consent from people before providing any care or support.

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 are called the Deprivation of Liberty Safeguards (DoLS). Applications to authorise restrictions for two people had been made by the registered manager. Cases were kept under review and if people's capacity to make decisions changed then decisions were amended. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity.

Good

Is the service caring?

Our findings

People told us they were treated well and staff were caring. Comments included, "Staff are kind and treat me well" and "Staff are always very respectful and treat me the way I like." Throughout our visit staff interacted with people in a friendly and respectful way. Staff respected people's choices and privacy and responded promptly to requests for assistance.

Staff had recorded important information about people; for example, personal history, plans for the future and important relationships. People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their care to be provided. This information was used to ensure people received support in their preferred way.

Staff communicated with people in accessible ways, which took into account any sensory impairment that affected their communication. There was clear information in people's care plans about any specific communication needs they had and support they needed from staff to ensure they understood. Examples included details of how people used verbal and non-verbal communication and how people's distress could affect their communication. Plans also contained information about aids people used, such as hearing aids and glasses.

People were supported to contribute to decisions about their care and were involved wherever possible. For example, people had regular meetings with staff to review how their care was going and whether any changes were needed. Details of these reviews and any actions were recorded in people's care plans. There were regular residents' and relatives' meetings, which were used to receive feedback about the service and make decisions about the organisation of the home.

People's privacy and dignity were respected. Staff called people by their preferred names and supported people to move to a private area when they required support with their personal care. Staff said this way of working was followed by all staff and they had not seen other staff working in ways that did not demonstrate respect. Information held about people was kept confidential and records were stored securely.

Staff received training to ensure they understood the values of the service and how to respect people's privacy, dignity and rights. In addition, the management team completed observations of staff practice to ensure these values were being reflected in the care provided.

Good

Is the service responsive?

Our findings

People had care plans which contained information about their needs and how they should be met. The plans included information on maintaining health, managing risks people faced and people's preferences regarding their personal care. Care plans set out how people wanted their needs to be met, following consultation with them. The plans were regularly reviewed with people and we saw changes had been made following their feedback. Staff told us the care plans were useful and helped them to provide care in ways that met people's needs.

The home had a plan of group and individual activities and people were able to access social activities being organised throughout the retirement village. Activities included trips out and visiting entertainers. During the inspection there was a well-attended music therapy session, which people reported was "very good". There was also an informal quiz, which people appeared to enjoy, with lots of people joining in and laughter. One person said they had particularly enjoyed joining the choir as it was something they had enjoyed before moving to Alexander Heights. People told us they missed an activity co-ordinator who had recently left the service and were looking forward to their replacement starting. The registered manager confirmed a new activities co-ordinator was due to start work soon.

There were regular 'resident and relatives' meetings organised by the service. An action plan had been developed to address the issues people raised. We saw a number of thank you cards written by people's relatives expressing their gratitude for the care provided to people. Comments included, "Really happy with the care given to my mother. She is happy and feels safe in her surroundings."

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. People said they knew how to complain and would speak to staff or the registered manager if there was anything they were not happy about. Comments included, "Any concerns are listened to and action is taken to resolve them." The service had a complaints procedure, which was provided to people when they moved in and was displayed in the home.

Complaints were regularly monitored, to assess whether there were any trends emerging and whether suitable action had been taken to resolve them. Staff were aware of the complaints procedure and how they would address any issues people raised in line with it. Complaints received had been investigated and a response provided to the complainant. There was a record of dialogue with people who had raised complaints, with meetings arranged to plan, discuss and review actions.

People's preferences and choices for their end of life care were discussed with them and recorded in their care plans. This included people's spiritual and cultural needs and contact details of relevant people the person wanted to be involved.

Good

Is the service well-led?

Our findings

There was a registered manager in post and they were available throughout the inspection. The registered manager also managed two other care homes that were on the site. In addition to the registered manager, the management team included a unit manager for Alexander Heights and a regional management team who provide oversight of the service.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us the management team gave them good support and direction. The registered manager's reviews of the service included observations of staff practice. This was used to ensure staff were putting their training into practice in the way they were working.

There were systems in place to track incidents and accidents and plan actions to minimise the risk of them happening again. The registered manager reviewed incidents in a systematic way, analysing events and assessing whether taking other actions would have resulted in better outcomes for people. Where learning points were identified, action was taken to ensure these were implemented in practice.

There was a quality assurance process which focused on different aspects of service delivery. Examples included health and safety audits, catering audits, falls review meetings, infection control audits and a 'dignity in dining' audit. In addition to these reviews by operational staff, the organisation had a central quality team, who completed comprehensive reviews of the service.

Information from the audits and reviews was used to develop an action plan to address any shortfalls and to promote best practice through the service. The development plan was reviewed and updated regularly by the registered manager. This ensured actions were being implemented where necessary.

There was a brief daily heads of department meeting, which was used to ensure everyone knew what was happening that day and make sure there was a plan to deal with any issues that had arisen. This helped to ensure there was clear communication about any changes in people's needs and the support they needed.

Personal confidential information was securely stored in locked offices and cabinets. Staff were aware of the need to ensure information remained secure. We observed staff following the home's procedures and ensuring confidential information was not left unattended or unsecured.

Satisfaction questionnaires were used to ask people and their visitors their views of the service. The results of the surveys were collated and actions were included in the registered manager's development plan for the service.

There were regular staff meetings, which were used to keep staff up to date and to reinforce how the registered manager expected staff to work. Staff said they were encouraged to raise any difficulties about the way the home was running or their ability to meet people's needs. Staff felt the service had improved over the previous year and were confident that the improvements would continue.