

Glory Care Centre Ltd

Alexander House

Inspection report

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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?	Good ●

Summary of findings

Overall summary

About the service

Alexander House is a residential care home providing personal and nursing care for up to 16 aged 65 and over at the time of the inspection. The accommodation can support up to 16 people across two residential houses in East Sheen. At the time of the inspection there were 16 people using the service.

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

We have made a recommendation in relation to medicines management.

People and their relatives told us the service was safe, people were protected against the risk of harm and abuse as staff had received safeguarding training and knew the provider's safeguarding procedure. There were sufficient numbers of suitable staff employed to keep people safe. People were supported by trained staff who followed the government COVID-19 guidance. The registered manager took swift action to learn lessons when things went wrong.

Staff received ongoing training to enhance their skills and knowledge. Staff were supported to reflect on their working practices through regular discussions with the registered manager. People were provided with sufficient food and drink that met their dietary needs and preferences. People's health and wellbeing were regularly monitored.

People were supported to have maximum choice and control of their lives and staff supported /did them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received care and support from staff that demonstrated compassion and kindness. People were encouraged to make decisions about their care. Where possible, people were supported to maintain their independence where safe to do so. People were treated equally and had their diverse needs respected and facilitated.

People's care was tailored to their individual needs. People were aware of how to raise their concerns and were confident these would be managed well. Activities provided ensured people were not social isolated. People's end of life wishes were documented.

People spoke positively about the registered manager and management team. The provider encouraged people to share their views to drive improvement. Regular audits were carried out identified issues and enabled these to be acted on quickly. The registered manager and staff were clear about their responsibilities and actively worked in partnership with stakeholders.

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 the service under the previous provider was good, published on 30 December 2017.

Why we inspected

This was a planned inspection based on our inspection scheduling.

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 Alexander House 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 re-inspection 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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

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 well-led.

Details are in our well-led findings below.

Good 

Alexander House

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.

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 one inspector and a dentist.

Service and service type

Alexander House is a 'care home'. 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. 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 used all of this

information to plan our inspection.

During the inspection

During the inspection we spoke with four people and three relatives about their experience of the care provided. We spoke with seven members of staff including care workers, ancillary personnel, the chef, the deputy manager and the registered manager. We also spoke with a visiting healthcare professional.

We reviewed a range of records. They included four 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.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People's medicines were administered in line with the prescribing G.P. However, we identified one person's Medicine Administration Record (MAR) had not been signed on four occasions. We raised our concerns with the registered manager who confirmed they would speak with the staff members responsible and provide additional training on medicines management immediately.
- Despite this, we were assured people had received their medicines as intended.
- People's medicines were stored in line with good practice and only trained and authorised staff members administered medicines.
- People told us they received their medicines on time and they had no concerns in relation to their medicines.

We recommend the service review their medicines administration procedures and update their practices accordingly.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of harm and abuse as staff received safeguarding training, knew how to identify suspected abuse and escalate their concerns.
- People told us they felt safe at the service and observations during the inspection confirmed this. One person told us, "I'm very safe here, there's someone on duty all the time."
- At the time of the inspection there were no safeguarding being investigated.

Assessing risk, safety monitoring and management

- People were protected against avoidable harm as the provider had developed comprehensive and robust risk assessments for staff to follow.
- A staff member told us, "I would report any incidents to the senior staff however if it was an emergency I would call 999 immediately."
- Since the employment of the new registered manager, there had been a review and update of all risk assessments.
- Risk assessments covered a range of areas including, for example, mobility, pain, nutrition and communication. Risk assessments were regularly reviewed to reflect people's changing needs.

Staffing and recruitment

- People received support from staff that had been vetted to ensure their suitability for the role. Staff recruitment files contained satisfactory references, photographic identification, an application form and a

current Disclosure and Barring Services (DBS) check. A DBS is a criminal records check providers undertaken to make safer recruitment decisions.

