

Alexandra Court Residential Home Ltd

# Alexandra Court Residential 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 

## Overall summary

This inspection took place on 15 January 2016 and was unannounced. At the last inspection in October 2013 we found the provider was meeting the regulations we looked at.

Alexandra Court Residential Home provides care and support for up to 24 older people. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the inspection there was a happy and friendly atmosphere. People enjoyed the company of staff who often sat and chatted to them. People told us the service was caring and they received person centred care.

# Summary of findings

People lived in a clean, very pleasant, comfortable and homely environment. Furniture and fabrics were of a good standard. Throughout the home there were lots of touches to create a homely feeling such as fresh flowers and lots of pictures on the walls.

Staff knew people well and understood how to meet people's needs. People were involved in making decisions about their care. Care planning and assessment was generally effective. People engaged in social activities and the provider was looking at how these could be broadened.

People felt safe. Systems were in place to keep people were safe, which included protecting them from abuse. Checks were carried out to make sure the environment was safe. We found a small number of areas when we looked around the home that needed addressing to mitigate risk. For example, bath hot water outlets were not regulated. The provider told us they would take prompt action. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

People received a varied and nutritious diet and enjoyed the meals. They received good support to make sure their nutritional and health needs were appropriately met.

There were enough staff who were skilled and experienced to meet people's needs. Staff were supported to do their job well. Robust recruitment checks were carried out before staff started working at the home.

The service had good management and leadership. The home's management team promoted quality and safety and had good systems in place to help ensure this was achieved. They worked alongside everyone so understood what happened in the service. People were encouraged to share their views and contributed to the running of the home.

People had no concerns about their care but were informed how to make a complaint if they were unhappy with the service they received.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Good



Systems were in place to help keep people safe, which included safeguarding them from abuse.

There were enough staff to keep people safe and meet people's individual needs.

Staff managed medicines consistently and safely.

### Is the service effective?

The service was effective.

Good



People's needs were met by staff who had the right skills, competencies and knowledge.

People enjoyed the food and were offered a varied and nutritious diet.

A range of other professionals were involved to help make sure people stayed healthy.

### Is the service caring?

The service was caring.

Good



People lived in a very pleasant, comfortable and homely environment. They told us the service was caring.

Staff were confident people received a high standard of care and were proud to work at the service.

Staff knew people well and understood their current care needs.

### Is the service responsive?

The service was responsive.

Good



People told us they received person centred care.

People engaged in a range of activities within the home and the community; the provider was looking at how they could further improve in this area.

Systems were in place to respond to concerns and complaints.

### Is the service well-led?

The service was well led.

Good



People who used the service and staff spoke positively about the management team. They told us the home was well led.

Everyone was encouraged to put forward suggestions to help improve the service.

The provider had systems in place to monitor the quality of the service.

# Alexandra Court Residential 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 15 January 2016 and was unannounced. Two adult social care inspectors and a specialist advisor in governance carried out the inspection.

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 also reviewed all the information we held about the service, and contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were 22 people using the service. During our visit we spoke with seven people who used the service, two relatives, five members of staff, a visiting health professional and the company director who we have referred to as the provider in the report. We looked at areas of the home including some people's bedrooms and communal rooms. We spent time looking at documents and records that related to people's care and the management of the home. We looked at four people's support plans.

# Is the service safe?

## Our findings

People who lived at the home were safeguarded from abuse. They told us they felt safe and knew they could share any concerns with staff and the management team. Staff we spoke with told us people were safe. They said systems were in place to protect people from bullying, avoidable harm and potential abuse. Staff said they had undertaken adult safeguarding training and training records we reviewed confirmed this. The staff we spoke with understood how to report a concern about abuse and were confident the management team would treat any concerns seriously. Information was displayed about 'keeping yourself safe from abuse' and 'whistle blowing'. 'Whistleblowing' is when a worker reports suspected wrongdoing at work. Making everyone aware of procedures helps keep people safe.

The service had systems in place to keep people safe. We looked at a range of assessments which showed that risks to people were identified and managed. People's care records showed areas of risk to individuals such as pressure care and nutrition were identified and managed. People were provided with equipment to help reduce the risk of harm and keep people safe. The home had detailed records when falls or incidents occurred. A falls audit covered a 12 month period and identified the number of falls recorded for each person.

