

HC-One Oval Limited

Alexandra Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Alexandra Care Home is a nursing home providing personal and nursing care to 29 people aged 65 and over at the time of the inspection. The service can support up to 40 people.

The accommodation is provided over two floors. The upper floor has its own communal space, bedrooms, toileting and bathing facilities. The downstairs also has bedrooms and toilet and bathing facilities with the addition of two large communal spaces. These are used for dining, relaxing and activities. The garden was well maintained and provided an accessible space which was safe for people to use.

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

A range of audits and systems were used to monitor the service; however, these had not always identified changes, or the changes implemented had not been effective. Staff had received training in many areas and it was effective in supporting their role. However, we have made a recommendation the provider ensured staff received the training required to support people with behaviours that challenge.

Daily records had not always been completed or cross referenced with incidents and so we could not be sure these had been responded to as required. Risk assessment had not always identified the required support people needed and some areas of care had not been monitored consistently. There were some medicine errors in relation to recording and stock.

People's health needs were monitored, and referrals made to a range of health professionals. Partnerships had been established with some of these, however further developments were required to provide ongoing clinical support.

Staff had established positive relationships with people and this enabled people to spend time each day as they wished. We observed respect for people's dignity and personal needs being responded to. People were able to follow their spiritual beliefs and consideration was made to individuals' preferences.

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 encouraged to make choices and their independence was encouraged.

There was a relaxed atmosphere in the home and people enjoyed the lunchtime experience. Assistance was provided if required and there were many choices to promote people's dietary needs. People had the opportunity to enjoy entertainment or follow areas of interest. A partnership had been established with a local school for a joint exercise session.

The care plans were detailed, and person centred. It covered all aspects of the persons care requirements and people and those important to them had been included in this process. The plans included their wishes to be considered for their end of life needs.

There was a complaints policy which had been followed when any concerns had been raised. The provider had displayed their rating on their website and at the home. People and relatives were consulted and informed about the care and any changes.

There was a new manager at the home and staff felt supported by them. There were sufficient staff to support people's needs and additional support for the nurses had been introduced. All staff had received the required recruitment checks.

The environment had been enhanced by many changes to the layout and the decoration. Additional sensory features were now in place and signage or objects of reference had been used to help orientate 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 requires improvement (Published March 2019 and there were multiple 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 improvements had not been made, however the provider was still in breach of some regulations.

Why we inspected: This was a planned inspection based on the rating at the last inspection which was Requires Improvement with Inadequate in Well-led.

Enforcement: At our last inspection we placed positive conditions on the provider in relation to this location. These required the provider to send us a monthly report on all the areas of concern reflected in the last inspection. Although improvements had been made, this did not reflect a sustained approach and we felt it to be appropriate for the conditions to remain at the location until our next inspection.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals are added to reports after representations and appeals have been concluded.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner. You can see what action we have asked the provider to take at the end of this full report.

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 was not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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 Care Act 2014.

Inspection team

One inspector, an assistant inspector, a specialist and 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. A specialist advisor is a professional who has expertise in a specific area.

Service and service type

Alexandra Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of registering with the Care Quality Commission. However, in the absence of their registration, the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The service was also supported by other managers from the providers locations.

Notice of inspection

This inspection was unannounced on both dates we attended the service.

What we did before the 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. However, we had received monthly monitoring from the

service which we have used to plan for the inspection. We also liaised with the local authority and the local health care practitioners. We used all of this information to plan our inspection.

During the inspection-

We spoke with four people who used the service and seven relatives, who were visiting. We spoke with three nurses, three domestic staff, two kitchen staff and five members of care staff. We also spoke with the current manager, the supporting manager and the providers regional quality manager and regional director who support the home.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records, which the provider shared with us. We spoke with two professionals who regularly visited the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

