

Cotswold Care Services Ltd

# Alexandra House - Gloucester

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 28 April and 3 May 2016 and was unannounced. Alexandra House - Gloucester provides care and support for up to 10 people who have a learning disability or physical disability. The service is located near the centre of Gloucester close to a range of local amenities. At the time of our inspection there were eight people were using this service.

We last inspected the service on the 2 May 2014. At this inspection we found the provider was meeting all of the requirements we inspected.

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 and associated Regulations about how the service is run.

There were systems in place to enable the provider to gather feedback from people or their relatives. However not all feedback was used to help drive improvements. The registered manager and provider had systems to identify concerns about the quality of the service. However where actions had been identified, the provider action had not been taken action to approve and rectify these concerns. People's care records were not always completed consistently and were not always personalised to people's needs.

People were safe within the home. Care staff had a good understanding of safeguarding and the service took appropriate action to deal with any concerns or allegations of abuse. Staff managed the risks of people's care and understood their responsibilities to protect people from harm. People received their medicines as prescribed.

People had access to plenty of food and drink and received a diet which met their needs. Staff ensured people's on-going healthcare needs were met. There was a friendly, pleasant and lively atmosphere within the home. People were supported to go out in the local community and on day trips. People enjoyed the time they spent with each other and staff. Staff ensured people were offered choices about their day. Where people did not have the capacity to make specific decisions, the registered manager ensured they had an independent advocate and a best interest assessment was carried out.

People were supported and cared for by kind, caring and compassionate care staff. Care staff knew the people they cared for and what was important to them. People were supported by care staff who were knowledgeable and had access to the training they needed to meet people's needs. Care staff felt supported by the registered manager. There were enough staff to meet the needs of people living at the home.

The registered manager had a clear vision for the service, which was shared by all care staff. The registered manager had systems to identify shortfalls within the service and where able make necessary improvements. The registered manager ensured people and their relatives views were sought and acted

upon.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## 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 were safe and staff had a good understanding of safeguarding.

There were enough staff to safely meet people's needs. Staff understood the risks of people's care and how to protect them from these risks.

People received their medicines as prescribed. People's medicines were managed and stored safely.

### Is the service effective?

Good ●

The service was effective. Where people were being deprived of their liberty the service had applied to supervisory body to approve this. Where people did not have the capacity to make decisions the service ensured they had access to an advocate and best interest assessments were carried out.

People were supported by care staff who had access to training, support and supervision.

People were supported with their dietary and nutritional needs. People's specific needs were met because staff ensured they received appropriate support.

### Is the service caring?

Good ●

The service was caring. People were positive about care staff. People clearly enjoyed the time they spent with care staff.

People had caring relationships with care staff and benefitted from these relationships. Care staff spoke about people in a kind and a caring manner.

People were involved in decisions about their care and were supported by care staff to make informed choices.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive. Care staff did not always keep a record of the support and care they provided for people.

People enjoyed spending time with staff in the home. People were supported to access the local community or go on day trips very frequently.

The registered manager kept a log of complaints and compliments.

### Is the service well-led?

The service was not always well led. The service had audits and quality assurance systems to identify concerns however these were not consistently used to drive improvement within the service.

The registered manager and deputy manager were approachable. Care staff told us the registered manager was supportive. Care staff were supported to develop professionally.

**Requires Improvement** 

# Alexandra House - Gloucester

## **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 was 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 the 28 April and 3 May 2016 and it was unannounced. The inspection was carried out by one inspector.

At the time of the inspection there were eight people being supported by the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. We also spoke with healthcare professionals regarding the service.

We also looked at the Provider Information Return for Alexandra House - Gloucester. 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 spoke with one person who was using the service. We also spoke with two people's relatives. 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 with us. We spoke with seven staff, which included four care staff, the cook, the deputy manager and the registered manager. We reviewed four people's care files, four care staff records and records relating to the general management of the service.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe and comfortable in the home. One person when asked if they felt safe, responded, "Yes I do feel safe." We observed that people were at ease with care staff and enjoyed the time they spent with them. People's relatives told us they felt their loved ones were safe at Alexandra House. One relative told us, "I don't think they would be hurt. They would be looked after. I don't go away worrying." Another relative said, "Oh they're totally safe. The staff are very concerned with their welfare."