We looked around the home as part of our inspection, which included some bedrooms, bath and shower rooms, and communal living spaces. The home was clean and well maintained. Fire-fighting equipment was available and fire escapes were kept clear of obstructions. Records showed fire safety equipment, emergency lighting and portable appliances were tested and maintained. All cleaning materials and disinfectants were kept safe. We found people, in the main, were protected because the premises were safe. However, we found a small number of areas that needed addressing to mitigate risk. The home had two baths but the hot water taps were not controlled by thermostatic valves (TMV's) which protect people from the risk of scalds. The provider said that staff always ran people's baths and accompanied them when bathing so they felt the risk was low. Most windows had window restrictors in place but we noted that high windows in people's bedrooms and one bathroom window was not restricted. We were informed that the high windows in

bedrooms were usually locked; however we noted a window in one of the bedrooms we visited was not. The issues with the water temperatures and window restrictors had already been highlighted during a contracting visit. The provider agreed to take prompt action to address all the areas of concern relating to the premises and emailed after the inspection to confirm this had commenced. Several people commented on the cleanliness of the home. One person said, "Cleaning staff are first rate at their job."

The staff we spoke with said they had completed fire safety and first aid training so understood how to deal with emergency situations. The home had a fire list that detailed the assistance people would require in the event of an emergency evacuation. The list did not include everyone who lived at the home; the provider agreed to ensure the list was updated.

Through our observations and discussions we found there were enough staff with the right skills and experience to keep people safe. During the inspection we observed people did not have to wait for assistance and call bells were answered promptly. Staff had time to sit and chat with people. We reviewed the staff duty rotas over the past three months and these showed staff levels were consistently maintained. People who used the service, visitors and staff told us there were enough staff. The provider had carried out a survey in November 2015 and the results showed nearly everyone thought there were enough staff; people said 'yes' there were enough staff; one person said 'no'.

The home followed safe recruitment practices. We looked at staff recruitment records and found relevant checks had been completed before staff had worked unsupervised at the home. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.

Medicines were managed consistently and safely. The afternoon administration of medicines was observed. Staff ensured people had taken their medicines. Additional drinks were offered to assist with swallowing. People were asked if they required pain relief. We looked at people's medicine administration records (MAR) and reviewed records for the receipt, administration and disposal of medicines, and found records were complete. We looked at a sample of medicine stock and found on all occasions the medicines could be accounted for.

## Is the service safe?

Some medicines had been prescribed on an 'as necessary' basis (PRN). PRN protocols existed to help staff consistently decide when and under what conditions the medicine should be administered. We found people's medicines were available at the home to administer when they needed them and medicines to be administered at specific times were given as prescribed. Some prescription medicines contain drugs controlled under the misuse of drugs legislation. These medicines are called controlled medicines. At the time of our inspection some people were receiving controlled medicines. We looked at the contents of the controlled medicine cabinet and controlled medicines register and found all drugs accurately recorded and accounted for.

We saw storage was appropriate for the amount and type of items in use. All medicines and trolleys were kept in a locked room. The medicine trolleys were secured to the wall when not in use. Drug refrigerator and storage

temperatures were checked and recorded daily to ensure medicines were being stored at the required temperatures. The home had a clear policy on the administration of medicines and this was available in the medicines storage room as well as the main office.

One person was receiving their medicines covertly (hidden in food) without their knowledge. Best practice guidance states that covert administration only takes place in the context of legal and best practice frameworks to protect both the person who is receiving the medicines and the care home staff involved in administering the medicines. The person's care plan contained evidence that the medicines were given covertly and had been discussed with the GP. The home had a policy on administration of covert medicines which referred to a 'best interest decision'. However, there was no documented evidence of a best interests meeting contained within the person's care records. The provider agreed to address this.

# Is the service effective?

## Our findings

People's needs were met by staff who had the right skills, competencies and knowledge. We spoke with staff about training. They told us they were encouraged to develop and learn, and the training they received provided them with the skills and confidence to carry out their roles and responsibilities. One member of staff said, "I love working here. They care about our development; it's not just about doing the training to tick a box." Another member of staff said, "I've learnt so much here. The training's great." The service had a detailed training programme for all staff with an external training provider. We reviewed training records which showed staff had received varied training which included; equality and diversity, moving and handling, safeguarding, falls, nutritional needs, mental health matters, dementia awareness, person centred care, diabetes awareness and stroke awareness. Ancillary staff also undertook care modules to ensure they had a full understanding of the care needs of people who lived at Alexandra Court Residential Home.

The service had recently formed links with Bradford University in relation to dementia training and awareness, and was beginning a dementia mapping project. (This is aimed at improving the quality of care for people with dementia in a range of settings.)

