Riva Limited

Alexandra Rose Residential Care 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 inspection took place on 4 June 2015 and was unannounced.

Alexandra Rose Residential Care Home is registered to provide accommodation and personal care services for up to 32 older people and people who may be living with dementia. At the time of our inspection there were 26 people living at the home. They were accommodated in a converted residential building with a shared lounge and dining area. There was a front garden with a sitting out area. Building works were in progress in the enclosed rear garden at the time of our inspection which meant it was temporarily not available to people living there.

There was a registered manager in place. 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 2008 and associated Regulations about how the service is run.

Summary of findings

The provider had arrangements in place to protect people from risks to their safety and welfare. Where these arrangements could potentially restrict people's liberties, the provider sought people's consent or followed a best interests process. The arrangements included processes and procedures to protect people from the risk of abuse.

Staffing levels were sufficient to support people safely and in a calm, professional manner. Recruitment processes were in place to make sure only workers who were suitable to work in a care setting were employed.

Arrangements were in place to store medicines safely and to administer them according to people's needs and preferences.

Staff received appropriate training and supervision to make sure they had the skills and knowledge to support people to the required standard. Staff were aware of the need to gain people's consent to their care and support. Where people lacked capacity to make certain decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

People were supported to eat and drink enough to maintain their health and welfare. They were able to make choices about their food and drink, and meals were prepared appropriately where people had particular dietary needs. People were supported to access healthcare services, such as GPs and community nursing teams.

People found staff to be kind and caring. They were encouraged to take part in decisions about their care and support and their views were listened to. Staff respected people's individuality, privacy, dignity and independence.

The provider involved people in the care assessment and planning processes. Care and support were based on plans which took into account people's needs and conditions, but also their abilities and preferences. Care plans were adapted as people's needs changed, and were reviewed regularly. People were able to take part in leisure activities which reflected their interests. Group activities and entertainments were available if people wished to take part.

The home had an open, friendly atmosphere in which people were encouraged to make their views and opinions known.

Systems were in place to make sure the service was managed efficiently and to monitor and assess the quality of service provided. The provider took action where these systems found improvements could be made. A long term programme of refurbishment of the building and facilities was in progress at the time of our inspection.

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 were protected against risks to their safety and welfare, including the risks of abuse and avoidable harm.

There were sufficient staff to support people safely, and the provider undertook checks to make sure staff were suitable to work in a care setting.

Arrangements were in place to store and administer medicines safely.

Good

Is the service effective?
The service was effective.

Staff were supported by training and supervision to care for people to the required standard.

Staff sought people's consent to their care and support. Where people lacked capacity to make certain decisions, the provider acted in accordance with legal requirements.

People were supported to maintain a healthy diet and had access to other healthcare services when required.

Good

Is the service caring?
The service was caring.

Caring relationships had been developed between people and their care workers.

People were listened to and were able to participate in decisions affecting their care and support.

People's privacy, dignity and independence were respected.

Good

Is the service responsive?
The service was responsive.

People's care and support were provided in line with plans and assessments which took into account their needs and preferences. Care plans were changed as people's needs changed and were reviewed regularly.

There was a complaints procedure in place, but people had not needed to use it recently.

Good

Is the service well-led?
The service was well led.

There was an open, friendly culture in which people were treated as individuals and encouraged to speak up about their care and support.

There was an effective management system and processes were in place to monitor and assess the quality of service provided.

Good

Alexandra Rose Residential Care 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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 4 June 2015 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law.

We spoke with five people who lived at Alexandra Rose Residential Care Home. We observed care and support people received in the shared area of the home, including part of a medicines round and a shift handover.

We spoke with the registered manager and other members of staff, including four care workers, the activities coordinator, the chef and a cleaner. We also spoke with a visiting community healthcare professional.

We looked at the care plans and associated records of six people. We reviewed other records, including the provider's policies and procedures, internal checks and audits, quality assurance survey returns, training and supervision records, staff rotas, and recruitment records for two staff members.

Good

Is the service safe?

Our findings

People told us they felt safe and comfortable at the home. They said they would speak to staff if they were worried or unhappy about anything. They told us there were enough staff to look after them safely. One person said, "I get all the attention I need. There is no need to wait." People were satisfied their medicines were always available and administered on time.

