

Eastgate Care Ltd

Alexandra House - Eastwood

Inspection report

Wroughton Court
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Date of inspection visit:
20 June 2023

Date of publication:
10 July 2023

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 House is a care home providing personal and nursing care for 25 people, some of whom were living with dementia, at the time of the inspection. The service can support up to 38 people in one adapted building across two floors. At this inspection we found improvements had been made and the home was no longer in breach of regulations.

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

Robust systems were in place to ensure people received their medicines when they required them, this included time specific medicines.

Risk assessments contained detailed information to keep people safe. Falls management was monitored and analysed to note themes, trends and when other professional involvement was required.

We were assured the provider was following infection control guidelines.

Systems were in place to ensure staff were deployed for people to receive effective care and treatment. However, we had mixed comments from people and staff with regards to the level of staff at busy times.

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.

The management team showed leadership and were clear about their roles. They were open and honest and we received positive feedback on the management of the service.

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

Rating at last inspection and update

The last rating for this service was Requires improvement (25 August 2022) with three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We last inspected the service in August 2022 and at that time we had concerns regarding storage of medicines, infection control, managing risks to people, staffing levels and governance of the home. Alexandra House was rated required improvement overall.

This inspection was carried out to follow up on action we told the provider to take at the last inspection. 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 House Eastwood on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was not always well-led.

Details are in our well-led findings below.

Alexandra House - Eastwood

Detailed findings

Background to this inspection

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 Care Act 2014.

Inspection team

The inspection was carried out by 1 inspector 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 House is a care home providing personal and nursing care for 25 people, some of whom were living with dementia, at the time of the inspection. The service can support up to 38 people in one adapted building across two floors. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The service did have a manager registered with the Care Quality Commission.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke to 7 people and 3 relatives. We observed the environment of the home and the interaction between people and the staff. We spoke with 6 members of staff including, the provider's representative, the deputy manager, the nurse, 2 care workers and housekeeping staff.

We reviewed a range of records. This included 4 people's care records and medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service including 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 Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

At our last inspection we found people who required medicines at a certain time of the day did not always receive them as per their medication administration record (MAR). Access to the medicine login was not safely stored or shared safely with other relevant staff. Records for recording temperatures to ensure medicines were kept at a safe temperature to ensure they would be effective had not been recorded consistently. Sharp bins were not identified as when first in use and some were not secured containers. At this inspection enough improvement had been made and the provider was no longer in breach of this regulation.

- The provider's representative told us there was no one on time specific medicine at this time, however, they had put robust systems in place to ensure people received their medicines in a timely manner. For example, the deputy manager had changed the time some people received their medicine so they could take it before they had food. This was in line with guidance on how to take the medicines.
- People we spoke with told us they had received their medicines on time and in the usual way.
- People had a good understanding of what their current medicine needs were. One person outlined to us the medicine they took regular and when they should receive it.
- We checked the medicine room, fridge temperatures, sharp bins and fridge where medicines were locked away. The medicine room, fridge temperatures and sharp bins were in line with current medicine guidance and consistent records were being completed. However, we found the fridge was unlocked. The provider's representative told us this was an oversight as it was the nurse on duties responsibility to ensure the fridge was kept locked. The provider addressed this with the nurse on duty after our inspection.

Assessing risk, safety monitoring and management

At our last inspection care plan reviews were not robust to ensure all updates were completed and care plans were relevant to people's needs.

At this inspection enough improvement had been made and the provider was no longer in breach of this regulation.

- Risks to people were fully assessed and monitored to keep people safe.
- Risk assessments were detailed and gave clear instructions to staff how they should keep people safe. For example, pressure relief mattress checks had clear information to ensure they were set to the correct

settings to prevent the risk of people developing sore skin. Records were clearer to identify repositioning had taken place. Wounds were photographed regular to identify if the healing process was positive or negative, so relevant action could be taken.

- Falls management was recorded and analysed to ensure people received effective care. Where people were at high risk of falling this was identified in their care plan and relevant risk assessments completed. We saw where healthcare professionals had been involved, such as the falls team. For example, a person had a fall during the inspection. The person's care plan and risk assessment were updated immediately, and action taken was discussed with relevant members of staff.
- Care plans were reflective of people's needs. The provider had introduced a process for resident of the day. This meant staff could focus on the each individuals changing needs and update care plans and risk assessments in a timely manner.
- People's personal emergency evacuation plans in the event of fire had been reviewed and updated to give staff enough details on how to evacuate people from the home in case of fire or an emergency.
- Water testing was accurate and in line with health and safety legislation.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

Visiting in care homes

- Visiting was supported in line with current government guidance relating to the COVID-19 pandemic.

