

Marloco Limited

Alexander Residential Home

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



Overall summary

This was an unannounced inspection carried out on the 17 November 2015. At the last inspection in December 2013 we found the provider met the regulations we looked at.

Alexander Residential Home is a care home without nursing. The care provider Marloco Limited is registered to provide accommodation for up to 39 older persons including people living with dementia who require personal care.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they felt very safe. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely.

We found there were systems in place to protect people from risk of harm and appropriate recruitment

Summary of findings

procedures were in place. There were policies and procedures in place in relation to the Mental Capacity Act 2005. Staff were trained in the principles of the Mental Capacity Act (2005), and could describe how people were supported to make decisions; and where people did not have the capacity; decisions were made in their best interests.

There were enough staff to keep people safe. Staff training and support provided staff with the knowledge and skills to support people safely.

People told us they got the support they needed with meals and healthcare. Health, care and support needs were assessed and met by regular contact with health professionals.

People were supported by staff who treated them with kindness and were respectful of their privacy and dignity. People participated in a range of activities and were able to choose where they spent their time.

Staff were aware of how to support people to raise concerns and complaints and there were effective systems in place to assess and monitor the quality of the service.

Summary of findings

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.

People told us they felt very safe. Staff knew what to do to make sure people were safeguarded from abuse. Individual risks had been assessed and managed to ensure people's safety.

There were sufficient staff to meet the needs of people who used the service. Recruitment practices were safe and thorough.

There were appropriate arrangements for the safe handling and management of medicines.

Good



Is the service effective?

The service was effective.

Health, care and support needs were assessed and met by regular contact with health professionals. People enjoyed their meals and were supported to have enough to eat and drink.

Staff training, supervision and support equipped staff with the knowledge and skills to support people safely.

The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

Good



Is the service caring?

The service was caring.

Staff and the management team had developed good relationships with the people living at the home and there was a happy, relaxed atmosphere. People told us they were well cared for.

People were involved in planning their care and support.

Staff understood how to treat people with dignity and respect and were confident people received good care.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed before they began to use the service and person centred care plans were developed from this information. We saw people's care plans had been updated regularly and when there were changes in their care and support needs.

A variety of activities were available to people.

There were systems in place to ensure complaints and concerns were fully investigated.

Good



Is the service well-led?

The service was well-led.

The management team were familiar with people's individual care and support needs and knew people who used the service and staff very well.

Good



Summary of findings

People were not put at risk because systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

People had the opportunity to say what they thought about the service and the feedback gave the provider an opportunity for learning and improvement.

Alexander Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 November 2015 and was unannounced.

At the time of our inspection there were thirty eight people living at the service. During our visit we spoke with nine people who used the service, four visitors and seven members of staff which included the registered manager and provider. We spent some time looking at documents and records that related to people's care and the management of the service. We looked in detail at three people's care records.

The inspection was carried out by one adult social care inspector, a specialist advisor in nursing and dementia and an expert-by-experience who had experience of older people's care services and dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports and statutory notifications sent to us by the home. We contacted the local authority and Healthwatch. We were not made aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

People who used the service said they felt safe and they liked living at the home. People's comments included, "Oh yes; very safe. I'm quite happy here" and "I'm very happy here. I definitely feel very safe." Relatives of people who used the service said they felt their family member was cared for in a safe environment. One relative told us, "We feel confident that [relative] is happy and safe. We're very happy with everything. The staff couldn't be more helpful."

We saw positive interaction throughout our visit and people who used the service were happy, relaxed and at ease with the staff. We saw staff talking to people who used the service in a friendly and respectful manner; they knew people well.

Staff said they were aware of their roles and responsibilities regarding the safeguarding of vulnerable adults and the need to accurately record and report potential incidents of abuse. They were able to describe different types of abuse and were clear on how to report concerns outside of the home if they needed to. Staff had received training in safeguarding of vulnerable adults. Staff we spoke with said the training had provided them with good information that helped them understand the safeguarding processes, including reporting systems. There were effective procedures in place to make sure any concerns about the safety of people who used the service were appropriately reported. We saw safeguarding incidents were reported appropriately to the local authority and the CQC.

