Logini Care Solutions Ltd

Alexandra Nursing & Residential Home

Inspection report

Doncaster Road
Thrybergh
Rotherham
S65 4AD

Tel: 01709850844

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22 August 2017

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection was unannounced, and took place on 22nd August 2017. This was the first inspection of the home since the provider took over the service at the end of 2015. Previous inspections of the home took place when it was operated by a different provider.

Alexandra Nursing and Residential Home is a 47 bed service providing nursing and residential care to older people with a range of support needs including dementia. It provides accommodation on either a long term basis, or on a short term respite basis. At the time of our inspection, 41 people were using the service.

Alexandra Nursing and Residential Home is located in the Thrybergh suburb of Rotherham, South Yorkshire. It is in its own grounds in a quiet, residential area, with parking and public transport links.

The provider 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.

People were treated with kindness and received support in a patient and considerate way. People were treated with respect and their privacy, dignity and independence were protected. Staff had a good understanding of the care people required, and knew how to deliver this care and a way that upheld people's dignity.

People were offered a choice of nutritious meals which they told us they enjoyed. Their health in relation to nutrition and hydration was well-monitored.

People gave informed consent to their care and treatment. The provider had appropriate arrangements in place for acting in accordance with the Mental Capacity Act 2005, and ensured that the Act was adhered to in relation to people who lacked the capacity to make decisions about their health and welfare.

There was a range of activities available, both within the home and in the wider community. People told us they regularly went on trips organised by the home, and outside entertainers often visited.

There was a complaints system within the home, and on the small number of occasions a complaint had been received, the provider took appropriate steps to investigate it and provide a remedy.

Risks to people were assessed and steps were put in place to reduce these risks. Staff had received training in protecting vulnerable adults and recognising abuse, although the provider had not correctly notified incidents of suspected abuse to the Care Quality Commission (CQC).

The condition of the premises was poor in parts, meaning that it presented a risk of cross-infection as areas

could not be hygienically cleaned to a safe standard.

The arrangements in place for monitoring the quality of the service were not robust enough to identify or address shortfalls in service quality. We noted a number of occurrences that the provider was required to have notified to CQC but it had failed to do so.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks to people were assessed and steps were put in place to reduce these risks. Staff had received training in protecting vulnerable adults and recognising abuse, although the provider had not correctly notified incidents of suspected abuse to CQC.

The condition of the premises was poor in parts, meaning that it presented a risk of cross-infection as areas could not be hygienically cleaned to a safe standard.

Is the service effective?

Good

The service was effective.

People were offered a choice of nutritious meals which they told us they enjoyed. Their health in relation to nutrition and hydration was well-monitored.

People gave informed consent to their care and treatment. The provider had appropriate arrangements in place for acting in accordance with the Mental Capacity Act 2005, and ensured that the Act was adhered to in relation to people who lacked the capacity to make decisions about their health and welfare.

Is the service caring?

Good

The service was caring.

People were treated with kindness and received support in a patient and considerate way. People were treated with respect and their privacy, dignity and independence were protected.

Staff had a good understanding of the care people required, and knew how to deliver this care and a way that upheld people's dignity.

Is the service responsive?

Good

The service was responsive.

There was a range of activities available, both within the home and in the wider community. People told us they regularly went on trips organised by the home, and outside entertainers often visited.

There was a complaints system within the home, and on the small number of occasions a complaint had been received, the provider took appropriate steps to investigate it and provide a remedy.

Is the service well-led?

Requires Improvement

The service was not always well led.

The arrangements in place for monitoring the quality of the service were not robust enough to identify or address shortfalls in service quality. We noted a number of occurrences that the provider was required to have notified to CQC but it had failed to do so.

Alexandra Nursing & 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 checked 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.

The inspection was unannounced, which meant that the home's management, staff and people using the service did not know the inspection was going to take place. The inspection visit took place on the 22nd August 2017. The inspection was carried out by an adult social care inspector.

During the inspection we checked records relating to the management of the home, meeting minutes, training records, medication records, policy documents, personnel records and records of quality and monitoring audits carried out by the home's management team. We spoke with people using the service, staff and the management team.

