

Tameng Care Limited

Alexandra Care Home

Inspection report

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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 Care Home is a residential care home providing personal and nursing care to up to 48 people. The service provides support to older people over two floors, fully accessible to all. At the time of our inspection there were 32 people using the service.

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

Medicines were managed safely across the home. People told us they felt safe living at Alexandra Care Home. Clear procedures were in place for the reporting of incidents, accidents and safeguarding concerns to prevent further occurrences. Where a significant incident had taken place, detailed investigations took place and any improvement actions identified were implemented.

People spoke positively about the support they received from the staff team and said they were treated with dignity and respect. Effective procedures were in place for the safe recruitment of staff.

Risks to people's health and wellbeing had been assessed and guidance was available for staff to support people safely. Regular checks and maintenance of the service took place to provide a safe environment for people to live.

Governance systems were in place to monitor and assess the quality of care people were provided with. Through these systems, the registered manager had identified areas of improvement needed in the content and level of information needed in records and care planning documentation.

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.

Staff felt supported in their role and regular meetings took place to share information about the service. The registered manager worked in partnership with other external agencies and professionals to promote and meet the needs of people living at 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

The last rating for this service was good (published 5 September 2018).

Why we inspected

This inspection was prompted in part by information received from the coroner following investigations into the death of a person. As a result, we carried out this inspection to review changes made by the provider following their investigation.

We found evidence during this inspection that systems and procedures had been reviewed and changes implemented following the providers investigation.

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.

The overall rating for the service remains good.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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

Recommendations

We have recommended that the provider considers current guidance and continually reviews the quality and detail of records and takes action to update their practice accordingly.

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 well-led findings below.

Is the service well-led?

Good ●

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

Alexandra Care Home

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 a medicines inspector.

Service and service type

Alexandra Care Home 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 Care Home 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 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 12 people who used the service about their experience of the care provided. We also observed interactions between staff and people who used the service. We spoke with 8 members of staff including the registered manager, nurses, carers and a representative of the provider. We reviewed a range of records. This included people's care records and medication records. We looked at a selection of staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures 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. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Effective recruitment procedures were in place. The management of recruitment documents was carried out off site by the providers recruitment team. Not all of the recruitment records were fully accessible to the registered manager. We discussed this with the provider who told us this was a learning point to be shared across the organisation.
- Sufficient numbers of staff were on duty to meet the needs of people.
- People spoke positively about the support they received from the staff team and said they were treated with dignity and respect. Comments included, "Staff are belting. They really made me comfortable to settle in. Staff are what make it. I'm very comfortable, feel safe" and, "Staff are very kind. I wouldn't been here for 2 years if they were not. Very happy, very comfortable."
- People were supported by staff who knew them well and it was evident that positive relationships had been formed.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to record and act upon any safeguarding concerns or allegations made. Records showed that appropriate action had been taken and relevant referrals made to professionals.
- Staff knew how to identify and respond to any incidents of concern.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being had been assessed and guidance was available for staff to follow. We identified a number of documents requiring further information to be recorded. We have reported on this further in the well-led section.
- Where people required specific care and support, records were being completed. For example, to show that re-positioning had taken place for people for pressure relief.
- Where people needed their food and drink intake to be monitored due to risks associated with poor diet and fluid, records were maintained showing what and how much food and drink had been offered and/or consumed.
- Systems were in place for the on-going monitoring and maintenance of equipment and people's living environment.

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)

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Systems were in place to continually monitor the application of MCA for people.
- Where required DoLS had been applied for/renewed for people.
- Best interest decisions had been made on behalf of people when they were unable to make specific decision for themselves.

Using medicines safely

- Medicines were stored in a clean and tidy environment including controlled drugs (medicines liable to misuse.) All temperature monitoring and medicines recording were being completed as per national guidelines.
- There was a safe process in place and adhered to for people receiving time sensitive medicines. This meant that people were receiving their medicines as instructed.
- Medicines audits were being completed and any issues raised were dealt with in a timely manner.
- Person centred care plans and PRN (when required medicines) protocols were in place in most instances. We found there was no PRN protocol for 1 person, but this was rectified on the day of inspection.
- Topical charts and body maps to show where to apply creams were generally in place. For 1 person the body map to show where to apply topical medicine had not been completed.

Preventing and controlling infection

- Clear procedures and practices were in place to maintain a clean and hygienic environment for people.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy and procedures were up to date.

The provider was following current guidance for safer visiting within the service.

Learning lessons when things go wrong

- Systems were in place for the management and oversight of incidents.
- Accidents and incidents were recorded by staff and reviewed by the registered manager and provider to minimise the risk of recurrence.
- Following a specific incident, the provider had carried out investigations, identified areas of improvement and implemented changes. These changes included training and support available to staff.

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. 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.

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

- Governance systems to check the quality and safety of the service were in place.
- We identified areas of improvement needed in relation to the recording of people's care planning and identified risk to individuals. More detailed information was required as to what staff were to consider when delivering care to people with specific health conditions and records of on-going monitoring of people's care and support. The registered manager had identified that improvements were needed and was in the process of making changes to address this.

We recommend the provider consider current guidance and continually review the quality and detail of records and take action to update their practice accordingly.

- The registered manager maintained detailed records of investigations into complaints, concerns and incidents which identified continuous learning to improve the service people received. The provider had a system in place for the monitoring and reviewing of all incidents.
- Regular oversight and checks were in place to monitor and maintain the safety of 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 registered manager and provider understood their legal responsibility when things went wrong. They were open and transparent during the inspection and showed a commitment to continually making improvements to the service.
- Following a significant incident reported to the coroner, the provider had taken appropriate steps to fully investigate, report and make changes in line with their legal responsibilities.

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

- The registered manager had a clear understanding of their role and regulatory requirements.
- Staff understood their roles and felt supported by the registered manager.

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

- People told us that staff regularly engaged with them and asked them how they were.

- The registered manager engaged with staff and people in a variety of ways to provide information about the service and gather views.
- Regular meetings were held with staff where updates about the service were given and staff views shared.

Working in partnership with others

- The service worked in partnership with other external agencies and professionals.
- People received care and support from external professionals such as local health care services, the local authority and local GP service.