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

- Risk assessments had been completed for people's needs, however we found these were not always followed or reflective of the person's needs. For example, one person had been provided with a walking aid and there was a risk assessment for this. However, the person did not use their walking aid and we saw staff had to assist them to mobilise.
- At our last inspection we identified risk in relation to ensuring people remained hydrated. We found that there was a record of people's fluid intake, however these were frequently not totalled, and action had not been shared with staff when people had not received their required daily amounts. This meant people were at risk of not receiving the required fluids.
- Some people required support with a catheter. We saw on the first day of our inspection one person did not have their leg strap in place. Leg straps prevent tubing and leg bags from catching or dragging on the floor, which provides a risk of infection.
- People had not always received their medicine as required. For example, we saw on two occasions when prescribed medicine had not been obtained and the person was without this medicine for several days.
- Other people required medicine to support their anxiety, when people received these medicines reason for their use had not always been documented. Health care professionals told us, "When we are looking at the treatment required for a person's behaviour we require clear documentation to enable the correct prescription and guidance to be provided. Without this detail it makes it more difficult to ensure we can provide the correct course of action."
- Another health professional also reflected on this saying, "Given medicine with reason or when not given is so important so that a history and understanding can be obtained."
- The provider had introduced a daily check of five medicines. We reviewed this process and found there to be errors in this process. This meant we could not be sure people would have the required medicine for their needs.
- The provider had not learnt from lessons in relation to medicines, as issues raised, had not been resolved

or corrected to reduce the risks.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after day one of the inspection to ensure the correct support was provided in relation to catheter care.

- We observed how people received their medicine. Staff took time to explain what the medicine was for and encouraged people to take their medicine.
- Risk assessments were in place to support long term conditions and people's daily care needs.

Preventing and controlling infection

- At the last inspection concerns were raised with regard to infection control. We saw this area had improved and people were now protected from the risks associated with the risks of infection control.
- The provider had recruited a head of housekeeping, this role ensured that areas were cleaned, and schedules completed to reduce the risk of infection.
- The domestic staff now worked in the afternoon and weekends to ensure the home was kept clean and to the required standard at all times.
- The provider had recently completed their own audit on infection control and the home scored 88%. This score would enable access to additional training for the housekeeper and domestic staff to develop their skills and knowledge further.

Staffing and recruitment

- At our last inspection we raised concerns as to the staff levels to support people. At this inspection there were sufficient staff to support people's needs. The provider used a decision tool to reflect people's differing needs.
- Health care professionals had raised concerns in relation to the levels of qualified nursing staff and the use of agency staff. The provider had responded to this by taking a proactive approach in training established care staff in the role of nursing assistance. This provided the nurses with consistent support.
- The provider continued a recruitment programme for permanent nurses and several appointments were in progress.
- The registered provider had a process for ensuring that staff were recruited safely. Records showed that pre-employment checks were undertaken prior to staff commencing employment. Staff had Disclosure and Baring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. There was a policy which clearly described how to keep people safe from the risk of harm. Staff we spoke with were aware of the policy and were provided with regular training to ensure that they could recognise the signs of abuse and report concerns confidently.
- The provider had worked with the local authority when safeguards had been raised. We saw how after an incident the provider had reviewed practices to reduce the risk of reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection the rating remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection the provider had not ensured staff had received the required training for their role. This was a breach of regulation 18 (2) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18(2).

Staff support: induction, training, skills and experience

- At the last inspection we raised concerns about the levels of training for staff when supporting people with behaviours that challenge. At this inspection we found that not all the staff had received training in this area.

- We reviewed the providers training figures and in relation to, 'Understanding and resolving behaviours that challenge' only 47% had completed this training. One staff member said, "Some people are a challenge, and make me a bit scared. Every day is different. I have been the internet to help me understand Dementia." The provider recognised this was an area they needed to promote, however there had been a delay as the training formula had been changed to recognise current practice.

- Despite not all the staff completing the training we saw no direct impact of this on the inspection. Each person who expressed behaviours that challenged had a detailed plan to guide staff. One staff member said, "When you get to know people you can use that knowledge and the plans as they give you tips."

- Staff reflected that the training they had received was detailed and useful. One staff member said, "I have had a lot of training and they encourage you to do new training."

- New staff had an established programme of training and shadowing with experienced staff. One staff member said, "Staff here are fantastic, I am still learning, and they show me how to do things."

We recommend that the provider ensures all staff receive the required training for their role in line with best practice.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health care needs had been recognised and reflected in referrals being made to health care professionals. Information from these assessments or links had been detailed in the care plans.