We observed care taking place in the home, and observed staff assisting people to move around the home, participate in various activities and administer medicines. We observed a mealtime taking place in the home. In addition to this, we undertook a Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before the inspection, we reviewed records we hold about the provider and the location, including notifications that the provider had submitted to us, as required by law, to tell us about certain incidents within the home. Prior to 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. This was returned by the provider in a timely manner and was completed to a high level of detail.

Requires Improvement

Is the service safe?

Our findings

We asked people using the service whether they felt safe when receiving services at Alexandra Nursing and Residential Care Home. They all confirmed that they did. One person told us: "They do everything they can for us, we're always safe here." Another said: "If you need help, they come running, you never have to wait, that keeps me safe."

During the inspection we observed that there were staff on duty in sufficient numbers in order to keep people safe. Staff we spoke with told us that they felt there were usually enough staff to meet people's needs and ensure their safety. One staff member said: "You get the odd day, if someone's off sick or something, but normally we're pretty well-staffed, we don't usually have any complaints in that regard."

We found that staff received training in the safeguarding of vulnerable adults as well as other safety-focussed areas, such as fire safety and moving and handling. We asked staff about the training and each one we spoke with told us they found it to be of good quality, and said it related to their work.

We checked six people's care plans, to look at whether there were assessments in place in relation to any risks they may be vulnerable to, or any that they may present. Each care plan we checked contained up to date risk assessments which were detailed, and set out all the steps staff should take to ensure people's safety. Each risk assessment was regularly reviewed to ensure it continued to meet people's needs. People's daily notes, where staff recorded details of the support and care provided to people, showed that staff were acting in accordance with people's risk assessments.

Recruitment procedures at the home had been designed to ensure that people were kept safe. Policy records we checked showed that all staff had to undergo a Disclosure and Barring (DBS) check before commencing work. The DBS check helps employers make safer recruitment decisions in preventing unsuitable people from working with children or vulnerable adults. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. In addition to a DBS check, all staff provided a checkable work history and two referees.

We checked the arrangements in place to ensure that people's medicines were safely managed., Medication was securely stored, with the storage temperature monitored and recorded. We checked records of medication administration and saw that these were appropriately kept. There were systems in place for stock checking medication, and for keeping records of medication which had been destroyed or returned to the pharmacy.

We checked the systems the provider had for monitoring and reviewing safeguarding concerns, accidents, incidents and injuries. We saw that the registered manager carried out a quality audit of the home, and part of this audit included checking whether there had been any safeguarding referrals or accidents and incidents. However, we identified a small number of incidents which the provider should have notified to CQC but failed to do so. We discussed this with the registered manager and the home manager on the day of the inspection.

We looked at the arrangements for ensuring the premises were safe. Equipment and facilities, such as the passenger lift, the electrical equipment and the nurse call system, were serviced at appropriate intervals. The premises underwent periodic safety checks from the fire service, and we saw that the most recent fire drill took place the month prior to the inspection although the provider's own training matrix indicated that some staff had not participated in a fire drill, or had not undertaken one for some time. Every care file we checked contained a personal evacuation programme (known as PEEPs) setting out the support each person would need to evacuate the building in the case of a fire.

We checked the condition of the premises, but found that the provider did not have effective arrangements in place to ensure the environment was maintained or cleaned to an appropriate standard in all areas to protect people from the risk of cross infection. The condition of the premises was poor in parts. We noted that carpets were worn in places, and some fabric chairs were stained. A staff member told us that furniture was regularly cleaned, indicating that these stains were not removable. We asked the home manager if there was a programme in place to replace the carpets or furniture. They told us they didn't believe there was, and described the condition of the premises as "tired." The bathrooms we checked were damaged, with damaged walls and unsealed floors. This meant that they could not be hygienically cleaned. The registered manager told us that there was a programme in place to replace the flooring in the bathrooms but this had not yet commenced. Other parts of the home had damaged walls and woodwork. Again, this meant that these areas could not be hygienically cleaned, therefore presenting an infection hazard.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Good

Is the service effective?

