Marloco Limited

Alexander Residential Home

Inspection report

Victoria Road
Morley
Leeds
West Yorkshire
LS27 9JJ

Tel: 01132532046
Website: www.alexandercaremorley.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Alexander Residential Home is a 'care home'. People in care homes receive accommodation and personal care under a contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

Alexander Residential Home accommodates up to 49 older people and is situated in the Morley area of Leeds. Alexander Residential Home is a residential home providing accommodation for persons who require personal care, some of whom are living with dementia. At the time of our inspection, 49 people were using the service.

This inspection took place on 9 and 13 March 2018. The inspection was unannounced on the first day. This meant the staff and provider did not know we would be visiting. The second day was announced.

At the last inspection, the service was rated Good. At this inspection, we found the service remained Good.

A registered manager was in post. 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 2008 and associated Regulations about how the service is run.

We found improvements were needed to fully ensure records were accurate and completed. Audits did not always have completion dates and care plans had not all been updated after review. Some were without dates. Labelling of food within the kitchen was not always date recorded.

Medicines were managed and recorded safely. 'As required' medicines were administered accordingly and protocols were in place for care workers to follow.

Staffing levels were sufficient to meet people's needs and recruitment procedures were robust to ensure new staff were eligible to work with vulnerable people.

People told us they felt safe and care workers had a clear understanding of the procedures relating to safeguarding and whistleblowing.

Risk assessments were completed and reviewed to support people with specific needs to avoid any harm.

The provider followed The Mental Capacity Act 2005 with capacity assessments documented and best interest meetings recorded, when required. We found consent was obtained from people verbally and formally at annual review meetings.

People were supported with their health and nutritional needs and were provided with a range of food and

drink.

People living in the home had positive relationships with the care workers; they told us care workers were kind and caring.

People were encouraged to be independent and make choices regarding their care. Care workers respected people's privacy and dignity.

Care plans were detailed and included people's preferences, likes and dislikes, which promoted person centred care.

Complaints had been responded to with outcomes recorded. People using the service told us they felt confident to discuss any concerns with the provider. Incidents and accidents were monitored and managed.

Surveys were provided to people, to gather their views of the service. The quality of the care provided was monitored through governance systems which highlighted where improvements were needed.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service has deteriorated to Requires Improvement.	**Requires Improvement**

Alexander Residential Home

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 is 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 comprehensive inspection took place 9 and 13 March 2018. It was unannounced on the first day and was carried out by one inspector. The second day was announced.

Before our inspection, we reviewed all the information we held about the service, including previous inspection reports and statutory notifications sent to us by the provider. Statutory notifications contain information about changes, events or incidents that the provider is legally required to send us. We also contacted the local authority, other stakeholders, and Healthwatch to gather their feedback and views 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection, we spoke with five people who used the service, two relatives, four care workers, one healthcare professional, one advocate, the deputy manager, the registered manager and the nominated individual (provider's representative). We spent time looking at documents and records relating to people's care and the management of the service. We looked in detail at four people's care plans, medicine records, five staff personal files and a variety of policies and procedures developed and implemented by the provider.

Good

Is the service safe?

Our findings

At our last inspection of the service we found the service was safe. At this inspection we found the service remained safe. People living in the home told us they felt safe and 90% of people agreed that they felt safe in the provider's annual survey.

Care workers recognised and reported abuse to help ensure they kept people safe. One care worker said, "It's protecting vulnerable people against abuse such as financial, physical, and psychological. Even not giving someone a drink could be abuse." The provider kept a record of safeguarding alerts which had been reported, however, there had not been any within the last 12 months. Care workers also told us they felt confident to report any concerns and there was a whistleblowing policy in place.

Human rights were taken into account when care planning. For example, one person had provided an advanced statement should they require emergency assistance, and due to their religious beliefs had requested no blood transfusions. This was clearly documented in the person's care plan and reflected the person's wishes.

