Nicholas James Care Homes Ltd

Alexander House - Dover

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Alexander House is a residential care home providing personal care to up to 46 people. The service provides support to older people who maybe living with dementia in 2 adjoining adapted buildings. At the time of our inspection there were 32 people using the service.

People's experience of using this service and what we found
People told us they felt safe living at the service. Potential risks to people's health and welfare had been assessed and there was guidance for staff to mitigate risk. There were effective systems in place to protect people from discrimination and abuse.

People were supported by staff who had been recruited safely. There were enough staff to support people in the way they preferred. People received their medicines as prescribed.

Staff were following the current infection control guidance; visitors were encouraged to spend time with people and take them out. People and staff were asked their opinions on the service and their suggestions were acted upon.

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.

Checks and audits were completed on all areas of the service and these had been effective in identifying shortfalls, action had been taken to rectify these. Relatives told us they were confident to raise concerns with the registered manager and they would take action.

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

Rating at last inspection
The last rating for this service was good (published 14 July 2018).

Why we inspected
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.

We received concerns in relation to risk management and staffing levels. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the

overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the effective, caring and responsive sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alexander House - Dover on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.
Details are in our safe findings below.

Is the service well-led?

Good

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

Alexander House - Dover

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was undertaken by one inspector.

Service and service type
Alexander House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Alexander House is a care home without nursing care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 3 people and 2 relatives about their experience of living at the service. We observed staff interactions with people in the communal areas. We spoke with 8 members of staff including the registered manager, the nominated individual, deputy manager, head of care, senior carer, carer and activities co-ordinator. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 5 people's care plans and associated medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including checks and audits were reviewed.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from discrimination and abuse. Staff had received training about how to keep people safe. Staff described how they would recognise abuse and the action they would take. One staff member told us, "I would report it to the manager, I know they will take action."
- The registered manager understood their responsibility to report concerns to the local safeguarding authority for investigation. The registered manager worked with other professional agencies to keep people safe.

Assessing risk, safety monitoring and management

- Potential risks to people's health and welfare had been assessed and there was guidance available for staff to mitigate the risks. There was clear detailed guidance for staff about how to support people with a catheter, to drain urine from their bladder. Staff had instructions on how to clean the catheter, change the drainage bag and recognise the signs of infection.
- Some people experienced epileptic seizures. There was information about the way people experienced their seizures and what the potential triggers were. There was guidance for staff about what action to take to support people during a seizure and when to call for medical assistance.
- When people were living with diabetes, staff had guidance about the signs of low and high blood sugar and what action to take if the person became unwell. Some people had difficulty with their swallowing, they had been referred to the speech and language therapist (SaLT). The guidance received from SaLT was followed by staff, people were provided with soft or minced food when required.
- Checks had been completed on the environment and equipment used by people. Regular checks had been completed on fire equipment. Each person had a personal emergency evacuation plan, explaining what support they needed to leave the building safely.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty.
● People's capacity to make decisions about their care had been completed. When people were assessed as not having the capacity to make decisions, best interest decision meetings were held. When people did not understand the importance of taking their medicines, the decision to give the medicines covertly, without people knowing, was recorded and included the GP, pharmacist, staff and the family or representative of the person.
● We observed people being given choices by staff including what they wanted to eat or drink, how they wanted to spend their time and where. Staff respected people's decisions and helped them to undertake activities, such as smoking, safely.

Staffing and recruitment
● Staff were recruited safely. Checks had been completed before staff started work at the service including references from previous employers. All staff had Disclosure and Barring Service (DBS) checks, these provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● New staff told us they had received an induction including working with more experienced staff to learn about people's preferences, this lasted as long as staff needed to feel confident. One staff told us, "The induction was two weeks, but the manager checked I was happy to start work as part of the team. I still work with senior staff but am happy to work independently."
● People, relatives and staff told us there was enough staff. Regular agency staff were used if needed, the registered manager told us, recruitment had been successful and new staff were starting in January 2023. We observed staff supporting people when needed. People were supported to take their time when eating their meals.

Using medicines safely
● Medicines were managed safely. Staff had received training to administer medicines and their competency had been assessed. Some people were prescribed medicines on a 'when required' basis for anxiety or pain relief. There was clear detailed guidance about when to give the medicine, when to give another dose and the action to take if the medicine was not effective.
● Some medicines administration records (MAR) had been handwritten. The MAR charts were written following the best practice including 2 staff signatures to confirm the instructions are correct.
● There was a system in place to order and dispose of medicines safely. Medicines were stored securely and at the required temperature to make sure they remain effective.

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 supporting people living at the service to minimise the spread of infection.
● 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 responding effectively to risks and signs of infection.
● 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.

Visiting in care homes

People were supported to have visits from friends and relatives. We met visitors during the inspection, who told us, they were always made to feel welcome.

Learning lessons when things go wrong

● Accidents and incidents had been recorded and analysed to identify any patterns or trends. The registered manager had completed a root cause analysis and appropriate action had been taken. For example, one person's bed was lowered, and a crash mat put by the side following them trying to climb out of bed.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager operated an 'open door' policy. People felt comfortable to come and sit in the office with the registered manager. They were comfortable in their company and spent the time chatting and laughing together.
- The registered manager knew people and their needs, we observed people showing they were pleased to see the registered manager. People who spent their time in their rooms knew the registered manager and told us they saw them regularly.
- The activities co-ordinator told us about trips people had taken including a day out fishing with a meal which people told us they enjoyed and a trip to the castle. The activities co-ordinator explained how the team offered trips out each day for people including walks, shopping and meals out. The registered manager explained how they had worked with people to develop new routines and enjoy new activities.
- Relatives told us they had a good relationship with staff and the registered manager. They had been contacted when their loved one had been unwell or when something had gone wrong. Relatives and staff told us they were would be confident to raise any concerns to the registered manager. Records showed complaints had been recorded and investigated, apologies had been issued when complaints had been upheld.

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

- There was an effective system in place to monitor the quality of the service. The registered manager and a registered manager from another of the provider's service completed monthly audits. The audits were completed on all areas of the service including care plans, medicines, cleanliness and people's dining experience. When shortfalls were found, an action plan had been developed and signed when completed.
- An audit had been completed regularly by an external company. The development plan for the service was being completed and improvements had been documented at the next audit.
- Staff received regular supervision. The registered manager completed observations and competency assessments to check staff were providing support in the way people wanted and keeping people safe.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with guidance.

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

● People and staff had been invited to regular meetings to discuss the service and any suggestions they may have. People had discussed the menu for each season and what activities they would like. People had asked to have more fishing trips, and this had been arranged.

● Staff meetings had discussed people's needs and the outcomes of audits and what action needed to be taken. Staff were asked about any suggestions they had to improve the quality of the service.

● Quality assurance surveys had been sent to professionals but not all these had been returned at the time of the inspection.

Continuous learning and improving care; Working in partnership with others

● The registered manager worked with other agencies including the local authority to make sure people received the support and care they needed.

● The registered manager received information from national organisations such as Skills for Care and kept up to date with changes in government guidance.