Our findings

We asked four people using the service about the food available. They all gave us very positive feedback about the food. One said: "There's plenty of it, we get a choice, I like it when it's lamb. Breakfast is good as well, I had lots this morning, and you can have it whenever you want, there's no need to get up early if you don't want to." Another said: "I always enjoy the food, never had a bad meal here."

We observed a mealtime taking place in the home, and saw that it was a pleasant experience. Staff ensured the environment in the dining room was relaxed and unhurried. The room we observed was well laid out, with table linen and flowers on each table. Staff took time for people to make choices about where they sat, and checked people's meal choices with them before serving their food. People were offered second helpings as well as a choice of drinks. Where people needed assistance to eat, staff did this discreetly and respectfully, and at a pace suited to each person.

We checked six people's care records to look at information about their dietary needs and food preferences. Each file contained up to date details, including screening and monitoring records to prevent or manage the risk of poor diets or malnutrition. Where people required special diets there was information about this in their files. People's daily notes, where staff recorded the care given, showed that staff were acting in accordance with people's assessed needs in relation to their nutrition and hydration.

We spoke with the management team about the allergens in food. Recent regulatory changes mean that food providers are required to display information about which of 14 known allergens are in each item of food produced. This information was not available within the home.

We looked at the arrangements in place for complying with the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. 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)

The care plans we checked showed that, where people had mental capacity, they had consented to receiving care and treatment in the way they had been assessed as requiring. People had signed their care plans, evidencing their consent, and notes throughout care plans showed that care decisions were made in consultation with people. Where people lacked capacity, we saw evidence that formal best interest decision making had taken place, and, where necessary, the provider had made appropriate DoLS applications.

Good

Is the service caring?

Our findings

People we spoke with praised the service highly. One person described the staff as, "very kind, they can't do enough." Another told us: "We all have a laugh, we get on really well. I wouldn't be here if we didn't; I don't need to be here so I'd move somewhere else if I didn't like it."

We carried out observations of staff interactions with people using the service over the course of the inspection. Staff without fail were kind in their approach to people, and showed a genuine concern for people's wellbeing. Additionally, we saw that staff employed appropriate humour when interacting with people, meaning that there was a warmth in their conversations

We undertook a Short Observation Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. By using SOFI we saw that people experienced care which was kind and was considerate of their needs. Staff took time to chat with people in passing as well as when undertaking care tasks with them. When people needed assistance staff were quickly on hand to provide it.

We spoke with staff about how they treated people. One said: "It's the most important thing, treating people well, you have to treat them like they're your own family, you're not doing the job right if you don't do that." Another staff member said: "I think the reason that makes this home good is because of how we treat people, it's like a family here really."

The home had staff who had been appointed as "dignity champions." These are staff whose role it is to promote dignity within the home, ensuring that their colleagues understand the importance of respect, dignity and privacy. There was information on display within the home which promoted a dignity-first approach, and staff we spoke with were familiar with this.

There were some signs and symbols throughout the home which enabled people living with dementia to orientate themselves, although we noted some areas where this could be improved; for example, the menu was on display but was in relatively small print and there was no use of picture menus or an easy read format.

We checked six people's care plans to look at how people received care. Daily notes, where staff recorded the care and support they had provided to people, showed that staff focussed on ensuring people received care in a way which protected their privacy and promoted their independence.

Good

Is the service responsive?

Our findings

The home had a dedicated activities coordinator who devised a programme of activities within the home. People using the service told us about a wide range of activities they had participated in and enjoyed. One said: "We went to Chester Zoo and had a lovely time." Entertainers including singers regularly visited the home, and events such as summer fairs had taken place with further ones being planned. One person told us they particularly enjoyed playing bingo at the home, and a staff member told us about a prize bingo evening which took place from time to time to raise funds for future activities. Everyone we spoke with told us there was plenty to do at the home. One person said: "I don't need to be here, and I'd leave if I didn't enjoy it."