Risk assessments were implemented when there was an identified risk. For example, one person had been to hospital following a fall where they hit their head. This person's risk assessment was reviewed prior to returning to the home. They were placed on 15 minute observations to monitor health and objects were removed from the bed area to prevent a possible fall that could result in an injury. Risk assessments were regularly reviewed to meet people's needs.

Accidents and incidents were reported and documented on a matrix to check for any trends or themes within the home. For example, one person had fallen several times and actions followed which included physiotherapy support and a referral to the enhanced care homes team for a falls review to see whether the person required additional support. Following these actions the person's fall count reduced significantly.

There were sufficient staffing levels to meet people's needs. One person said, "I've only got to ask and they are there straight away." Staff recruitment processes were robust and background checks were carried out. We saw staff completed application forms, provided references, and a disclosure and barring service check (DBS). A DBS check is completed during the staff recruitment stage to determine whether or not an individual is suitable to work with vulnerable adults.

The management of medicines was safe. Medicines were stored and administered following the provider's policy. Attached with the Medication Administration Records (MARs) were pictures of all medicines for care workers to see. This reduced the chance of errors. MARs were signed by care workers and there were protocols in place for 'as required' medicines. Adverse effects to medicines were recorded on the MARs. Times were documented when 'as required' medicines were prescribed, to ensure staff did not administer over the maximum doses within a 24 hour period.

Relevant health and safety checks were carried out which included electrical tests, gas safety, fire checks

and risks assessments. Equipment checks were completed on hoists and wheelchairs used within the home. People had individual evacuation plans and the dependency of people's needs was updated daily. There was also an infection control policy which staff followed.

Good

Is the service effective?

Our findings

At our last inspection of the service we found the service was effective. At this inspection we found the service remained effective.

People and care workers told us they had the skills and knowledge to carry out their duties. One person commented, "Yes, they (staff) get enough training." New care workers completed a week long induction; however, this was increased depending on experience. To ensure care workers were competent, observations and training were carried out prior to them working alone. Following this, care workers were required to update their training, usually annually. However, not all staff had completed their refresher training. The registered manager used a matrix to identify which care workers were due for training and kept oversight of this.

Care workers told us they were supported through supervisions and appraisals which allowed them to discuss development opportunities. Some care workers had completed their National Vocation Qualifications levels two, three and four. Supervisions were not always recorded, but care workers confirmed they had regular meetings with a senior. One person said, "Yes we have regular supervisions. Everyone is helpful and kind. They ask what training we need and are always there to support."

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. 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 authorisation procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

The provider was working within the principles of the MCA. Care workers received training and had good understanding of the MCA. One care worker said, "First assume that a person has capacity. If there has been a major change or deterioration I would report this to my manager and they would start the assessment process." Capacity assessments and best interest decisions had been completed with the relevant health care professionals and family members, when a person lacked capacity. The registered manager had a register in place which documented people who had an approved DoLS, any in progress and dates for when these needed to be reviewed.

People were asked for their consent. We saw people had signed their care plans and been involved in the review of their care. One person said, "Yes I know what's involved in my day to day care. They come and tell me."

People were supported with their nutritional needs. For example, one person had a choking risk assessment and their food was now liquidised to mitigate the risk of choking on solid foods. People were offered drinks and provided a choice of food. People's weights were recorded to ensure that any loss or increase in weight

could be closely monitored. The chef prepared snacks and smoothies for those who required additional supplements to increase their weight.

Health care professionals regularly attended the home and people told us they were supported to their external appointments. One relative said, "[Name] had back pain and they arranged for the GP to visit and then took him to hospital where he was treated for a gall stone. He's much better now." People had 'lifestyle passports' which included their preferences and care needs should they quickly need to be transferred to hospital.

The provider supported an easy transition for people moving into the home. One person who intended on moving into the home visited weekly with their partner so they could become orientated to the building and build relationships with care workers. One relative told us, "We come every week to the tea party. I can't praise them enough. They offered to meet with me to discuss any of my concerns before he moves in."

Good

Is the service caring?