Staff we spoke with told us they were very well supported and the team worked well together. They told us they received regular supervision. Supervision is where staff attend regular, structured meetings with a supervisor to discuss their performance and are supported to do their job well to improve outcomes for people who use services.

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. 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).)

People who used the service told us they could make decisions about their care and gave examples where they had done this. One person said, "I decide for myself and staff help when I need it. I spend time in my room and have my meals downstairs and this is my decision." A visiting relative said, "My mum has capacity so it's her choice and they ask her." They told us about a recent example where their relative had raised concerns about one of their medicines. The visiting relative said, "They listened to her, contacted the GP who changed the medicine, and then informed me." Staff talked about considering people's capacity to take particular decisions when they supported people. They were aware that any decisions made on a person's behalf had to be in the person's best interests.

People's care records identified how people were involved in their care. Mental capacity assessments had been carried out for aspects of care and support but these were general and did not always cover specifics that were relevant to the person. In the PIR the provider told us this had already been identified as an area to improve and work on the assessments had already commenced. They said, 'Mental capacity assessments have been undertaken for those residents who it was felt might lack capacity but we intend to ensure decision specific assessments are in place for those residents who require them.'

At the time of the inspection two DoLS authorisations were in place. A further 19 applications had been submitted and were awaiting assessment. In discussion with the provider it was recognised they needed to review some applications that had been submitted because some people had capacity to make decisions in relation to their care and support. They said they would discuss this when the assessments were formally reviewed by the Local Authority who approve the authorisations.

People told us they really enjoyed the food. One person said, "There's a good choice of food and plenty of it." Another person said, "The food is lovely." When we arrived some people were having breakfast. One person was enjoying a bacon sandwich. Another person requested cereal, toast, tea and juice, and all items were served. The 'hot breakfast menu' was displayed in the dining room and included; 'cooked breakfast- sausage, bacon, black pudding, beans, tomatoes, fried, scrambled boiled or poached eggs; sausage or bacon sandwich; kippers on toast'.



## Is the service effective?

We observed lunch in the dining room, which was a relaxing and well organised experience for people. The food looked and smelt good. The portion sizes were a good size. People were offered a choice of fish or sausage with fresh vegetables, and for pudding, jam roly poly, sticky toffee pudding or fruit and ice-cream. Most people enjoyed the food although one person said they didn't like their sausage. Staff asked whether people would like a hot or cold drink. One person asked what they meant by a cold drink and were given a list of options. Staff checked people had finished their meal and whether they wanted more drinks.

One person received individual support to eat their lunch and we observed this was done in a caring way and without interruption. The person was asked if they were ready for lunch, and if the member of staff could put a tabard on them. The food was described and the member of staff was patient, took their time and didn't rush. One person was falling asleep into their meal and this was pointed out to staff by another person who was eating their lunch. A member of staff then sat at the side of the person and provided encouragement.

The service did not have menus but had clear plans for food planning. A board in the dining room clearly informed people what meals were being provided that day. At resident meetings they discussed the meal options and the provider checked that people were happy with these. We saw this was recorded in the meeting minutes. We looked at food records and these showed a varied selection of meals was provided and people were offered a choice at each meal time. We saw in the few days before the

inspection people had roast chicken, beef stew, lasagne, roast pork, pasta bake and chicken in sauce, and all meals were served with a selection of vegetables. The home had a very good supply of provisions which included fresh vegetables, fruit and meat.

In the PIR the provider told us, 'Detailed diet and nutrition care plans are in place for all residents which include the level of support needed to ensure they receive a balanced diet, for example, those with swallowing difficulties require special diets. Our cook has a file in the kitchen with dietary care plans for each resident who requires a specific diet, for example, those residents who have diabetes. This ensures the cook is kept up to date with any changes.' We saw the file in the kitchen contained up to date information about people's nutritional needs.

People's health needs were met. People's care records showed they had regular health checks and support to meet their health needs. A medical notes section was maintained for each person; these detailed visits from health professionals. Staff had recorded where they had any concerns about people's health and the action taken. These demonstrated they consulted other professionals promptly and took advice.

We spoke with a visiting health professional during our inspection. They told us they regularly visited the service and were confident people's health needs were being met. They said, "They are very, very good at making referrals in a timely way. They are always willing to help when we visit. I know the rest of my team are always happy to visit here."