- People their relatives and staff told us there were sufficient numbers of staff on duty at any given time, to meet people's needs and keep them safe. Comments included, "There are no problems with staffing." "Generally, there are sufficient staff, I think there could be more staff at mealtimes." And "There are enough staff, when I need someone they come quickly. The deputy manager and registered manager] cover shifts when someone goes off sick."
- Records confirmed what people told us.

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.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The registered manager held weekly reflection meetings, whereby staff received refresher training and lessons were learned. For example, where there had been issues in relation to the recording of medicines, the registered manager had organised additional training.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed prior to living at the service.
- Pre-admission assessments were carried out by the provider to determine the support people required could be met at Alexander House.
- Pre-admission assessments used information shared by people, their relatives and health care professionals and covered all aspects of people's care needs and wishes. These assessments were used to devise the ongoing care plans.
- People's protected characteristics under the Equality Act 2010 were identified and respected. The protected characteristics include, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

Staff support: induction, training, skills and experience

- People received care and support from staff that received ongoing training to enhance their skills and knowledge. Staff spoke positively about the training provided. Comments included, "I think there is enough training, we have all the mandatory training which covers everything we need to know." And "I have had lots of training which is either face to face or online. The training is also provided weekly, so I do think we get good training."
- We reviewed the training matrix and identified all training provided was up to date and future training had been scheduled. Training included, infection prevention control, dementia awareness, safeguarding and fire marshal training.
- Staff were supported through regular supervisions with the registered manager to reflect on their working practice. A staff member told us, "We have regular supervisions and I find them helpful and I get feedback on what I'm doing and any areas I need to improve on."
- Inductions carried out upon commencing employment ensured staff were aware of the provider's expectations and job role.

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

- People received food and drink that met their dietary needs and preferences. At the time of the inspection a new chef had started their employment and the registered manager told us there were plans to revise the menu in the near future.
- People told us they enjoyed the food provided. Comments included, "The staff are attentive to my needs." "[Staff] make sure my relative's food reflects her cultural and faith needs. They will place the options in front of her and she can taste them all before making her choice."
- We observed people during lunch and found people were supported and encouraged to eat their meals

independently where possible. People were able to eat their meals where they chose.

- People who required a specialist diet, for example, fortified meals, vegetarian or halal meals were catered for.

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

- People's health needs were consistently monitored and where issues or concerns were identified swift action was taken to obtain healthcare advice and medical intervention.
- One person told us, "If I'm unwell the staff will come with me to an appointment at the hospital." A healthcare professional said, "The staff will contact us with any concerns. They take our advice on board and make sure it's shared with all the staff."
- A staff member told us, "If someone isn't very well I would check them and inform the registered manager and if needed we would call the GP, 111 or 999."
- The registered manager had implemented oral health care plans which documented the support people required to ensure their oral health was maintained.
- People's medical history was documented in their care plans and guidance and advice provided by healthcare professionals was implemented and their care plans updated accordingly.

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

- The service had been adapted to meet people's needs. For example, where people had mobility needs a stairlift had been installed to ensure people could access both floors safely.
- People's rooms were personalised with photographs, paintings and personal effects.

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's consent to care and treatment was sought prior to being delivered. Staff were aware of their responsibilities in line with legislation.
- Records confirmed mental capacity assessments in place were decision specific and made in people's best interests and where possible people's relatives and/or healthcare professionals had been involved.
- Appropriate DoLS applications had been made to the Local Authority.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity and Respecting and promoting people's privacy, dignity and independence

- People and their relatives spoke highly of the care and support provided at Alexander House. Comments included, "The staff are wonderful. When my relatives come the staff are lovely towards them." "The care and love [my relative] receives is second to none. They [staff members] look after my relative and me." And "They [staff members] are really nice.
- During the inspection we observed staff speaking to people with kindness and compassion, there was a pleasant atmosphere where people appeared at ease with staff supporting them.
- People were treated equally and had their diverse needs respected. People were encouraged and supported to follow their chosen faith. One relative told us, "[My relative] has prayer beads and if she wants them the staff will get them for her."
- People's cultural and any faith were clearly documented in their care plans.
- Care plans also contained the level of support people required to have their needs met which was regularly reviewed to reflect their changing needs.