Risks to people who used the service were appropriately assessed, managed and reviewed. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. We looked at three people's care records and saw relevant risk assessments had been carried out to minimise the risk of harm to people who used the service. The risk assessments gave detailed guidance and were linked to care plans and the activity involved in care or support delivery. For example, falls, moving and handling and medication risks. The assessments identified any hazards that needed to be taken into account and gave staff guidance on the actions to take to minimise risk of harm. Staff we spoke with were aware of the risks people faced and what was in place to prevent or minimise them.

We saw there were systems in place to make sure equipment was maintained and serviced as required. On the day of our inspection the gas safety and fire equipment servicing records could not be located. These were provided shortly after the inspection and were in date. We carried out an inspection of the premises and equipment used in the home. We saw that the home was overall, clean, tidy and homely. However, some carpets were ill fitting at the edges and some flooring in a corridor was uneven in places. The provider said they would attend to this to ensure there was no risk of accidents occurring. We also saw a metal carpet strip had come loose and posed a potential trip hazard. This was fixed during our visit.

We looked at window restrictors on a random sample of windows in the home. We found some to be in place where needed and were told regular checks were carried out to ensure their safety. The registered manager and provider were aware of the latest guidance from the Health and Safety Executive regarding window restrictors. However, we noted that some windows did not have the necessary restrictors in place. The provider rectified this during the visit to ensure they met with the guidance and were safe.

Through our observations and discussions with people who used the service, their relatives and staff members, we concluded there were enough staff with the right experience and training to meet the needs of the people living in the home. One person who used the service said, "There's plenty of staff on. Mostly they come straight away. Depends if they're busy or not. Sometimes you have to wait, but just a few minutes. Not long enough to get frustrated. It's usually around dinner time." Staff we spoke with said there were enough staff to meet people's needs, and they did not have concerns about staffing levels. Staff were present throughout the home, and responded to people's needs in an unhurried way, giving people time to make choices and express preferences. Rotas we looked at showed that staffing levels were provided as planned. Any gaps such as sickness or vacancies were covered by staff working additional hours or bank staff.

There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work, this included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

Is the service safe?

We looked at a sample of medicines and records for people living at the home as well as systems for the storage, ordering, administering, safekeeping, reviewing and disposing of medicines. Medicines were stored securely and there were adequate stocks of each person's medicines available.

The home had procedures for the safe handling of medicines. We looked at the storage of medications. Boxed and bottled medications were seen to be in date, clean and dry with all names and dosages clear and legible.

Medication fridge temperatures were documented daily and within safe limits to ensure medications were stored at temperatures that maintained their effectiveness.

Controlled drugs (medicines liable to misuse) were seen to be locked securely in a metal cupboard and the controlled drugs log was completed in full for each administration with a running total for stock control.

We observed staff administering medication during the morning 'round'. We saw the medication trolley was locked securely whilst they attended to each person who used the service. We saw the individual Medication Administration Records (MARs) were printed and were fully signed by the

staff member at the time of each individual administration. We saw no signatures were missing on the MARs we reviewed which meant people received their medication as prescribed. We saw during the medications round that pre-breakfast medication was in use for people requiring medication prior to eating. The staff member told us, "This is really good as we now have an additional 7am round which doesn't take long as it's not very many but it makes doubly sure that all the early doses like thyroxin or anti-biotics are given on time."

Staff who administered medication had been trained to do so. Staff confirmed they received competency checks and the registered manager was aware of the NICE guidance for managing medicines in care homes, which provides recommendations for good practice on the systems and processes for managing medicines in care homes.

We saw there were systems in place to analyse and monitor accidents and incidents. Information showed incidents were reviewed for any patterns or trends and ways of preventing re-occurrence such as referrals to the falls clinic or requests for equipment for people.

Is the service effective?

Our findings

Throughout our inspection we saw people who used the service were able to express their views and make decisions about their care and support. We saw people were asked for their consent before any care interventions took place. People were given time to consider options and staff understood the ways in which people indicated their consent. Staff we spoke with showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions. We saw care plan development and updates were signed by the person who used the service and/or their relatives. We saw consent to care forms were completed and signed by people who used the service and/or their relatives.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. (The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).)