Our findings

At our last inspection we found the service was caring. At this inspection we found the service remained caring.

People living in the home and their relatives told us care workers were kind, caring and knew them well. Comments included, "I get looked after, I think they are fantastic", "Staff are friendly and they do care", "They are all friendly", "These carers are loving and the care is pouring out of them" and "I like it here, if you buzz they come quickly. The staff are respectful and helpful."

We observed conversation and humour between care workers and people living in the home. This showed us they knew each other well. People knew the names of care workers, the registered manager and the owners. One person told us the owner often visited the home and talked with them. Care plans documented information about people's past employments, family details and interests, which supported care workers to build a relationship with individuals.

People's privacy and dignity was respected at all times. One person said, "They knock on the door and then shut it when they do personal care." People's diverse needs were documented within care files and care workers were aware of these. For example, one person's reduced mobility did not allow them to attend a regular conference related to their religion. However, the home had supported the person to call into the conferences every week to ensure they remained involved with the congregation and allowed the person to stay in touch with friends.

People were asked for their views on a day to day basis and during reviews of their care. We also found care workers kept people informed by providing information and explanations during support. We observed one staff member administering medication. They explained to the person what the medications were and asked if the person would prefer them during their breakfast or after, and said, "It's your choice."

People we spoke with told us they were encouraged by staff to remain independent. One person said, "Staff have encouraged me to start mobilising and now I can get on the commode using a zimmer, (assisted walking aid) which I wasn't doing before." One care worker said, "We encourage people to do things themselves like dressing, but support them when needed."

Some people living in the home used 'Advonet'; this is an advocacy service which supports people to make decisions about their care. We spoke with an advocate who told us, "[Name] always looks immaculate and remains independent which is lovely. I'm very happy with the communication from the home; they contact me straight away which is good."

People's records were held securely. Information held in the office on computers was password protected and documentation was stored in lockable facilities to maintain data protection.

Good

Is the service responsive?

Our findings

At our last inspection of the service we found the service was responsive. At this inspection we found the service remained responsive.

People living in the home told us staff respected their preferences and they were always offered choices. For example, people were asked about their preference for male or female care workers, what time they preferred to go to bed and how they wished their medicines to be administered. One care file stated, 'To dispense medications to [Name] one at a time on a spoon as [Name] is unable to use their hands very well.'

Care plans were person centred and reflected people's individual needs. For example, one person was allergic to mushrooms and asked for this not to be included in their meals. The kitchen staff were aware of these specific needs. Another person requested a specific care worker to shower them and this was accommodated by the home.

Initial assessments took place with people before they were admitted to the home. A care worker said, "We do a pre assessment before they come in and talk to people and ask about their care." Information included people's preferences on bathing, communications needs, likes and dislikes. Annual reviews of care plans took place with people and their relatives to gather their views. Reviews asked if they were happy with the care and if they had any concerns. One person who was unable to read and write told us care workers explained their care plan to them so they could consent to the care being provided.

Some people living in the home were living with dementia. The provider had adapted parts of the home to make this easier for people to find their bedrooms and other facilities. For example, some people had pictures on their bedroom door so they knew it was their room. Toilets in the corridors were painted red and hallways were wallpapered in different colours so people could differentiate between areas in the home. The nominated individual also told us they were continuously looking at ways to improve the home to support those people living with dementia.

There was an activities board in the main hallway which outlined activities for each day, some of these included, weekly tea dances, exercise classes, treasured memories group, shopping trips, ten pin bowling and musical instruments. People were encouraged to attend the activities to prevent social isolation. One person told us, "They come and ask if we want to go downstairs." We observed the tea dance and saw people were up dancing, singing along to songs and smiling.

We found one complaint had been received in the last 12 months. The complaint had been managed effectively which prompted a care review with the person and their family to discuss their concerns and what could be done. People and care workers all told us they knew how to complain. One person said, "I have no complaints. I get looked after."