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

- People told us they were supported to express their views and make decisions about the care they received. One person told us, "The staff give me choices and respect my decisions. They don't question me." A relative said, "Yes, they [staff members] offer [my relative] choices."
- During the inspection we observed staff offering people choices in relation to receiving support. For example, if they wanted to have support with eating their meals. Staff were respectful of the choices people made.
- Care plans detailed people's communication preferences to ensure staff were able to effectively communicate with people to support them to make decisions.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received care and support that was person-centred and tailored to their individual needs.
- One person told us, "I do have a care plan." Care plans detailed all aspects of people's lives and preferences in how they wished to be care for. For example, health and wellbeing, medical needs, dependency levels and life history.
- Where possible people were supported to participate in the development of their care plans.
- Staff were aware of the importance of reporting any changes to people's care needs to the registered manager immediately, ensuring this was then reflected in their care plan.

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.

- The provider had an AIS policy in place, the policy detailed how people would be provided information in an accessible format. For example, braille or large type.
- People's care plans documented their preferred method of communication.

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

- People were supported to access activities that met their social needs and preferences.
- One person told us, "There are activities downstairs, we can do music and exercise and play board games. I love snakes and ladders."
- The provider had an activities schedule whereby people could participate should they wish.

Improving care quality in response to complaints or concerns

- People and their relatives confirmed they knew how to raise a complaint and said their concerns would be investigated. One person told us, "I would talk to [the deputy manager] and the [registered manager] if I need to complain. You can go to them at any time." A relative said, "My relative will tell us if there are any problems and I will speak with [the registered manager]"
- The provider had a complaints policy in place and a pictorial complaints sheet that gave people the steps to take should they wish to raise a complaint.
- The provider's complaints policy detailed how complaints would be managed. There had been no

complaints received since the provider's registration.

End of life care and support

- People's end of life wishes were clearly documented in their care plans.
- Where people had a 'do not attempt resuscitation' (DNAR) in place, these were signed by the appropriate healthcare professional.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team promoted a positive person-centred culture, that was open and transparent.
- People and their relative's spoke highly of the management team. One relative told us, "The registered manager is excellent, he is highly approachable and looking to improve the service. The [registered manager] is open and honest."
- Staff confirmed they found the service was a good place to work, they said the registered manager was approachable and supportive. Comments included, "I really like working here, there is good morale with the staff team and good communication. We all share the workload and we are working happily." "I do like working here, I like to take care of the people. It's a good team." And "Our [registered] manager is perfect and helps us with everything. There has been a lot of improvement since the new [registered] manager started."
- The registered manager carried out regular audits of the service to drive improvements. Audits covered for example, medicines management, care plans, risk assessments and staff training. Issues identified in the audits were then acted upon and an on-going action plan with proposed completion dates was being followed.

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 was aware of their responsibilities under the duty of candour. The registered manager and staff confirmed the service had a no blame culture, instead staff were encouraged to reflect on identified issues and learn from them to improve the service.

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

- People were encouraged to share their views, through annual questionnaires, comments box and keyworker meetings. People confirmed their views were taken onboard.
- Staff told us for example, "Every morning we have a meeting and the [registered] manager shares his ideas and he asks us one by one what our ideas are."

Continuous learning and improving care

- The registered manager was keen to ensure there was continuous learning and improvement within the

service. Since their employment in October 2021 the registered manager had taken significant steps in identifying concerns and taking swift action. For example, updating all care plans to ensure they were comprehensive.

- The registered manager had developed a comprehensive action plan, whereby all aspects of the service were being reviewed and updated accordingly.

Working in partnership with others

- People received care and support from a service that worked in partnership with healthcare professionals and other stakeholders to deliver a holistic care package.
- A healthcare professional told us, "The service work well with us, we have to be a partnership."