The registered manager had a good understanding of the MCA and the DoLS application process. We saw that DoLS requests for a Standard Authorisation had been completed following capacity assessments which identified when people lacked capacity to make certain decisions. We also saw that the registered manager had arranged an event for relatives of people who used the service to enhance their understanding of the MCA and DoLS. We saw the minutes of this event which had been arranged in partnership with a local advocacy service.

We asked staff about the MCA. They were able to give us an overview of its meaning and could talk about how they assisted and encouraged people to make choices and decisions to enhance their capacity such as making sure

people were supported and given time to make decisions such as what to wear, what to do and what to eat and how they did this. Staff spoke about always making sure everything they did with people was in their best interests.

Staff we spoke with confirmed they had received training on the MCA. However, the records we looked at showed only 12 out of 40 staff had completed some training on the MCA. The registered manager said MCA and DoLS had been delivered alongside dementia training in the past but they had now acknowledged they needed a separate training course on this and were in the process of introducing this to improve staff's knowledge.

Records showed arrangements were in place that made sure people's health needs were met.

Members of staff told us people living at the home had regular health appointments and their healthcare needs were carefully monitored by prompt action in response to any ill health. This helped ensure staff made the appropriate referrals when people's needs changed. Records we looked at showed the home involved other professionals where appropriate and in a timely manner, for example, GPs, dieticians, chiropodist and district nurses. We saw where a person was nutritionally at risk, the dietician had been contacted for advice and the person's care plan was updated to reflect this. We saw a person at risk from falls had been referred for equipment to prevent further falls. Records showed a prompt response when any health needs were identified.

A visiting health professional spoke highly of the home. They told us "I have no concerns about this home at all; it is definitely one of the better ones" and "Clinically, everything we need is always available and the documentation is always completed with any information we need." They told us the staff were all "Really lovely and they contact us straight away with any changes they are concerned about" and "It's so good that I would be happy for my mum to stay here." In the PIR the provider told us they had excellent working relationships with health professionals and said they thought their prompt action to people's ill health helped to prevent unplanned admissions to hospital.

People who used the service were complimentary about the food and menus in the home.

The cook told us, "We have a three week set menu with three options for each meal but any of the residents can have anything they fancy on any day." Everybody we spoke

Is the service effective?

with told us they liked the food. Comments included; “The food is excellent. We get a choice of mains, and the puddings are really out of this world”, “The food's good. Cooked nice and presented on your plate. We get a roast every Sunday. They do ask me what I like. They try to please” and “The food's alright. They go out of their way to liquidise it for me. They're smashing. I love my puddings. They do them for me too.” Menus were seen to have individual choice options. The cook advised that people were able to request food that was not on the set menu and special diabetic/fortified diets were prepared when needed and to meet people's preferences.

We observed the lunch time meal in the home. Most people were able to eat independently and did so, some chatting with other people at their table. Three people needed support and each had a member of staff assisting them. Support was focussed and unhurried; with gentle encouragement given. The food looked appetising, well presented and portions were generous. One person was falling asleep throughout the meal, and the member of staff gently kept them awake with chatting to ensure they had their meal. Another person became distressed and confused during the meal and staff responded well with supportive information to help the person become more orientated and calm. Lunch was relaxed and unhurried; people appeared to enjoy their food. We saw ‘The Resident Satisfaction Surveys’ reflected 92% satisfaction with the variety and quality of food. One person had commented, ‘The food here is lovely, never had anything I didn't enjoy.’ We saw tea/coffee and biscuits being taken around in the morning and tea/coffee and homemade cakes mid-afternoon. There were jugs of water and glasses in the communal areas to ensure people's hydration needs were met.

Staff told us they received good training and were kept up to date. Staff told us they felt they received the training they needed to meet people's needs and fulfil their job role. There was a rolling programme of training available which included; safeguarding vulnerable adults, medication, moving and handling, first aid and food hygiene. However, records we looked at showed staff had received training, but it was difficult to establish that all staff had completed all the necessary training or when they were due to attend refresher training. The registered manager told us they would introduce a training matrix to ensure all training requirements were clearly captured. They told us they had begun a review of staff files and training needs and we saw some evidence of this within the individual staff files we looked at. In the PIR the provider said, ‘A training audit is already taking place and through supervision of staff and understanding where their training needs are can help identify ways to improve understanding and transferring of information.’

