

Alexandra House

Alexandra House - Ludlow

Inspection report

Poyner Road
Ludlow
Shropshire
SY8 1QT

Tel: 01584872412

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Alexandra House is a residential service which provides accommodation and personal care for up to 22 older people. At the time of our inspection visit, 19 people were living at the home.

People's experience of the service and what we found:

People were cared for by staff in a way that kept them safe and protected them from avoidable harm. Enough staff were available to respond to people's needs in a timely manner. People received their medicines when they needed them, and systems were in place to ensure medicines were stored and administered safely and adequate supplies were available. Accidents and Incidents were investigated, and measures were taken to prevent re-occurrences. The premises were clean, and staff knew and followed infection control principles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were cared for by staff who were kind and caring, the atmosphere in the home was friendly and relaxed. We observed staff interacting with people as equals. People were involved in making decisions about their care and were supported to maintain their independence.

People gave us positive feedback about the quality of care they received. The feedback on the leadership of the service and the registered manager from people and staff was positive. There were effective governance systems in place to monitor the quality of service and the health, safety of welfare of people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good; published (24 November 2017).

Why we inspected

We inspected this service due to the length of time since the previous inspection.

We undertook a focused inspection to review the key questions of safe, caring and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Alexandra House on our website at www.cqc.org.uk.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.
Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service well-led?

Good ●

The service was well led.
Details are in our well led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector.

Service and service type

Alexandra House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Alexandra House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there were 2 registered managers in post.

Notice of inspection

The inspection was unannounced

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We contacted the local authority and Healthwatch for feedback about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people using the service. We also spoke with 8 staff including the registered managers, deputy manager, seniors, and care staff.

We reviewed a range of records. We looked at 3 people's care plans and medicine administration records. We looked at 4 staff files in relation to recruitment and staff supervision. We received information from 5 healthcare professionals who have regular contact with the service. A variety of records relating to the management of the service were also reviewed, including training records, complaints, compliments, incident records, quality assurance processes and various policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- People we spoke to told they felt safe at the home. One person told us, "The staff here are fantastic and always make sure we are safe".
- Staff were knowledgeable about the different types of abuse and were able to tell us what they would do if they had any concerns.
- Records showed that safeguarding was a regular topic at staff meetings and guidance was displayed throughout the home.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Risk assessments showed that people were involved in the management of their safety and where this was not possible the reasons were recorded.
- Staff we spoke to were knowledgeable about the risks to the people they supported and how they could keep them safe from harm.
- The provider had a fire risk assessment and the people living there had personalised emergency evacuation plans written for them, identifying their needs in the event of an emergency. These plans were tested with regular fire drills.
- Regular checks were carried out on the fire alarm, emergency lighting and fire doors.
- Checks of equipment, water hygiene and of gas, electrical and fire safety systems and equipment had been carried out by registered contractors as required by law. Regular 'in-house' checks of, for example, fridge/freezer and hot water temperatures had taken place.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff and staff were recruited using safe recruitment processes.
- People were complimentary about the staff, one person said, "The staff are brilliant, they are always willing to go above and beyond for me."
- A family member told us, "Credit should be given to all members of staff here as they are all totally dedicated to the care they give".
- Staff had been recruited safely. Records were maintained to show that checks had been made on employment history, references and the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safe recruitment decisions.