People were protected from the risk of abuse. Care staff had knowledge of types of abuse, signs of possible abuse which included neglect, and their responsibility to report any concerns promptly. Care staff told us they would document concerns and report them to the registered manager, or the provider. One staff member said, "Would inform the manager straight away." Another staff member added that, if they were unhappy with the manager's or provider's response they would speak to local authority safeguarding. They said, "We can go to local authority safeguarding." Care staff told us they had received safeguarding training and were aware of reporting safeguarding concerns.

Care staff talked about the importance of identifying changes in people's body language when people were unable to verbally express their views. One staff member said, "We know people really well. We can pick up if something isn't right." Another staff member told us, "We can tell if someone doesn't like something or is unhappy."

The registered manager fully understood their responsibility to raise and respond to any safeguarding concerns in accordance with local authority safeguarding procedures. Since our last inspection the provider had ensured all concerns were appropriately reported to local authority safeguarding and CQC. They also ensured actions were taken to protect people from harm.

People had assessments where staff had identified risks in relation to their health and wellbeing. These included moving and handling, mobility, agitation and nutrition and hydration. Risk assessments enabled care staff to keep people safe. Each person's care plan contained clear information on the support they needed to assist them to be safe. For example, one person liked to be social in the community, however had no understanding of risks within their environment. Care staff had clear guidance on how to assist the person whilst trying to promote their involvement and independence. Care staff explained how they tried to assist this person when shopping in the community, preparing them to give money over the counter.

Where people needed assistance with their mobility there were clear assessments in place which documented the support and equipment they needed. For example, one person was able to walk with a walking frame. The person's risk assessments gave clear guidance of how staff should assist this person. Staff followed the guidance and supported this person to walk using the walking frame after lunch.

One person had a detailed risk assessment around their seizure recovery. This assessment provided care staff with clear guidance on how to assist them in the event of a seizure. This included how to assist the person to ensure they were not at risk of injury, and when to administer their recovery medicines. Staff were

aware of how to assist this person and knew the support they required to stay safe.

People's medicines were securely stored in line with current and relevant regulations and guidance. People's medicine records accurately reflected the medicine in stock for each person. Medicine stocks were checked weekly by senior care staff. Care staff also ensured people's medicines were checked in and disposed of effectively. These systems ensured people's medicines were not taken inappropriately and people received their medicines as prescribed.

People were protected from financial abuse as their money was kept securely and a record of their finances was maintained by staff. Some people required support with the handling of their money which included the safe keeping and the management of their daily expenses. People's money was kept securely and their expenses and income were recorded correctly. The registered manager and provider ensured people's financial records were checked to ensure their expenses were recorded correctly and that no financial abuse had occurred.

People's needs were met by sufficient numbers of staff. There was a calm and homely atmosphere in the home on the day of our inspection. Staff were not rushed and had time to assist people in a calm and dignified way. Staff spent time with people and ensured people went out of the home into the community or on day trips. One relative spoke positively about staffing within Alexandra House. They told us, "It's a calm place. They're [relative] is calm there."

Staff told us there were enough staff available on a day to day basis to meet people's needs. Comments included: "Staffing is good. We can meet people's needs" and "We have the staff we need. We have enough staff to get people out and about." The registered manager had identified the number of staff needed to ensure people were kept safe. Staff rota's showed the safe number of staff had been consistently deployed to meet people's needs in the weeks prior to our inspection, this was clearly reflected in our observations and our discussions with staff.



# Is the service effective?

## Our findings

People and their relatives were positive about care staff and felt they were skilled and trained to meet their needs. One person said of the staff, "I like them, they're my friends." One relative told us how staff were supportive and gave them reassurance. They said, "They told me not to worry, that [relative's name] is happy. I think my relative is looked after." Another relative said, "The staff are exceptionally good. The long term staff are outstanding, they take people on holidays."

People's needs were met by care staff who had access to the training they needed. Care staff told us about the training they received. Comments included: "I do all my training. We do regular refresher training. I have what I need and I try to improve"; "When I was shadowing I hadn't done my moving and handling training. I couldn't use the hoist, however I've done my training now" and "Lots of training. You can never have too much. Everything's in place." Care staff completed training which included safeguarding, fire safety and moving & handling.