Staff said they received regular one to one supervision and annual appraisal. The registered manager confirmed there were systems in place to ensure this. Staff said they found this useful and a good opportunity to discuss their training needs. Records we looked at showed this to be the case.

People who used the service told us staff were skilled at their job and well trained. People's comments included; “The staff are well trained and capable” and “The staff are exceptionally good. They're well trained and know what they're doing.”

Is the service caring?

Our findings

People we spoke with told us they were very happy living at the home and staff were kind and caring. One person told us, "They always remember your name and have a chat. I know them, but I can't remember things, so I call them all pet. They don't mind. They know I forget." Relatives we spoke with said they found the staff caring, kind and thoughtful. One relative said, "They're absolutely brilliant here with such attention to individual need." When we spoke to a visiting health professional about the care staff, they said, "They are perfect."

We observed staff spoke with people in a caring and encouraging way and supported their needs well. We observed staff reassuring people who used the service if they became distressed, and distracting them from worrying thoughts. We saw staff responded to people promptly and discreetly when care interventions were required. People who used the service enjoyed the relaxed, friendly communication from staff. Staff were friendly, patient, kind and enthusiastic in their interactions with people who used the service and clearly knew people's needs and how they wished to be cared for.

Relatives told us they could visit at any time and felt comfortable to do so. One relative said, "I can come any time, day or night. I've not had any problems at all. I can always talk to [name of manager] about any concerns. They sit down and discuss her care with me every couple of months. It's been first class."

People looked well cared for, clean and tidy which was achieved through good care standards. People were dressed with thought for their individual needs and had their hair attractively styled.

Staff we spoke with said they provided good care and gave examples of how they ensured people's privacy and dignity were respected. One staff member said, "It's so important to treat people properly and with dignity." Another staff member said, "I love to care for people in the way I would expect to be cared for myself." Staff were trained in privacy, dignity and said the registered manager worked alongside them to ensure this was always put in to practice. In the PIR the provider said, 'At Alexander we have two dignity champions that monitor how we deliver our care practice, how staff engage and speak to Service Users and visitors and how caring and kind they are being.'

People who used the service and their relatives said they had been involved in developing and reviewing their care plans. One relative told us that they were actively involved in discussions about their family member's care and they felt fully involved and informed about their wellbeing. We saw care plans had been reviewed recently by the registered manager and changes were observed to be signed by the person who used the service and/or their relative to show their involvement.

The registered manager was aware of how to assist people who used the service to access advocacy support and spoke of how they had done this. We saw information was on display in the home on a local advocacy service people could access if they wished.

Is the service responsive?

Our findings

Records showed people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people they were planning to admit to the service. Care files were well organised with clear sections including pre and post-admission assessments completed prior to individual care plan development. One person who used the service spoke of their experience of moving in, they said, "It's very good. It was so pleasant arranging it. We had a good impression of the place."

We looked at the care records for three people who used the service. Care and support plans contained details of people's preferences, routines and information about people's health and support needs. Information was person centred and individualised. For example, one person's records stated, 'staff to assist [name of person] with personal cares but do not take over, offer choices of clothing and allow time for [name of person] to do as much as she can for herself.' Another person's records stated, 'I like sweet things like cakes and biscuits and I enjoy a beer with my lunch.' Records we looked at showed care and support was given as planned.

Staff were provided with clear guidance on how to support people as they wished. Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. This included individual ways of communicating with people, people's preferences and routines. Staff said they found the care plans useful and they gave them enough information and guidance on how to provide the support people wanted and needed.

Care Plans were seen to be developed individually following appropriate risk assessments with involvement of both the person who used the service and their families in collaboration with external health professionals when indicated. We saw care plans were updated regularly with all relevant information added.

People who used the service were involved in a range of activities. During the afternoon of our visit there was a game of bingo in the dining room, which several people who used the service participated in. Others were chatting

in the lounge, and some people went for a nap after lunch. People who used the service said they were satisfied with activities on offer at the home. One person said, "There's bowling and other activities; there's always something going on." There were a number of displays around the home with pictures of people who used the service and staff involved in various outings and activities. Staff told us they had time to be involved in activities with people who used the service. During our visit we saw staff were involved in group activity and individual activity such as nail manicures for people who used the service.