Using medicines safely

- People received their medicines safely. They were ordered, received, stored, and administered appropriately.
- Daily stock checks along with weekly and monthly audits of medicines were in place to ensure medicines were given as prescribed and managed safely.
- Individual medicine support plans were in place to ensure a person-centred approach to administering medicines. Records contained a description, dosage, and any specific instructions for staff to follow.
- There was clear guidance available for medicine's that were to be given 'as required' such as paracetamol for pain relief. Staff were familiar with this guidance.
- The service proactively supported people's medicines usage and worked with professionals to reduce the use of unnecessary medicines.
- Staff who administered medicines had been trained to do so and had their competency regularly checked to ensure safe medicine administration.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- There was a robust system in place for recording accidents and incidents and staff knew what to do if someone had an accident. Records had been completed and were up to date. Professional advice was sought, if necessary, for example, from the GP or emergency services.
- Accidents and incidents were reviewed to identify where lessons could be learnt, and actions were taken to prevent recurrence.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act.
- The service had a flexible approach to any restrictions it imposed on people, keeping them under constant review, making them in a time-limited way, and only when absolutely necessary.
- Where people had restrictions of covert medicines, we saw these were only enforced as the last resort and were legally authorised. Reviews of such restrictions were under constant review in line with the principles of the MCA.
- Staff had completed training in MCA and had a clear understanding of how to support people in line with the principles of the act. One member of staff told us, "We support people's best interests and in the least restrictive way. We support them to make choices, even unwise ones."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question outstanding. At this inspection the rating the rating for this key question has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a strong and visible, person-centred culture at the service. We observed staff were offering care and support that was compassionate and kind. This positive culture was because staff had built trusting and positive relationships with people they cared for.
- A relative told us, "The relationship between staff and [my relative] is amazing to see. I have never experienced a negative atmosphere in the home".
- People were treated as individuals and their diversity was identified during initial assessments and discussions and where required adjustments were made.
- Where possible people were supported by staff with similar interests. One person told us they had their favourite carer supporting them and another told us how they have chats with their carer about a mutual hobby.

Supporting people to express their views and be involved in making decisions about their care

- People were asked what was important to them through meetings, surveys and care reviews. Action was taken to ensure this was recognised and reflected in the planning of their care and support. For example, records showed that people had requested changes to the menu and we saw that this had been actioned.
- People were involved in all aspects of their care and when they were unable to, a reason was recorded.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and their independence promoted. One person said, "Staff respect my privacy, they always knock and always treat me with dignity".
- Staff recognised and understood the importance of empowering people to be as independent as possible.
- Care records showed the service learned about people's wishes, needs, life history, preferences, interests and key relationships in order to provide personalised care.
- People were supported with appropriate aids and equipment, to enable them to be as independent as possible.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure that passionately promoted person-centre care.
- Staff spoke positively about the management team and said they were well supported. They told us that the registered manager was always available to discuss any concerns they had but there were opportunities to do this through staff meetings, coffee and chat sessions and supervisions.
- Professionals working with the home were equally complimentary about the management, one told us, "(registered manager) is a caring leader with a great team under her and I can see that management of the home is second to none".
- The registered manager had developed champions in the staff team to take responsibility for medicines, infection control and health and safety and training.
- Regular governance checks and audits were carried out by staff at the home and the provider and these were effective at identifying where improvements could be made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive culture which was person-centred, open and inclusive. The provider had a clear vision for the direction of the service which demonstrated ambition to be the very best they could be, with a desire for people to achieve the best outcomes possible.
- People's views contributed to the delivery of high-quality, person-centred care. There was open communication between the provider, registered manager, staff and people who used the service to ensure everyone's voice was heard.
- There was a strong emphasis on learning from feedback, striving to improve. All of the staff we spoke to told us that there was a positive atmosphere at the home, one staff member said, "This place is brilliant, great managers, seniors and staff and the people we support are great". A family member said, "Each time I have visited the home, the atmosphere has been cheerful, happy and full of joy".
- The registered manager was supportive of the staff team. For example, they had arranged for the local mental health team to bring their mobile clinic to the home and staff were encouraged to visit it if they wished.
- Feedback from people and relatives was extremely positive. One person told us, "The staff always go above and beyond". A relative said, "They are living the best life they can".
- The registered manager recognised staff achievements and hard work, knowing that this would support

staff to feel valued, remain motivated and drive excellent care provision.

- The provider encouraged regular feedback both formally and informally through a range of surveys, meetings, phone calls and email updates. The registered manager told us this provided people and relatives with different opportunities to be involved in the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). We found incidents had been recorded, investigated, and reported as required.
- Openness and honesty formed part of the service's values.

Continuous learning and improving care

- The registered manager had created a strong culture of continuous improvement where people and staff were empowered to make suggestions about how the service could be improved. We saw that they were listened to, and actions were taken.
- The home had a annual improvement plan which identified weaknesses and had an action plan to address them.
- We saw examples of where an adverse incident had been reflected on and used to identify improvements

Working in partnership with others

- The provider worked in partnership with a number of different health and social care professionals to support people's needs.
- Healthcare professionals spoke positively about the working relationships they had built with the management team and staff. Comments included, "They always take on board any recommendations, I definitely feel we have a good relationship".