New staff were given time, support and training (including the care certificate) to meet people's needs. One staff member spoke positively about the support they had during their induction to the service. They told us, "I shadowed staff for a while, observing. If I need help, then they help me straight away. I had time to read care plans and get the information I needed. I was welcomed right in and now I'm doing the care certificate." They also told us how they shadowed more experienced care staff, which enabled them to build a rapport with people living at the service.

Care staff told us they had been supported by the registered manager and provider to develop professionally. One staff member told us they were supported to complete a Qualifications Credit Framework (QCF) diploma in health and social care (a nationally recognised qualification) and were hoping to complete a further qualification in health and social care. All staff told us they could request training if they needed it. One staff member said, "If I need something, I can always ask for it. It's important."

People were supported by care staff who had access to supervision (one to one meeting) with their line manager. Care staff told us supervisions were carried out regularly and enabled them to discuss any training needs or any concerns they had. One staff member told us, "I had supervision in March, they're regular. We're able to discuss anything." Another staff member said, "Have one to one's regularly, and you can request one if you need. The manager is approachable."

Care staff had undertaken training on the Mental Capacity Act (MCA) 2005. 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. They showed a good understanding of this legislation and were able to cite specific points about it. One staff member told us, "Some people can't verbally tell you no. However you can read body language, if someone turns away, or pushes food away, you can't force them". People's care plans contained clear

communication plans, which documented how the person communicated and what different things, like shaking their head meant.

The registered manager and provider ensured where someone lacked capacity to make a specific decision, a best interest assessment was carried out. For example, two people living at Alexandra House, did not have any immediate family. The service ensured that an independent mental capacity advocate was available for both people and clearly involved in any best interest assessments alongside the person's GP, social worker and care staff. For example, a best interest decision had been made for one person as they no longer had the mental capacity to understand the benefits and risks of a recommended operation. A decision was made in the person's best interest with the involvement of their social worker and advocate present. A healthcare professional told us, "They [the service] supported one resident well through the bowel screening process with best interest meetings and difficult preparation prior to hospital investigations."

One person was living under continuous supervision. The registered manager made a Deprivation of Liberty Safeguard (DoLS) application for this person which had been approved for a set period of time. 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). A condition had been set that the person should be supported with stimulation. The registered manager and staff told us how they supported this person to access the local community. The registered manager was also looking at additional activities such as hydro therapy (water and sensory therapy).

People had access to plenty of food and drink. One person told us, "I like the food here." We observed staff assisting people to eat their lunch in the home's dining room. They supported people in a calm and patient way which was focused on the person's well being and enjoyment. Food was presented in the way which enabled people to see what they were eating. Throughout our inspection, staff ensured people had access to plenty of food and drink, such as tea, biscuits, crisps, squash and fruit.

People's dietary needs and preferences were documented and known by care staff. Care staff and the home's cook knew what food people liked and the foods people required to meet their nutritional needs and specialised diets. For example, one person required their food to be blended as they were at risk of choking. The registered manager had sought advice from speech and language therapists, who provided guidance on how food should be provided and how the person should be supported at mealtimes, such as sitting upright. Staff clearly followed this guidance, which protected the person from harm and reduced the risk of choking.

People were supported to maintain good health through access to a range of health professionals. These professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. These included GPs, psychiatrists, district nurses, dentists, podiatrists and speech and language therapists. For example one person had been supported to attend a dentist, following an action from their annual health check. Appointment letters and letters following people's annual health checks were clearly recorded.

# Is the service caring?

## Our findings

People and their relatives had positive views on the caring nature of staff. One person said, "I like them. We have fun". One relative told us, "The staff respect them [relative's name]". Another relative said, "The staff really make the place. They've got the right caring people and its right for [relative's name]."

People enjoyed positive relationships with staff. We observed people clearly enjoying the time they spent with care staff. People enjoyed playing on a musical mat, completing jigsaw puzzles and accessing the local community. People were at ease with staff and the home was calm on both days of our inspection. The home's cook told us about one person and said "They like to spend time in the kitchen, talking and listening to the music."

People were informed about the purpose of our visit by care staff who introduced us to each person. Care Staff reassured people who may find it unsettling to have visitors in the home that they were not familiar with.

Care staff interacted with people in a kind and compassionate manner. Staff adapted their approach and related with people according to their communication needs. They spoke to people as an equal. They gave them information about their care in a manner which reflected their understanding. For example, one staff member assisted someone who was using musical items as they enjoyed the sounds. A staff member ensured the person had different musical items, so they could listen to different sounds. When one item broke, the staff member reassured the person and talked to them as they fixed it, ensuring the person was comforted throughout.