The provider took steps to protect people from the risk of avoidable harm and abuse. Staff were aware of the types of abuse, the signs and indications of abuse, and how to report them if they had any concerns. None of the staff we spoke with had seen anything which caused them concern, but they were confident any concerns would be handled promptly and effectively by the registered manager.

The registered manager was aware of processes to follow if there was a suspicion or allegation of abuse. We discussed one incident which had resulted in disciplinary action for the staff member concerned. Induction and refresher training was in place to maintain staff knowledge about safeguarding. The manager told us this was supplemented in supervision sessions and other staff communications. Suitable procedures and policies were in place for staff to refer to, including the local authority's multi-agency protocol for safeguarding.

People were kept safe by appropriate risk assessments, for instance with respect to falls or pressure injuries. Care plans were in place where needed to reduce the risk of pressure injuries by helping people to turn regularly in bed. Risk assessments were in place for the use of bed rails where people were at risk of falling out of bed. These were used either with the person's knowledge and consent or as the result of a best interests decision process as the least restrictive way to keep them safe. Other equipment such as sensor mats linked to the "nurse-call" system was used to alert staff if somebody at risk of falls was moving about. In some cases people had profiling beds which reduce the risk of injury to people and their care workers when they are helped to change position in bed.

Procedures were in place to keep people safe in an emergency and reduce risks to their health. Staff were trained in fire safety and first aid. The provider had arrangements with other nearby care homes to accommodate people temporarily if they had to evacuate the home and it was not safe to return immediately. Equipment used in people's care and support was inspected and maintained regularly.

There were sufficient numbers of suitable staff to support people and keep them safe. People were satisfied there were enough staff, and staff told us their workload was manageable. The registered manager told us staffing levels were based on people's needs and dependency. We saw staff were able to carry out their duties in a calm, professional manner.

The provider carried out the necessary checks before staff started work. Staff files contained evidence of proof of identity, a criminal record check, employment history, and good conduct in previous employment. The registered manager told us they used interviews to identify and screen candidates who were not suitable to work in a care setting. They did not use agency staff but had a stable work force including a pool of temporary employees they could use.

Medicines were stored and handled safely. We observed part of a medicines round. Care workers observed suitable hygiene practices. They encouraged people to take their medicines, explaining what they were for. They were aware of how people liked to take different medicines and offered them accordingly. They made sure the person had swallowed their medicine and thanked them before moving on to the next person. Tablets and capsules were administered from blister packs. Medicines in other containers such as bottles and eye drops were clearly marked with the person's name and the date the container had been opened.

People's medicine administration records contained the person's name, photograph and information about any allergies. Records were accurate and up to date. Where people were prescribed medicines to take "as required" there were specific instructions for the care workers. Care workers noted the time and dose administered for "as required" medicines which meant there was a full record of what people had taken.

Good

Is the service effective?

Our findings

People and their relatives were satisfied staff had the skills and knowledge to support people. One person said, "I am looked after very well." People were happy with the quality and choice of food. One person said, "We all get what we like." People were supported to access healthcare services if they needed them.

People were complimentary about the ability of staff to support them according to their needs. Staff were satisfied they received appropriate and timely training and had regular supervision meetings with senior staff. One experienced care worker said there was "lots of training" and their induction at this service was "brilliant". Training was delivered by a variety of methods including face to face, workbooks and computer based courses. Induction for new staff was provided in house and took into account relevant national standards. Ongoing training covered mandatory subjects such as first aid and moving and handling. Other training available to all staff included dementia, stroke awareness and diabetes care.

Staff had annual appraisals and formal supervisions at least once every 12 weeks. Supervisions were often more frequent. Some took place at eight week intervals. Supervisions were delegated by the registered manager to the deputy manager and senior staff. The registered manager reviewed all supervision records and followed up if there were areas of concern.

Staff sought people's consent for care and treatment. Where people were able to consent, this was documented in their care plans. People signed their consent forms if they were able to do so. We observed care workers explaining to people they supported what they were about to do and asking for consent before they went ahead.

Where people lacked capacity to make decisions staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests. The Act provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Capacity assessments and best interests decisions were recorded in people's care plans. These showed the local authority's toolkit for capacity assessments was used and staff were guided to follow the principles of the Act. For instance, one assessment demonstrated the person was assisted to make their own decision by "sitting with [Name] on two or three different occasions".