- However, some information was not always cascaded to staff to ensure the direct care was reflected. We reviewed the handover information and found gaps in the day's notes and the information within these did not always tally with the daily records. This meant that some important information could have been missed.
- Health care professionals reflected on the need for consistent communication, "Inconsistent staff means that some staff don't know people's changing needs, it's a challenging environment and one shift a week will not provide the support people need."
- The provider had recognised the need to develop the relationship with visiting health care professionals and had planned to have a meeting along with consistent nursing staff available to support professionals during their visits to the home.

The provider responded immediately after day one of the inspection to review all the handover records for the last month. They cross-referenced information in the daily notes, to ensure any issues were identified and the required action taken.

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 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At our last inspection we recommended that the provider followed national guidance with regard to implementing the MCA.
- People's capacity had been assessed and records showed that where people may be lacking the capacity to make particular decisions, a two-stage assessment of their capacity was carried out.
- Where decisions required support from health care professional they had been included in the best interest decisions and their comments were recorded.
- All the people using the service had been referred to the local authority with regard to a DoLS. Some of these had been authorised and others were awaiting an assessment and outcome. All the assessment had been included in the care plan.

Adapting service, design, decoration to meet people's needs

- At our last inspection we recommended that the provider considered national guidance in relation the environment.
- The provider had a lead person in their organisation who provided advice and guidance on the environment. They had been consulted and many changes had been made to the layout and decoration of the home. These changes had enhanced the atmosphere, by reconfiguring spaces to provide a homelier feel. For example, the introduction of a fire place and defined areas to support people's understanding of the location reflecting the activity
- There were two spaces with fireplaces. The one downstairs reflected an open fire with an option for smoke to recreate an open fire atmosphere. The fireplace upstairs had the option for different colours to reflect people's mood.

- Frosting to windows had been removed to increase the access to light and giving people the opportunity to view the outside world.
- Other rooms had also been refurbished, these included two bathrooms and another bathroom had been changed into the hairdressing room. Staff had requested a barber's chair for this room as some people may not like the tradition hairdressers chair and this was on order.
- All the people and relatives reflected on the changes, one relative said, "The staff here are like an extended family. They are kind, professional, caring and loving. They put their arms around people and make it like home here. It looks more like home after the refurbishments."
- Staff told us the environment changes had made a positive impact on people being more relaxed and some people's anxiety had reduced.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A pre-assessment was completed before people commenced their stay at the home. This included details about the care the person required.
- Health care professionals would like some additional information included on the pre-assessment in relation to ongoing clinical needs and the provider was looking into how they could incorporate this.
- The provider used equipment and new initiatives to support people in the home. For example, a relative told us after [name] had a fall so an alarm cushion and bedside mat were now used to alert staff when [name] moved. This was so staff could provide the support quickly and reduce the risk of further falls.

Supporting people to eat and drink enough to maintain a balanced diet

- People enjoyed a range of meals to support their dietary requirements. One person said, "The food is alright. They give you a choice. I get enough to eat. If I don't like it, I leave it. Plenty of juice and tea."
- We observed the midday meal; the tables had been laid with condiments and serviettes and a welcoming social atmosphere had been created with suitable music.
- People were provided with equipment to support their independence, for example high brimmed bowls and different beakers with straws.
- People's weight were monitored and when required specialist advice had been sought. When this occurred, the information was shared with staff and the chef.
- The provider had introduced two heated trolleys. One upstairs and the one for the dining room. Kitchen staff assisted in serving the meals.
- The chef told us, "We use the providers set menu, but I am able to adapt it to people's needs. Communication has improved as we get to know people's weight loss. We have also introduced drinks stations and snacks, to support people to eat and drink."

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection the provider had failed to ensure people's dignity was maintained. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

Respecting and promoting people's privacy, dignity and independence

- Staff showed respect to people. One person said, "I have no concerns. Staff all look after you here. Staff always ask me what I want."
- We saw staff knocked on people's doors before entering and closed curtains before providing personal care.
- People maintained their independence where possible. For example, supporting people to eat and drink themselves.
- Relatives all told us they felt welcome at the home. One relative said, "When I come I am kept informed of [name's] progress and always made welcome." Another relative said, "The staff are concerned about my needs as much as [name] which is reassuring." Relatives mentioned that the home communicated with them verbally but also by telephone and e-mail.