People were cared for by care staff who were attentive to their needs and wishes. Care staff knew what was important to people and supported them with their day to day needs. For example, one staff member told us one person had items which they carried around the home, and into the community. The person clearly treasured these items. Staff respected the importance of these items in the persons life.

Care staff were supported to spend time with people and they spoke positively about this. Comments included: "We have time to spend with people. We like to get people outside and enjoying themselves"; "We always try and take people out, we don't want to just sit people in front of the tv" and "We have key worker system (a system where each person had a key member of staff who worked with them). I talk with the person's family, assist them with appointments. Take them out for a drink and have a walk and talk."

Care staff knew the people they cared for, including their likes and dislikes and spoke confidently about them. For example, one staff member was able to tell us about one person, who was unable to verbally communicate with other people and staff. They told us they were able to communicate using their own unique sounds and explained what certain sounds meant. They said the person enjoyed the sounds and feelings of different instruments and of calling out to the sounds of the instruments. One staff member told us, "Everyone is an individual, each has different needs."

People were treated with dignity and respect. We observed care staff assisting people throughout the day. Care staff told us how they ensured people's dignity was respected. This included ensuring people were cared for in privacy. For example, one staff member said, "I always make sure they are comfortable. Covered and warm, care is always carried out in private."

## Is the service responsive?

### Our findings

People's care plans and risk assessments were not always reviewed monthly in the line with the provider's policy and therefore changes to people's needs were not consistently reflected in their care plans. For example, one person's care assessments had not been reviewed since October 2015, whilst another's care plan had assessments which had not been reviewed monthly. Additionally, while people's weights were recorded monthly, this information and the potential impact on people's wellbeing had not always been documented in people's care plans. The information had not always been shared with staff. The registered manager was aware of this and was already taken action to ensure information regarding people's weight were clearly documented and communicated.

People's care plans contained monthly key worker review records. These records were completed by the person's key worker on a monthly basis with the aim of documenting the things people had done that month and the involvement they had from their relatives or other visitors. A number of key worker review records contained very brief information which did not always reflect the support people had received. For one person, the same information was repeated over a number of months, stating that there was no family involvement. Relatives told us that people were involved in activities, however these were not always documented. One relative told us, "I think they go out, however I'm not always sure if they do." Another relative said, "There is always something going on." They told us this was not always documented.

Whilst people's care records provided clear details about their health and care needs, they were not always personalised. We discussed these records with the registered manager, who agreed they did not reflect the support people received and were not personalised to people. The registered manager was hoping to discuss new paperwork with the regional manager, and to introduce pictures of people enjoying activities or events in their care records.

Care staff did not always keep records of people's medical appointments and the outcome of their appointment. For example, one person needed support from their dentist which was recorded. However, there was no recorded evidence to suggest that this was followed up. When we discussed this with care staff, they were able to tell us the support people received.

The service did not always keep an accurate and current record of people's care needs. People's records did not always reflect their personal needs and the support they received. These concerns were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

People's care plans included information relating to their social and health care needs. They were written with clear instructions for staff about how care should be delivered. For example, one person's care plan documented how staff should support them with a daily bath and the positive impact water has on the person's well being, helping them to be relaxed. Staff had clear guidance on how they should involve the person and ensure they were protected from the risk of scalding.

People's relatives told us they were informed if there were any changes in their loved one's care. Two people

living at the home, had an independent advocate visit them on a monthly basis. Staff told us they discussed people's care with their advocate and ensured information was clearly recorded on daily journals for each person. One relative told us, "We're always kept informed. If [relative's name] has a fall or is ill they're quick to act."

People were supported to go on annual holidays, and where relevant spend time with family. For example, one person liked to go on annual holidays, which their relatives encouraged. The person was looking forward to their next holiday. Staff talked to the person about going on a plane and enjoying their holiday. The service ensured two members of staff went with the person to ensure they had a safe and enjoyable holiday. Another person's relative spoke positively about how their relative was taken on holiday, they told us, "They were supported to go to Devon, by two staff. We (family) stayed nearby and spent time together."