# Is the service caring?

## Our findings

We received positive feedback from people who used the service and visiting relatives about the care and support provided. They told us the service was caring. Comments included; “Staff are lovely, all of them. I’m glad to have them”, “The staff know their jobs they are very good”, “The staff work so well as team, incredibly well”, “I can go to anyone”, “They are fantastic”, “Staff are always so friendly”, “If ever you’re unhappy they comfort you”, “Everybody knows everybody”, “Everybody is nice”. A visiting professional said, “It’s lovely when you walk in. It’s like a family. I wouldn’t mind if my mum and dad were here.”

Staff told us people received a high standard of care and they were proud to work at Alexandra Court Residential Home. One member of staff said, “It’s a really happy place. Residents are happy, staff are happy. I would be happy for any of my family to live here.” Another member of staff said, “It’s an excellent home, The care is brilliant, you couldn’t fault it.”

We saw evidence at the inspection that confirmed what the provider told us in the PIR. They said, ‘Residents well-being is at the heart of everything we do. I believe we are very much a person centred home. Residents are included in every decision we make about the home - from choosing new carpets and chairs to choosing what they would like on the menu. Those residents that wish, are able to take part in house hold tasks such as peeling potatoes, setting the table or folding the laundry. Our staff team is stable and some staff have been with us for over 20 years.’ They told us they were planning improvements and said, “We already have a ‘dignity champion’ and a ‘dementia champion’ but I think creating more champions will give staff a morale boost and including them more in ensuring Alexandra Court provides the best quality of care available.’

During the inspection we saw staff were caring when they provided assistance and demonstrated a kind and compassionate approach. We observed friendly chatter and people who used the service clearly enjoyed the company of staff. Staff sat with people and chatted about

family and friends, what was happening at the home and current news topics. It was one person’s birthday. A cake was brought to them and everyone sang happy birthday. This person was then given their birthday cards.

Staff knew the people they were supporting. When we asked staff about people’s history and current care needs they were able to provide us with a good level of detail. People had ‘my life story’ books which contained information covering ‘my memories’, ‘my family tree’, ‘special people and friends in my life’, ‘my faith’, and ‘my likes and dislikes’.

People lived in a very pleasant, comfortable and homely environment. Furniture and fabrics were of a good standard. Throughout the home there were lots of touches to create a homely feeling such as fresh flowers and lots of pictures on the walls. Many of the pictures had quotations that related to being happy, enjoyment, smiling and laughing. Tables were covered with cloths, had condiments, fresh flowers, and serviettes. People drank from bone china cups and mugs. Some people spent much of their time in their room whereas others chose to spend time in communal areas. One person said, “I have a gorgeous room and like to spend time in it.” Another person said, “I’m very comfortable in my room. The staff always pop in and see me. The home is lovely and warm.”

The home had a ‘charter’ displayed that outlined people’s rights. It included, ‘The right to choose where to sit’, ‘The right to say what time they want to go to bed and get up’ and ‘The right to say when they want to go to their room’. Posters were displayed about dignity and treating people with respect.

In the PIR the provider said, ‘Our proudest achievement in 2015 was awarded a Commendation from the Gold Standards Framework for End of Life Care. This is an area that is hugely important to all the staff and an area I feel we have always excelled at. However, to be recognised for this was a wonderful achievement. It took three years to achieve this and it was a whole team achievement.’ We saw the award was displayed in the home. The provider had carried out an analysis of care records following the death of someone at the home, which was then used to potentially improve future care provision.

# Is the service responsive?

## Our findings

People told us they received person centred care. One person said, “Staff know what I like and how I like to be looked after. They do very well.” Another person said, “I get all the help I need. The staff know their job and how to look after me.” A relative said, “We’ve been through the care plans.” During our inspection we saw good examples of staff responding to people’s needs.

The service used an electronic care recording system. In the main, we saw people’s care and support needs were assessed and plans identified how care should be delivered. The care plans we reviewed contained information that was specific to the person and generally contained good detail about how to provide care and support although the care plan for one person who had recently moved to the home was brief. Some people’s care plans contained a lot of information and included a chronology of how people’s needs had changed; this was sometimes confusing. The provider explained they had included the information because there had been miscommunication at a previous inspection. They said they would amend these and only include current needs in the main care plan. We looked at the care records for a person who had recently moved to the home. A pre admission assessment was completed before they moved in. The person had seen a GP in relation to their nutritional needs and had been prescribed dietary supplements. A referral was made to a dietician and they were being weighed weekly. The person’s care plan stated they should be offered snacks and bulk diet with cream/butter. Although it was evident the service had been responsive in relation to nutritional risk, the person’s care plan was basic and routine risk assessments had not been completed. There was very little information about the person’s likes, dislikes and preferred routines. The provider said they would ensure this was completed promptly.