During the inspection the provider was in the process of moving from hand written documentation to computerised care planning using an online system called 'CSM'. The provider had also purchased new

iPads for the home to make it easy and quicker for daily notes to be typed and care plans to be updated which would allow care workers to spend more time with people living in the home.

Some people living in the home received end of life care to support them in their final days. The deputy manager told us, "The district nurse comes every day, the family have a big input and we try to keep them as comfortable as possible. [Name] has an end of life care plan."

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we found the service was good however, during this inspection we found the provider did not always maintain accurate and robust care records.

Monthly evaluations of care plans took place however, the actual care plans had not been updated in some time. We found one care plan dated 2015 which had not been updated however, an incident had occurred and monthly evaluation notes showed input from the community nurses due to a deterioration in mental health. Although there was a record of the changes within the evaluation notes we were informed that these get archived therefore this information may not always be available and was not documented on the care plan.

We also saw one risk assessment and care plan that had not been dated to show when they were completed. The provider told us they were now implementing an online system and that all care plans would be updated onto this.

One care plan evaluation highlighted a concern about a care worker's mannerisms however; there was no record of how this was managed. The registered manager told us, they had spoken with the staff member personally to address the matter, however this meeting had not been recorded. Before the end of our inspection the registered manager had added a section to the reviews so that actions could be documented.

Supervisions and appraisals had not always been formally recorded although care workers told us they received support. We also found that food within the fridges had not been labelled to prevent possible contamination; this had been rectified before the end of our inspection.

Not all of the policies we looked at had been reviewed. For example, the provider's accident and incident policy was dated 2012 and the supervisions policy did not accurately record how often care workers should have supervision; this was changed during the time of our inspection.

Within the health and safety check files we found lots of information, some of which was old and could have been confusing for anyone trying to find a specific document. For example, some information stored back dated to 2012 and there was repetition of documents such as the fire risk assessment.

Some audits were not dated and did not always include which person or area they were auditing, which made it difficult to check whether concerns raised from the audits had been rectified. For example, personnel file and medication audits did not state how many and whose file or record was audited. The infection control audit had actions for improvement, however, not all completion dates had been recorded.

We recommended the provider review all records to ensure they were accurate and up to date in line with best practice.

Audits had been completed on a regular basis. These included infection control, medicines, personnel, catering and maintenance. Individual audits were completed and in people's care files. The registered manager had quarterly meetings with the operations manager to maintain oversight of the home and discuss actions from the audits. For example, the minutes from one meeting showed a discussion about the last survey which highlighted that the standards of housekeeping had fallen. To address this, further hours were allocated to the house keeping role to ensure the quality of the service improved.

We spoke with the nominated individual who also owned the home. The nominated individual told us they visited the home weekly and had owned it for 22 years. People at the home and care workers all knew who the owner was and spoke positively about the improvements that have been made over time. Comments included, "They are proud of the home, you can see that" and "The owners do a lot of improvements."

People living in the home and care workers spoke highly of the management at Alexander Residential Home. Comments included, "I love working here", "[The manager] is a star and the way its run is spot on" and "It's good. Lovely manager and they are there for you with training or personal life. They are all brilliant and supportive." The registered manager also told us they were proud of the care workers in the home.

The registered manager had been in post for the last 18 years and was registered with the CQC. The registered manager told us the last year had been difficult following the expansion of the home, with an extension of 10 extra bedrooms. Since this time the registered manager told us improvements had been made to ensure the care to people was not affected. They had introduced key workers who were responsible for the care of people, which meant they had oversight of an individual's care and the person had their own staff to speak to if they needed. Extra care workers were recruited to ensure people's needs could be met due to the increase in the occupancy of the home.

Care workers were involved in meetings to discuss the improvements within the home and any concerns. The registered manager confirmed resident meetings had not taken place for the past 12 months but planned to re-introduce these meetings to gather people's views.

Surveys were completed on an annual basis. The last survey, completed in November 2017 provided mainly positive feedback. 90% of people said they were treated with dignity and their privacy was respected. 85% said their care plan met their needs and 90% said they were supported with their personal needs.