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the home to be meeting the requirements of the DoLS. The registered manager was informed about a recent High Court judgement concerning DoLS. Applications had been made to the local authority as the Supervisory Body to make sure that where people were deprived of their liberty this was done so legally, in their best interests and was the least restrictive way of keeping them safe.

People were supported and assisted to maintain a healthy diet. People were complimentary about the food provided. Staff told us the menu offered was based on a four week cycle. If there was nothing people liked, they could have an alternative. A recent quality assurance survey showed 18 of 19 returns judged meals to be "good" or "excellent", and one person had commented, "Doesn't like cooked dinners, but gets something else". We saw lunch being served. Care was taken to make sure food was warm and presented in an appetising way. The setting of the dining room was pleasant and staff helped to make it a pleasant experience for people.

The chef was aware of people's food preferences and allergies and prepared their food accordingly. There were no people with dietary needs arising from their religious or cultural background, but some had specific needs, for instance pureed diets. If people needed assistance to eat, this was done in a sensitive manner. People had adapted cutlery and plates to help them maintain their independence.

People's health and wellbeing were supported by access to healthcare services when needed. These included GP, community nurse, chiropodist, and optician. Records showed people were supported to attend hospital outpatient appointments, and some had attended memory clinics. Certain care plans were based on consultations with physiotherapists, and speech and language therapists. The registered manager said they had a good relationship with the local GP surgeries and

Good

Is the service effective?

community nursing teams. A visiting healthcare professional told us the service engaged with them when needed, staff had the required information available when they attended and paid attention to advice given.

Good

Is the service caring?

Our findings

There were caring relationships between people and staff who supported them. People described staff as "all very kind", and one person said, "I love them all. The girls are very good and I can always speak to the manager."

People were treated with kindness. Staff explained what they were doing, and why. Staff called people by their preferred names and gave time for them to move from one position to another. They made eye contact with people by getting down to the person's level if they were sitting. They spoke clearly and at a volume which could be heard but was not too loud. If people became distressed or anxious, staff calmed and reassured them. One person felt unwell at lunchtime, and staff checked with them frequently to see if their appetite had returned. A care worker said, "Let me know if you get hungry, and I'll get you something." Interactions between people and staff were positive and showed people were treated as individuals.

There was a key worker system in place which meant people had a named care worker they, or their family, could contact with questions or concerns about their care. A care worker said this allowed them to build better relationships with people and their relations. They said, "Any problems, they come to us." Other care workers told us they had time to establish relationships with people and talk to them about subjects other than their immediate care needs. We saw care workers joined in with people's leisure activities and interests.

People were able to express their views about their care and participate in how the service was run. Notes of the most recent meeting for people living at the home were displayed on a notice board. Staff told us about changes that were made as a result of feedback from people, for instance they now had more home-made cakes instead of buying them in, and breakfast menu options were displayed in people's bedrooms.

People told us they could talk to any member of staff about their care, and we saw staff offering them choices about where they wanted to sit, hot and cold drinks and other aspects of their day to day support. One person told us they liked to participate in the cleaning of their room and in preparing the dining area for meals, and we saw they were able to do this.

People all agreed they were treated with dignity, and their privacy and independence were respected. Staff gave us practical examples of how they did this, for instance one person preferred to have their meals in their room with the door closed.

Staff told us nobody living at the home had particular needs or preferences arising from their religious or cultural background. They were aware of some of the adjustments to people's care that could arise from this. Care plan assessments were designed to take into account any preferences arising from a person's background. People were supported to attend their chosen church or have visits from church representatives if they chose to do so.

Good

Is the service responsive?

Our findings

People received assistance with their personal care that met their needs and took into account their preferences and wishes. One person told us they were able to follow their own preferred routines and often chose to stay in their room quietly. They said, "They look after me very well."

People were involved in their care planning and assessments, and were able to influence them and communicate their preferences. One person's care plan read, "[Name] took part in his assessment, giving information on how he wishes his care to be carried out." Care plans took into account people's abilities as well as their needs and issues. They recorded people's desired outcomes, how they preferred to be supported, what they enjoyed and how their independence could be promoted. Daily logs of care showed people received care and support according to their plans.

Returns from a recent quality assurance survey showed all the people asked thought the admissions process and information provided was "good" or "excellent". Seventeen out of 19 returns judged the care planning as "good" or "excellent".