We saw people were encouraged to engage in different group and individual activity sessions. Newspapers were delivered to the home. One person said, “I enjoy reading the daily paper.” The activity programme was on display

and future events such as a motivation group were on display. At a recent ‘resident meeting’ people had discussed activities where most had said they were happy with the activities on offer. They said they had enjoyed the ‘music for health’ lady and the singing duo but had been split on the ‘zoo lab that visited, and had discussed baking, shopping and Christmas card making. In the PIR the provider said, “I would like to tailor our activities to individual residents, particularly our male residents. I would also like to be able to offer more external group activities. Our in house activities are good but I feel we lack in external ones on a group basis. For example, we take different individual residents out to a shopping centre regularly but we rarely do group outings. I would also like to introduce a weekly activities schedule instead of the daily one we have at present so residents can plan ahead of time what activities they would like to take part in’. We saw the weekly schedule had been introduced.

We saw people were comfortable talking to staff. They also told us they would raise any concerns with staff or management. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. The provider told us they had not received any complaints. They explained the management team were always accessible, responsive and dealt promptly with any issues which prevented them from reaching a formal stage. They gave an example of lost laundry. They said although this rarely happens it was replaced or refunded and any direct care issues were dealt with as soon as they arose. They said an emphasis was placed on relationships with individuals and families. The home had a complaints procedure which was displayed. They also had a poster in the entrance that stated ‘A complaint is not a negative’.

We saw the home had received some written compliments which included the following comments: ‘Just to say we appreciate so much all that you did for my mother. She loved it here, and you made her last months so happy an memorable for her’, ‘Thank you for all your care for all of us’, ‘Thank you for taking care of [name of person]’, ‘Thank you for being so good to dad’.

# Is the service well-led?

## Our findings

People who used the service, visiting relatives and staff that we spoke with said they would recommend the home to others. People were very complimentary about the management team and told us the service was well led. The director, who we have referred to as the provider in our report, worked at the home full time. The home had a registered manager and a deputy manager. They all dealt with day to day issues within the home and oversaw the overall management of the service. They worked alongside staff overseeing the care given and providing support and guidance where needed. They engaged with people living at the home and were clearly known to them.

The provider discussed the service with us and said they invested time and effort into ensuring quality was maintained. They told us they expected a high standard of care to be provided at all times and staff we spoke with confirmed this. They demonstrated a clear commitment to training and developing staff. In the PIR the provider said, "We are not millionaires and we don't make a lot of money by running Alexandra Court. We do it because we want to make a difference and I hope you see this during your inspection. We are a strong team and I am proud of our staff. The director and registered manager have an open door policy and staff can, and do, come to them at any time. Staff have a counsellor available to them, paid for by the director, if they have a problem at home or work that is affecting their daily life.'

Staff told us they were happy working at the home. One member of staff said, "This is the best place I've ever worked. I'm never leaving." Another member of staff said, "I'm happy with everything here. We're really valued and that's so important." Staff told us they understood their roles and responsibilities and knew which member of the management team to approach about different aspects of the service.

The provider asked for the views of people using the service and others to help drive improvement. Resident meetings were held where people had a chance to discuss the service and were informed of planned events. In December 2015 they had talked about food and drink, activities and care plans. The provider also discussed the dementia care mapping project and explained what was involved and gave people leaflets. Staff meetings were held on a regular basis. Staff we spoke with said, at the meetings, they were given opportunity to share their views and contributed to the running of the home.

We looked at survey results from November 2015 which captured people's responses, comments and areas to improve. Fourteen people returned surveys; the results were in the main very positive. For example, everyone who returned a survey said the décor, cleanliness of the home and laundry service were excellent; 11 respondents said the care was excellent; ten respondents said the variety and choice of meals was excellent; 12 people said the resident meetings were excellent. There was a lower positive response when social activities were rated; seven people said they were excellent; four said they were good and two said they were satisfactory. The survey conclusion showed how the home had made changes from previous year's survey results and noted they needed to improve social activities. In the PIR the provider told us they were going to improve activities and explained how they were going to do this.

The provider had a number of audits which were carried out to monitor the service and identify any trends. They covered medication, mattresses, control of infection, care plans and care records. The building was monitored and we saw from records any environmental repairs were dealt with promptly. The audits we reviewed were easily accessible and all were noted to be up to date.

This section is primarily information for the provider

## Action we have told the provider to take

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

This section is primarily information for the provider

## Enforcement actions

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