In the PIR the provider said, 'We encourage social activity within the Home either in-house or inviting entertainers to visit and we ask Service Users to feedback on their experiences.' We saw recent feedback on the garden environment had led to the provider developing a 'garden room' with ramped access to the garden that was being landscaped and made secure at the time of our visit. The registered manager said the garden room would also be used as an area where films could be shown and they would have bistro style tables and chairs where refreshments could be taken.

The home had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. We looked at records of complaints and concerns received in the last 12 months. One had been received and was currently under investigation. It was clear from the records people had their comments listened to and acted upon. The registered manager said any learning from this complaint would be discussed with the staff team once the investigation had concluded. Staff confirmed they were kept well informed on issues that affected the service. They said they were given feedback on the outcome of any investigations such as accidents/incidents, safeguarding concerns and provider visits to prevent any re-occurrence and improve the service.

People who used the service told us they had no concerns about the service. We saw there was information displayed in the home about how people could make a complaint if they were unhappy with the service. When asked who they would speak to if they had a complaint, everyone we spoke with said, "Any member of staff, or [name of manager]."

Is the service well-led?

Our findings

There was a registered manager in post who was supported by an assistant manager and a team of senior care and support staff. People who used the service, relatives and visiting health professionals all spoke highly of the management team and how the home was well run. One relative said, "The 'Alex' is a very well run and organised home, the manager is so caring."

Staff spoke highly of the management team and spoke of how much they enjoyed their job. One staff member said, "I can't imagine working anywhere else." Another staff member said, "Everybody knows the Manager, she is present throughout the day and clearly liked and respected by staff and residents alike." Staff said they knew what was expected of them and understood their role in ensuring people received the care and support they required.

Staff said they felt well supported in their role. They said the management team worked alongside them to ensure good standards were maintained and the registered manager was aware of issues that affected the service. Staff said the registered manager was approachable and always had time for them. They said they felt listened to and could contribute ideas or raise concerns if they had any. They said they were encouraged to put forward their opinions and felt they were valued team members. We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home. In the PIR, the provider said, 'Staff feel valued, are listened to and respected by the Management team and Proprietor. We have a culture of wanting to develop staff so that they feel professional and knowledgeable. We have developed the Senior Care Role and included an acting Senior Care Role to allow for staff to further develop within the Care Home, with eventually a possibility of promotion.'

People who used the service and their relatives were asked for their views about the care and support the service offered. The care provider sent out annual questionnaires for people who used the service and their relatives. These were collected and analysed to make sure people were satisfied with the service. We looked at the results from the

latest survey undertaken in 2015 and these showed a high degree of satisfaction with the service. The registered manager said any suggestions made through the use of surveys would always be followed up to try and ensure the service was continually improving and responding to what people wanted. Comments in the surveys included: 'Staff seem very caring and very capable. I have been impressed by their patience and understanding and have never witnessed any lack of compassion or impatience with the residents' and 'Many thanks for your help, kindness and understanding.'

In the PIR the provider said, To ensure that the service is responsive we review and monitor outcomes for our Service Users through reviews and satisfaction Surveys. All customer satisfaction surveys are analysed and the results are displayed and sent out to Service Users. We also hold Service User meetings and their relatives/representatives are invited to attend. We looked at the minutes of the meetings for people who used the service and their relatives and saw this was an opportunity for them to comment on the service. Minutes showed discussions took place about staff changes, renovations, activities and events.

The manager told us they had a system of a continuous audit in place. These included audits on care plans, medication, health and safety, and the premises. We saw documentary evidence that these took place at regular intervals and any actions identified were addressed. We were told the provider visited the home daily to check standards and the quality of care being provided. The registered manager and staff said they spoke with people who used the service, staff and the registered manager during these visits. However, these visits were not documented to show what was checked. The registered manager agreed to discuss this with the provider to look at how they could improve this. Staff told us good systems were in place to make sure everything was done properly; they said any repairs were responded to promptly. Records and activity on the day of our inspection showed this to be the case. One staff member said, "[Name of provider] are on top of everything, well aware of how the home is running and good to have around."