Staffing Levels and recruitment process

At our last inspection the provider was unable to demonstrate they could ensure sufficient staff were recruited and deployed to keep people safe. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of this regulation.

- The provider demonstrated improvement where staff had been deployed and the use of an allocation sheet had a clear audit trail to identify the people and area staff were overseeing.
- The provider used a dependency tool to identify the number of staff required to meet people's needs. Staff rota's identified shortfalls in staff cover. Cover was mainly provided by agency staff. The number of staff on duty were consistent with the rota.
- We received mixed comments from people, relatives and staff in regards the number of staff employed. One person said, "I sometimes had to wait for personal care or to go to the toilet because the service was short staffed." Another person said, "Whatever I ask for they do but I cannot ask too much because there are all the other people to see to." A third person told us they were concerned with the number of agency staff used, but felt staff were fabulous. They said, "I have a good relationship with them."
- Staff told us they could do with another member of staff, and this had been raised with the management.

One staff member said, "Although there was more agency staff used there was a good mix of staff and enough staff to meet people's needs." The provider's representative confirmed discussions had taken place with staff regarding another member of staff may be required at busy times to support with the morning shift. They told us this was under review.

- Staff recruitment procedures were followed. We reviewed two new staff and relevant safety checks had been made to ensure they were suitable to work within the home.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and people felt they were safe living in the home.
- Staff confirmed they had received safeguarding training and that they would not hesitate to report any concerns relating to people's safety.
- When safeguarding concerns were identified they were managed by the registered manager. Appropriate referrals to the local authority and CQC were made in a timely manner.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff were aware of the principles of MCA and DoLS. Where people had restrictions in place DoLS were applied for to ensure people's rights were protected. Where there were concerns with people's ability to make decisions for themselves, mental capacity assessments had been carried out, this ensured decisions were made in people's best interest.

Learning lessons when things go wrong

- The provider's representative told us lessons learnt since the last inspection was the importance of management oversight to ensure the service runs efficiently.
- The provider was in the process of promoting a member of staff to registered manager status. This registered manager will be supported by the current registered manager to ensure the of improvements made will continued to be sustained.

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 the last inspection this key question was rated as Requires Improvement. At this inspection the rating has changed to 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; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care.

At our last inspection the provider had failed to ensure that effective governance processes were in place to help to identify, monitor and act on the risks to people's health and safety. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of this regulation.

- The provider had completed an action plan following our last inspection outlining what actions they will take to improve the quality of the home. At this inspection we found improvements to the environment, governance and management systems were made.
- Governance and performance management processes had improved, for example, Systems to manage and assess risk had been updated. Care plans had been reviewed and where required mental capacity and best interest had been identified and was reflective of peoples needs. Wound care was more robust with body maps, photos of wound development and repositioning charts clearly identified how often a person was repositioned for a clear audit trail of wound prevention and care. The management team had clear oversight of the service and how it was run.
 - The provider had updated their policies and procedures to reflect current regulations and guidance. For example, the infection control policy incorporated guidance for Covid-19 and other infections. The provider's medicine policy was being adhered to.
 - Incidents and accidents were consistently monitored and analysed. There were clear records to identify themes, trends and when other professionals were involved with people's care.
 - General Data Protection Regulation (GDPR) was adhered to. Since our last inspection improvements had been made in relation to how people's confidential information was managed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We received positive feedback from people and staff regarding the new management support. We were informed of the management changes to be implemented.
- Relatives expressed the confidence they had in the staff who cared for their family member. The relative

said, "The staff are marvellous. They let us be involved with care and support, we attend daily.

Working in partnership with others

- The registered manager had worked in partnership with healthcare professionals.
- Care plans were updated to reflect when health care professionals had been involved with people's care. For example, one person's care plan stated, 'reviewed by Primary Integrated Community service (Pic) team consistently.' We also observed Pic meetings taking place during our visit.
- We spoke with a visiting professional who gave us positive feedback on staff support and how they were very respectful to people.