

Akari Care Limited

Alexandra House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Alexandra House is a residential care home providing accommodation and personal care to up to 40 older people, including people who may live with dementia or a dementia related condition. At the time of our inspection there were 40 people using the service.

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

At our last inspection the provider had failed to ensure robust systems were in place to ensure people received safe care and treatment, including management of their medicines.

At this inspection improvements had been made and the provider was no longer in breach of legal requirements.

There was a welcoming, cheerful and friendly atmosphere at the service. A relative told us, "I'm so happy [Name] is here. It is free and easy here, people are well- presented, own choice how they dress, I value that. Staff do encourage choice and they sit and chat with people" and "Staff are lovely." Staff spoke positively about working at the home and the people they cared for. They said communication was effective to ensure they were kept up-to-date about any changes in people's care and support needs.

People's diversity as unique individuals with their own needs was respected by staff. The staff team knew people well and provided support discreetly and with compassion. People and relatives were positive about the caring nature of staff and had good relationships with them. They trusted the staff who supported them. People said they felt safe with staff support. A person commented, "I feel safe here. It's friendly and staff are around."

There were enough staff to support people safely and effectively. A relative commented, "There are plenty of staff. They are very active with the people, walking round with them." Staff had received safeguarding training and were clear on how and when to raise their concerns. Where appropriate, actions were taken to keep people safe.

Staff followed effective processes to assess and provide the support people needed to take their medicines safely. Staff contacted health professionals when people's health needs changed. Staff followed good infection control practices and the home was clean and well maintained. A person commented, "The place is immaculate and clean."

There were systems to assess the quality of the service, which were closely monitored. Improvements were made as a result of analysis of any accidents, incidents and feedback to ensure people received safe and person-centred care.

Processes were in place to manage and respond to complaints and concerns. A relative told us, "You can ask

them [staff] anything, they listen to you" and "If you have any complaints you can tell staff." People, relatives and staff gave us positive feedback and told us they had opportunity to comment on the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 7 April 2022) and there was a breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced inspection of this service on 3 February 2022. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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 changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alexandra House 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.

Alexandra 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 Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by 1 inspector and 1 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.

Service and service type

Alexandra 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. Alexandra House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there was not a registered manager in post. A new manager had been in post for one week and planned to submit an application to register.

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 13 people and 7 relatives about their experience of the care provided. We spoke with 13 members of staff including the area manager, manager, former manager, 8 support workers including 2 senior support workers, 1 housekeeper and 1 domestic staff member.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 4 people's care records and multiple medicine records. We looked at 4 staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including training information, policies and procedures and quality assurance documents were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

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(1) 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 12.

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- Systems to manage risks to people's health, safety and well-being were well-managed. Improvements had been made to the environment and records to ensure all risks to people had been assessed, and safety was monitored and well-managed within the service.
- Care plans and risk assessments were detailed and reviewed regularly.
- Staff understood where people required support to reduce the risk of avoidable harm.
- Staff had strategies they used when people became anxious and upset. This helped people to manage their emotions and minimise the impact to them and others.
- Staff managed the safety of the living environment and equipment in it through checks and action to minimise risk.

Using medicines safely

At our last inspection people were at risk of harm, as medicines were not safely managed. This was a breach of regulation 12(1) 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 12.

- Improvements had been made and medicines were better-managed.
- Staff followed systems and processes to prescribe, administer, record and store medicines safely.
- Medicines risk assessments and associated care plans ensured staff understood how to provide this support in a safe and person-centred way. A relative told us, "[Name] is as comfortable as possible. They are taking all the medicines as prescribed. [Name] knows what they take and what it is for."

- There were regular checks of medicines by the management team.

Learning lessons when things go wrong

- Lessons were learned, and aspects of service provision had improved as a result of the learning.
- Any accidents or incidents were recorded and monitored. Reports were analysed, enabling any safety concerns to be acted upon.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse.
- Staff understood how to safeguard people from the risk of abuse. They said they would raise any concerns and were confident the manager would respond appropriately.
- Safeguarding concerns were reported and investigated with appropriate action taken to minimise any future risk of abuse.

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. Any conditions related to DoLS authorisations were being met.
- Consent to care and treatment was sought in line with the MCA.
- Mental capacity assessments and best interest decisions were appropriately made and documented.

Staffing and recruitment

- People were safe, and staff were deployed to ensure people's safety. A person commented, "I think there's a good number of staff'. There is always someone about. I've used the buzzer a couple of times, they [staff] come straight away, we are well looked after."
- Systems were in place to ensure only suitable people were employed.

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. A relative commented, "It is admirable, that is what struck me, the home is light, warm and clean."
- 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.

- There were no restrictions to visiting at the time of inspection.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Improvements had been made to the quality and assurance system and it was now more robust in monitoring the quality and safety of service provision.
- Areas for improvement identified at the last inspection had been acted upon and rectified by the provider's management team.
- Regular internal checks and audits were completed to monitor service provision, and external systems were in place to check the effectiveness of the audits carried out internally.
- Record keeping ensured any risk was identified and then incorporated into individual care plans.
- The manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required.

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

- The ethos of the service promoted openness and inclusivity.
- Improvements had been made to ensure people received safe and effective care. The new manager discussed her plans to ensure activities were more person-centred to keep people who may live with dementia more engaged and stimulated.
- There was a programme of refurbishment, we discussed ensuring the environment was appropriately designed to ensure it was stimulating and therapeutic for the benefit of all people. This included sensory stimulation to help maintain the involvement and orientation of people with dementia. We also discussed hallways provide some seating areas and be decorated with decorations and pictures of interest, to stimulate and remind people as they sat or walked around. The manager told us the provider's specialist advisor in the care of people who live with dementia was due to visit imminently.

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

- People were involved in decisions about their care. Some accessible information was available, we discussed ensuring this was fully accessible to keep people informed and help them make choices. We also discussed ensuring support was provided to people to assist them in daily decision and making choices when they no longer understood the written or spoken word. The manager told us this would be addressed.

- Staff told us communication was effective to ensure they were kept up-to date about people's changing needs and any changes introduced into the home.
- Staff said they were well-supported. They were very positive about the manager and said they were approachable. People, relatives and staff all said the new manager was "very approachable". A relative commented, "I have met her a couple of times, she's very, very nice, on top of it."

Continuous learning and improving care; Working in partnership with others

- Staff communicated effectively with a range of health and social care professionals and advocated when necessary to ensure that the person's needs were considered and understood so that they could access the support they needed.
- There was a focus on learning and improvement. Staff were encouraged to develop their skills through training and personal development. A staff member told us, "We do face to face and on-line learning."
- The management team took on board people's opinions and views to make improvements.