People's care and treatment were reviewed regularly and changes made if required. Monthly checks, for instance on people's weight, were made if appropriate. Standard screening tools, for instance if people were at risk of poor nutrition, were used monthly. One person had started to gain weight after changes to their care plan in response to concerns about their nutrition. They had recently returned to monthly weight checks after a period of fortnightly checks.

Care plans, risk assessments and capacity assessments were reviewed regularly and people's families were invited to participate in these reviews. If necessary changes were made to people's care plans. We saw all relevant plans were changed in response to people's changing needs. For instance a review of one person's medicines had resulted in a change to their medicines care plan, and this was cross referenced in their medicines administration records.

People could take part in various leisure activities and entertainments. There was a bar in one corner of the shared area of the home, which staff told us was "for the gentlemen". At the time of our visit there were building works in the rear garden which were planned to improve access to the garden for people with difficulties moving about. People told us they were looking forward to being able to use this garden although there were facilities for people to sit out in the smaller front garden if they were accompanied.

We saw people supported in individual activities such as puzzles, knitting, games and reading. People told us they were able to pursue their interests and hobbies. There were also organised activities. On the day of our visit people had the opportunity in the morning to take part in arts and crafts if they wanted to, and in the afternoon there were visiting entertainers and bingo. There was a regular programme of optional activities which included visits by a "pets as therapy" dog and pupils from a nearby nursery school. Staff told us people were also supported to go out into the community, for instance to a local café and shops.

People were confident any concerns they raised would be dealt with promptly and effectively. They found the registered manager was responsive, listened and took action when concerns were raised. There was a copy of the provider's complaints procedure available in a drawer in the entrance area of the home. There was a small notice in a picture frame which told people where to find the procedure. The registered manager said they did this rather than have the procedure itself on display to make the entrance more homely and less institutional in appearance. There was a complaints file, but no formal complaints had been logged since 2013.

Good

Is the service well-led?

Our findings

People were complimentary about the atmosphere and culture in the home. They found it warm and friendly as well as efficient. One said, "You won't find a better place than this." In a recent quality assurance survey, all the people who responded judged the management and overall quality of the home to be either "good" or "excellent". People said they were encouraged to raise any questions or concerns with any member of staff or the registered manager.

Staff responded positively to the registered manager's style. They said they respected the manager and considered the home to be well run. Open communications were encouraged with the manager and within the staff team. They felt supported by senior staff and by the manager. Staff felt people considered the service to be like their own home. The provider had tried to make the decoration of the home as homely as possible. The medicines trolleys were stored in the shared lounge, in cupboards which were painted to match the rest of the furniture. A comment in the quality assurance survey read, "Very pleasant, homely but modern. The lounge is the hub."

The registered manager considered they had a good, well-motivated staff team who automatically adopted high standards, for instance in their personal appearance when at work. They were always available to staff and had a "hands-on" approach to management. We saw them helping staff during the busy lunchtime period. They worked closely with staff and felt they could "hear everything that goes on". Management and leadership were based on day to day observations of practical care and more formal supervisions and appraisals. They said they developed good relationships with people and with their families and tried to foster a kind, caring atmosphere.

The registered manager kept records of staff training, supervisions and appraisals, and of reviews of people's care plans. These enabled them to see which had been completed and if any were overdue. The manager reported every month to the provider. These reports covered changes to the population of people living at the home, staff changes, vacancies and training, any issues relating to health and safety, medication or infection control, any complaints, notifications to the Care Quality Commission, contact with the local authority, and any maintenance issues. The manager said the provider was always available to contact if required.

Systems were in place to monitor and assess the quality of service provided. An external consultant was engaged to audit the service every six months. The registered manager carried out a system of internal checks and audits. There were either one or two internal audits each month and the programme was designed so that all areas of the service were covered at least once a year. Actions taken after these internal audits included the purchase of a new refrigerator for medicines and new bathroom blinds. A long term programme of refurbishment was in progress at the time of our visit. This had resulted in improvements, for instance floors had been levelled to reduce tripping hazards and improve accessibility for people who had difficulties moving about.

The provider sought the views of people, their families and visiting professionals by means of quality assurance questionnaires. We saw records from the most recent of these which took place in February and March 2015. Most areas of the service were judged "good" or "excellent" with at most one or two respondents giving an "average" judgement. Comments included "Always seem to be a good number of staff", "Very caring staff when dealing with residents" and "A very happy place".