

Cuerden Developments Ltd

# Cuerden Developments Limited - Alexandra Court

## Inspection report

Alexandra Court  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Alexandra Court is an intermediate care home providing a time limited period of assessment and rehabilitation for people who have had a hospital admission but are not ready to be discharged home safely. Some people were also referred to the home from the community. It is a purpose built building on 2 levels, with bedrooms, shared communal areas and bathrooms on both floors. The service can support up to 40 people and was providing care to 35 people at the time of the inspection.

### People's experience of using this service and what we found

We identified issues with the environment: Managers responded immediately and put in place an immediate action plan to address the issues we raised. Safeguarding concerns were managed appropriately, and staff knew how to recognise and report any issues. Staff felt well supported by managers.

Systems for managing medicines were safe and staff had completed appropriate training. Individual risks to people were assessed and monitored. Appropriate health and safety certificates were in place. Measures were in place to help ensure the safety of people using the service. Infection control and prevention measures were in place.

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 told us staff were caring and kind.

Care plans included relevant health and personal information. Systems were in place to ensure audits were recording and addressing any shortfalls identified. Staff engaged well with people who used the service and their relatives. Staff worked alongside a number of other professionals and agencies.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 25 August 2021)

### Why we inspected

We received concerns in relation to staff attitudes, staff not responding to nurse-call buzzers, and people's hydration needs not being met. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe and Well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alexandra Court on our website at [www.cqc.org.uk](http://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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Cuerden Developments Limited - Alexandra Court

## **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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Alexandra Court 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 Court is a care home with 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 was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with the director, a quality assurance manager, the clinical lead, a nurse, the office administrator and 3 care staff. We spoke with 8 people and 5 relatives about their experience of the care provided. We looked at 5 staff personnel files in relation to recruitment and supervision. We looked at 6 people's care files and associated care and medication records. A variety of records relating to the management of the service, including policies and procedures, audits and governance records were reviewed.

# 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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. The provider's safeguarding policy and procedure had recently been reviewed and was up to date.
- A safeguarding log was in place and bi-monthly meetings were held with the local clinical therapy staff to discuss any concerns and to add updates and actions. Staff had been trained in safeguarding. Some relatives told us they had raised concerns but were unsure of what had happened. We raised this with the quality assurance manager who provided us with an update which showed actions had been taken regarding each concern.
- People told us they felt safe living at the home, and relatives confirmed this. A person said, "I feel safe here in the home. I have been here a couple of days. I have a physiotherapist who supports me to start walking again and I have a buzzer by me at all times if I need to call for help. My belongings are safe here." A second person told us, "I feel safe here, there are lots of staff that look after me. I have a buzzer to call for help; when I use it, they [staff] get to my room quite quickly." A relative told us, "I feel [person] is safe; the staff are doing a very good job. When [person] first came here, staff called the hospital to check about [person's] needs. [Person] hasn't complained that they have been left for long periods without help and I know they have a buzzer for an emergency."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff assessed risks to people's health, safety and wellbeing. People had risk assessments in place which included any factors that might affect the person, and the action for staff to take.
- We observed people had plenty of drinks in their bedrooms and in communal rooms. A person told us, "The staff here are looking after me well. I have no complaints at all. There are plenty of staff around I see the same faces all the time, so when I use my buzzer, someone arrives to see what I need quickly. I feel safe because I need one carer to help me get to the bathroom when I use my Zimmer and there has always been someone to help me."
- Risks assessments regarding the environment had been completed. However, some areas of the building including shower rooms needed upgrading to ensure they did not present an infection control risk. Other areas needed repainting, some bedroom wardrobes needed securing to the wall and some portable appliances needed re-testing. Other areas of the building were cluttered. These issues had been addressed by the second day of the inspection and improvement work to the environment was underway. An action plan to address any outstanding areas was in place.
- The provider had a system in place to have an overview of any accidents, incidents or near misses. Staff knew how to report accidents and incidents. Managers analysed information and identified any contributing factors and trends, to avoid a repeat.

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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA.
- People's capacity to make decisions had been assessed. A person told us, "The lady [staff] who cared for me today and dealt with my leg was very good. The staff are polite and ask permission to support me. I am able to make choices, I can decide what to eat, when to get up and when to go to bed. If I call for help, I don't have to wait long for someone to attend to me." A second person said, "I am given choices. I can choose my meals and staff make sure I have an option of my choice. I am provided with drinks all day long; I am well looked after. I can also choose when I want to go to bed or get up."