We checked care records belonging to six people who were using the service at the time of the inspection. We saw that care plans were in the format of a pro forma designed by the management team at the home. These were completed to a high level of detail and contained all the information required to ensure that people received care or treatment which was assessed as meeting their needs

Many of the care records we checked which showed that people had required the input of external healthcare professionals, for example hospital specialists or community healthcare services. Where this was needed we saw that the provider had made prompt referrals in each case. We looked at the directions supplied by external healthcare professionals and saw that where guidance had been provided this was being adhered to.

Each person's care records included a range of screening tools, such as charts where staff were required to monitor the person's risk of poor skin integrity or malnutrition. These were completed on a monthly basis, and more frequently where required. Other screening tools and monitoring tools, such as the checking and monitoring of injuries or 24 hour assessments following a person experiencing a fall were also in place, and again were completed in full.

There was information about how to make complaints available in the provider's Statement of Purpose. The Statement of Purpose is a document that all providers are legally required to have which sets out details about the service they provide. Complaints information was also in the guide given to people using the service which provided them with information about the home and the service they could expect. However, we noted in both cases that these documents did not direct complainants to the correct resource if they were seeking external remedy to their complaint. We looked at records of complaints received by the provider. There had only been a small number, and we saw that the provider had investigated each complaint and provided the complainant with an outcome. We asked people using the service if they knew how to make a complaint, and whether they would be comfortable to do so. They all told us they would, with one person saying: "If anything's wrong I'd tell them [the staff and managers] straight away. I know they'd sort it out."

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager, as required by a condition of its registration. However, the registered manager was also managing another service owned by the provider, and was spending a short time each day at Alexandra Nursing and Residential Care Home. There was a home manager in place who was in the process of applying to register with CQC. The registered manager described the home manager as "in day to day charge of things." It is a regulatory requirement that if a person other than the registered person manages the regulated activities at a location, CQC should be notified as soon as is reasonably practicable to do so. The provider had failed to make any such notification.

Staff told us they felt supported by the management team at the home. Staff described times when managers had been able to provide them with support when they had needed to work flexibly or alter their work circumstances.

We asked three members of staff about the arrangements for supervision and appraisal. They told us that they felt formal supervision was no longer taking place at the frequency it used to do. One said to us: "No we don't really have supervisions any more, just group supervision." We looked at the minutes from the most recent group supervision, and saw that this had been used to introduce staff to the new nurse call system. The minutes indicated that there was no opportunity for staff to raise any concerns or give feedback to their line managers in these group supervision meetings.

There was a system in place to audit the quality of the service. This consisted of individual audits of specific aspects of service delivery, such as the quality of care plans and the safety of bedrails, among other areas. We looked at the recent records of a sample of these audits, and noted that many were unsigned meaning it was not clear who had been responsible for making the judgements recorded in the audits. In addition to the individual audit, there was an overarching quality audit carried out by the registered manager. We looked at the most recent of these. We saw that it looked at personnel issues, staff training, safeguarding and infection control. We noted that this audit recorded statutory notifications, the notifications that providers are legally required to make to CQC were up to date. However, we noted a number of matters throughout the inspection that the provider should have notified to CQC but had failed to do so.

Management of the service was supported by a range of policies and procedures, of which we checked a sample. We saw that the policies were detailed, and the registered manager told us that staff were made aware of their contents, however the policies we checked were not always accurate; some referred to out of date legislation, and one referred to functions that the provider does not carry out. The management team told us that work on improving and updating policies was planned.

We asked to see a copy of the service's Statement of Purpose. A Statement of Purpose is a document that registered providers are required by law to have, and to keep regularly under review. We noted that this document did not contain all the information that the regulations state must be in it. We raised this with the registered manager and the home manager on the day of the inspection, and they assured us that the required changes would be made and CQC would be notified of this.

It is a requirement that providers display their CQC ratings prominently both within the service and, if relevant, on their websites. As this was the home's first inspection since the provider registered the home, it did not have a rating at this stage. However, the provider was displaying the previous owner's rating of "good" within the premises, which presented a risk of people who use the service, their relatives and other visitors being misled.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The condition of parts of the premises meant that they could not be maintained to a hygienic standard. Regulation 15(1)(e)(2)