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

- People were able to continue to access their spiritual needs. One person said, "I'm not religious now, but the church does come here and ask if you want communion."
- The church attends the home every two to three weeks and people enjoy the hymns. One staff member said, "People really enjoy the church coming in, even if they are not relating it to the religious aspect."
- The provider had plans for the up and coming harvest festival. They also reflected and celebrated other religious events as part of their activity planning.
- People were able to make choices about their daily tasks. For example, getting up and going to bed. We saw people were supported when they walked around the home or when they wished to access the outside space.

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

- People had established relationships with the staff. We observed staff sharing their knowledge with people about their life and interests.

- Staff knew the things people were able to do independently and this was encouraged. One relative said, "The staff are very compassionate and know how to talk to an elderly person. Two people always work together when they transfer them. I have always found [name] to be clean and look nice."
- People were encouraged with their daily choices. One person told us, "Staff ask you what you want. At dinner they ask if you want this or that. I get up at 7.00am and go to bed at 9.00pm. That's my routine. Other people don't get up till 11.00am." We saw that people's preferred daily routines were followed and clearly documented in their care plans.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

At our last inspection the provider had not ensured robust end of life plans and information to support people's communication needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

End of life care and support

- Care plans reflected people's options in consideration of any end of life choices. These considered any wishes or medical interventions.
- Liaison with health care professionals was in place to ensure all the required protocols were followed to ensure people's needs were considered and implemented at the appropriate time.
- Staff had received training in end of life care and further training was being developed to enhance the skills of all the staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- A range of methods were in place to provide people with information. For example, there were written menus available in the dining and lounge areas. Other information was displayed on notice boards.
- Some pictorial information was being developed for the menu. However, at each meal time people were offered the choices through a visual reference, by being shown two plates of prepared food.
- The provider had increased the signage around the home and each person's room was identified by a name plate with a life fact about the person. Visual clues were also used to guide people to different areas of the home. For example, ensuring the tables were laid to reflect the next meal and the communal space with the fireplace representing a lounge.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were detailed and provided information in relation to preferences and care requirements. One relative said, "I gave staff, detailed information about [name] past. I have seen staff having a chat with them about the things I have included."

- People and those important to them had been included in the planning of care. One relative said, "[Name] has a care plan. Our family makes decisions on their behalf. The home always asks us lots of questions about their needs and their care is discussed with us. If we wanted to see it, we'd ask a senior staff to show it to us."
- The service was responsive to people's needs. One relative said, "They listen to me, you only have to ask them if you have a concern. When [name] fell the home contacted me. A staff member went to the hospital in an ambulance with them and left when I arrived." People were always supported when they required emergency care to ensure their needs would be understood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were two activity staff at the home. This was an increase since our last inspection. The provider had recognised the importance of supporting a large group of people with many different needs. One relative said, "The staff help [name] to be involved and join in. They love gardening and staff take them into the garden." The gardener had supported an activity to plant the hanging baskets which were displayed around the garden.
- People and their relatives had completed a life history and this information was used to support planned events. For example, if people enjoyed craft or entertainment or preferred a quiet space with more intermit support on a one to one basis. One person told us, "I join in whatever is going on. I only go out of the home with my husband. I went in the garden this morning. I join in the singsongs."
- Other comments we received reflected the activities which were on offer. '[name] has done some painting and some memory games,' and '[Name] made Christmas and Easter cards. They join in and enjoy the singalongs.'
- There was now an activities board to display up and coming events. The activity person told us, "The environment has made a huge difference. We now have clearly defined spaces and with the extra staff more opportunities to provide activities."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which was displayed and available for people and relatives to access. One relative said, "I have no complaints. If I did have any I would talk to the staff. There is a complaints procedure."
- We reviewed the complaints the provider had received and found they had been investigated and responded to in line with their policy.
- The provider and manager were keen to reflect an open-door approach. This was promoted through the relative's meetings and the manager being visual around the home. One relative said, "The manager is always polite, and I see them around the home."