#### Staffing and recruitment

- Staff were recruited safely and had the necessary safety checks in place before starting work, including a criminal record check to confirm they were suitable to work with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff told us they completed a period induction, shadowing other staff and getting to know people before starting to work alone. A staff member said, "This is one of the best places I have worked at for staffing levels; there are always enough staff on duty, and we help out where needed. When I started, I had to shadow other staff for one week and am really enjoying it." However, some staff did not have a formal record of induction. We discussed this with the director and quality assurance manager, who assured us an immediate audit of staff personnel files would be completed to ensure this information was recorded.
- There were enough staff employed with the right training and skills to meet people's assessed needs. A person told us, "I feel the staff are well trained. The doctor has visited me, and he introduced himself. The physiotherapist has visited me every day." A second person said, "The staff are well trained; they have changed my dressing very well. The staff talk to me and ask if they can do things for me before they do anything."

#### Using medicines safely

- Medicines were managed safely, and people received their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- People's ability to administer their own medicines had been assessed, and self-administration forms were kept in people's medicine files. Pictures of people were kept, avoiding the potential for errors.
- Protocols to support staff to administer 'as and when' (PRN) medicines were in place.
- Topical cream administration records and some medication administration records did not always have 2 staff signatures. No harm had occurred to people and the clinical lead took immediate action to resolve these issues during the inspection.
- Regular medication audits had been completed, and where necessary actions for improvement had been identified and taken. Staff who administered medicines had been trained.

#### 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

- The provider was following government guidance for safe visiting and at the time of the inspection visiting was not restricted.

# Is the service well-led?

## Our findings

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. The rating for this key question 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- The service promoted openness and honesty. Staff knew people well and involved them in discussions about their care; we observed this during the inspection. People felt staff were kind and caring. A person told us, "All the staff are very kind. They [staff] can't help enough. They are getting to know me a little. They respect my privacy and dignity as they will let me have the door shut if I want a little nap on my bed. The physiotherapist is trying to help me become more independent. They have helped me understand how to get to the bathroom, and have explained about sitting down near the sink and how to use my crutch correctly."
- The director, quality assurance manager and clinical lead were proactive throughout the inspection in demonstrating how the service operated and how they worked to drive improvements. Issues we identified at this inspection had been immediately discussed with staff and actions for improvement identified.
- The registered manager was aware of their regulatory requirements and knew their responsibility to notify CQC and other agencies when incidents occurred which affected the welfare of people who used the service; our records confirmed this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff understood the importance of their roles and responsibilities.
  - Improvements were being made to the overall environment in the home, including the creation of a new family room to enable more family members to visit at the same time, providing more clear information boards around the building and creating a more friendly environment by purchasing items such as ornaments, flowers, pictures and new televisions.
  - The provider recognised and valued the hard work and commitment of staff and there was a long standing and consistent team of staff in post. Some staff felt more frequent team meetings and one-to-one supervisions would be useful; we fed this back to the director and quality assurance manager who accepted this suggestion, and provided us with notes of meetings already held.
  - Governance systems ensured the registered manager and provider had oversight of the service. Auditing systems were in place to monitor and maintain a good standard of care for people.
- Improvements were being made to the overall environment in the home., including the creation of a new family room to enable more family members to visit at the same time, providing more clear information boards a round the building and creating a more friendly environment by purchasing items such as ornaments, flowers, pictures and televisions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Managers and staff encouraged everyone involved with the service to express their views on a day to day basis about how it was operated. Each person was supported by familiar and regular staff who ensured as far as they were able, that the person's views were considered. A relative told us, "The staff are very good. They do everything [person] needs and since [person] has been here, [person] has been eating very well. When I am here, they [staff] make me feel very welcome. I feel the staff are very supportive and friendly. I did have a concern when [person] came in, I told them [staff] about [my concern] and they have responded."
- Staff said managers were approachable and available should they need to raise any concerns. A staff member said, "I feel confident in raising concerns and I can tell the registered manager anything. The clinical lead is also great, and I can speak to any one of them anytime." A second staff member told us, "The manager is very approachable and very good at her job. She is very fair with all of us; one of the best I have had and gets very involved with everything."
- Records showed a multi-disciplinary approach in meeting people's needs and responding to any changes. Therapy staff were based on-site at the home and worked alongside care staff in meeting people's assessed needs. A person told us, "I haven't been here long, but the home seems to run smoothly. The home has good staff that are friendly and polite. When staff walk past my room, they call out to see if I need anything. Overall, the home is meeting my needs, they are doing everything to enable me to go home again and they are making me feel very comfortable."