People were supported to spend their days as they wished. People were engaged with puzzles and were supported to go out on trips. On the second day of our inspection, people were taken to Weston Super Mare, while some people enjoyed a trip into Gloucester. One relative told us, "They [relative's name] likes doing a jigsaw, they respect people, don't just put the TV on."

The registered manager kept a record of complaints and compliments for the service. No complaints had been received by the service in 2016. The registered manager told us they responded to any concerns people may have. One relative told us they felt the registered manager would respond to any concerns they would raise. Another relative said, "No complaints." The home had a complaints procedure which was also available in an easy read format, alongside other documents such as the safeguarding vulnerable adults procedures.

The registered manager arranged for there to be quarterly home meetings. These meetings enabled people to be involved in discussions around key events, such as Christmas and also ensure people had the information they needed. The provider held "Your Voice" meetings, where people from the provider's other homes were able to meet to discuss ideas. The aim of these meetings was that an attendee from each home would act as a delegate. Staff told us one person had been supported to attend these meetings.

## Is the service well-led?

### Our findings

The registered manager and staff carried out audits around the service, such as fire safety, the environment and medicine management. However actions identified were not always completed. For example, environment audits carried out in 2015 identified some actions were needed to ensure the garden was safe for people to use, as well as replacing some audio equipment within the home. These actions remained outstanding. The registered manager and staff told us they had raised concerns around the home's garden and the décor of some people's bedrooms to the provider which had been recorded. We discussed this with the registered manager however there was no documentation of the reason why remedial action had not been taken.

The registered manager carried out checks around the staff training and competencies, as well as medicine management audits. The concerns we had identified around people's care records were being addressed by the registered manager and the regional manager. The registered manager had identified some care records which were not always effective in identifying the needs of people living at Alexandra House due to their complex needs.

The registered manager informed us that staff surveys were completed annually. They showed us feedback from the last staff survey. The results of the survey were unclear. The registered manager told us this had occurred as the questions in the survey were not always clear and therefore did not always provide constructive and reliable feedback from staff. The registered manager told us these concerns had been raised higher and would be used to improve the next staff survey.

The service did not always have effective systems to enable them to use audits and feedback to improve the quality of the service people received. These concerns were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

The registered manager monitored the performance of day and night care staff employed at the service. Evidence of spot checks they had completed at night were documented, including any outcomes or actions. These checks ensured the registered manager was happy with the performance of staff.

The service carried out an audit of people and their representatives views. We saw feedback received from the last survey was positive about the service. This outcome had clearly been recorded. The registered manager told us they liked to receive feedback from people's advocates and other healthcare professionals, to ensure they had information which was relevant to people's needs. One relative told us, "The manager is really approachable."

People were protected from risk as the registered manager ensured lessons were learnt from any incident and accidents to protect them from further harm. They used this information to identify any trends around accidents and incidents.

The deputy manager had recently been recruited. The deputy manager told us their position was to provide

support to the registered manager and care staff within the home. They spoke positively about the support they had received from the registered manager and was looking forward to helping the home improve. The registered manager spoke positively about this change, and the additional support it provided them. A healthcare professional we spoke with told us they felt the home was "adequate and improving."

Care staff spoke positively about the registered manager. Comments included: "They're really approachable if there is anything you need", "They really helped me out, they understood my needs," and "Very supportive. He's brilliant with me. He also helps out if we need it, he cares". One person smiled and laughed when we talked about the registered manager.

The registered manager had developed a clear culture for the home. Care staff were aware of and agreed with this culture. This culture focused on respecting people as individuals and ensuring people lived full lives with lots of stimulation, such as going out into the community. Staff spoke positively about the culture and how they supported people to go out everyday if they wished, such as a small trip to a local park or shopping, or visiting a seaside destination. Comments included: "We treat people as individuals. We know what's important to them, we help them go out everyday" and "The manager encourages us to support people to go out. It's important as we don't stay in all day."

The registered manager used team meetings to ensure staff had information they needed about people, day to day issues and concerns. In a recent team meeting the registered manager discussed issues around cleanliness in the home and implemented new checklists to ensure the home was kept clean and staff followed their duties. Staff were also thanked for their support in a recent time of difficulty within the home.



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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service did not have effective systems to monitor the quality of the service. Where concerns had been identified, appropriate action was not always taken. The service did not maintain an accurate, complete and contemporaneous record in respect of each person using the service. Regulation 17 (1) (2) (a) (b) (c).</p> |