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 Inadequate. At this inspection this key question has improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection we saw that the systems in place to measure and drive improvement were not effective, and we rated the service as inadequate in the Well-led domain. We imposed conditions against the provider's registration which mean they had to provide us with a monthly report relating to areas of concern we identified.

We also found that the provider was in breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured audits were effective in driving quality improvements. At this inspection we found there had been some improvements, however there had not been enough improvements for us to feel assured that the homes systems ensured a sustainable approach to managing the home and the provider was still in breach of regulation 17.

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

- The provider had a range of audits to reflect on the quality of care and when improvements were required. However, some audits were not in place or used effectively. For example, medicine audits had reflected the same errors re-occurring. Measures the provider had put in place had not been effective in addressing the issues raised.
- Within the monthly report we received some areas were recorded as completed, however some required further monitoring. For example, the training for staff in relation to behaviours which challenge.
- Other items in the monthly audit recorded, no issues with catheter or risk assessments, however we identified some areas of concern in these areas.
- The provider has been sending us notification in relation to events or incidents. However, at this inspection we identified some recording issue of incidents which could have impacted on further notifications being required. These incidents had not been identified as part of the providers analysis of accidents and incidents. This meant that we could not monitor and review the provider's response to these incidents.
- The service has been 'Requires Improvement' for the last two inspections under this provider. We need to ensure that the home has robust processes in place which provide the assurance that the service can obtain and maintain a standard of 'Good' within the home.
- The provider had an improvement plan in place which was regularly reviewed. This identified areas which required improvements and the action taken to date. We found some areas had been improved. For

example, changes to the environment and the purchase of more equipment to support people's needs. However, the audits to support ongoing quality and support systems were not embedded to be effective.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

- The provider had developed a range of partnership to enhance the experience for people in the home. For example, a new connection had been with a local school. They now visit monthly for, 'the boogie beat', exercise to music. A staff member told us, "We were anxious at first, but the people really respond to the children, it a great session."
- There were other partnerships with the church and external entertainers to add value to the daily routines.
- Other partnerships were with the health and social care professionals. Some of these were well established and had proven to be a source of support and guidance. Others were in the process of being developed.

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

- People and their relatives told us they enjoyed living at Alexandra. One person said, "The staff are beautiful and look after you so well." A relative said, "Staff are professional and compassionate. Nothing is too much trouble for them. They are polite and friendly."
- Staff also told us the difference to the home and the manager have had a positive impact on both the running of the home and the atmosphere. A regular agency nurse told us, "The communication has improved, the cleaning and the staffing."
- The manager felt supported by the provider. They told us about their induction support and training and the ongoing support they had received and were still receiving to ensure they could fulfil their role.

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

- Staff told us they understood the providers vision for the home. The manager told us about new initiatives which they plan to implement to enhance the home. These had been shared at the relatives meeting and included, further refurbishment, working with other homes on activities to support dementia and consistent staff teams.
- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their most recent rating in the home and on their website.

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

- The provider engaged with people and relatives in a range of formats. These included surveys and meetings. Information was also displayed on notice boards in the home.
- We reviewed a recent survey which reflected positive outcomes. This also reflected in the positive comments and feedback we obtained during our inspection.
- Staff felt supported by the new manager and had received supervision to support their roles. One nurse

told us, "The new manager is all about the people, they spend time on the floor and really want to get to know them. They have even covered shifts or come in early to check that the night staff feel supported."

- Staff felt they had an opportunity to develop their skills. Staff were encouraged to attend training or take on lead roles in areas of interest to them. For example, dementia or infection control.
- We observed the manager was at the morning handover, where they delegated tasks to staff as areas of concern were raised. They also completed a daily walk around of the home to reflect on any aspects which may need addressing. This ensured they had an oversight and understanding of the people and the environment.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had not ensured medicines were available and the errors were addressed. Individual risk assessments reflected people's needs and their hydration needs were monitored.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had not ensured their established systems and processes addressed the improvements required. Risks had not been reviewed placing individuals at risk of harm. The provider had not ensured the assurances required to provide us with confidence with regard to sustainability.