# Inspection Report

***We are the regulator:*** *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

# Alexandra Care Home

46 Alexandra Road, Hemel Hempstead, HP2 5BP

Date of Inspection: 10 January 2014

Date of Publication: January 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

| | |
|---|---|
| **Care and welfare of people who use services** | ✓ Met this standard |
| **Meeting nutritional needs** | ✓ Met this standard |
| **Safeguarding people who use services from abuse** | ✓ Met this standard |
| **Staffing** | ✓ Met this standard |

## Details about this location

| | |
|---|---|
| Registered Provider | Four Seasons (Bamford) Limited |
| Registered Manager | Ms. Elizabeth Patricia Nicholas |
| Overview of the service | Alexandra Care Home is a medium sized nursing home providing care for up to 76 people who are mainly elderly and may have associated dementia or physical health problems. The home is divided into three units with one specialising in dementia care. The home is located centrally in Hemel Hempstead with easy access to public transport and local services for people. There is an extensive programme of renovation taking place throughout the home at present. |
| Type of service | Care home service with nursing |
| Regulated activities | Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury |

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*


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## Summary of this inspection

### Why we carried out this inspection

We carried out this inspection to check whether Alexandra Care Home had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Meeting nutritional needs
- Safeguarding people who use services from abuse
- Staffing

This was an unannounced inspection.

### How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 January 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information given to us by the provider and talked with commissioners of services.

### What people told us and what we found

In August 2013 following an inspection the service was found to be non-compliant in seven outcome areas. We completed a "follow up" visit in October 2013 to check that the provider had made the required improvements. We found that the home had made significant progress, however they were still found to be non-compliant in three of the outcome areas from the previous inspection.
At our most recent inspection, we found the provider had made all the required improvements and were found to be meeting all the regulation outcomes we tested. People who used the service told us that things in the home had improved over the past six months. We asked people what had improved. People told us there were more staff on duty and they were able to spend more "quality time" with people. Food and menu's had been reviewed and people and their relatives had contributed to the process. The home had undergone major refurbishment and looked much better. One person said "the environment is so much better". Another said they enjoyed the interaction with staff.
We noted that the home had a different "feel" to it. We observed people who used the service having "positive interactions with staff. Staff appeared to be much more relaxed and we observed them chatting happily with people. There were activities going on in two of the lounges. People were being supported with drinks and snacks. People looked well cared for and told us the staff were great.

You can see our judgements on the front page of this report.

## More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Care and welfare of people who use services** ✓ Met this standard

**People should get safe and appropriate care that meets their needs and supports their rights**

### Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

### Reasons for our judgement

We observed people to be well cared for and we noted from care plans that these were up to date, had risk assessments in them and were person centred. We found that the approach to care had changed and was much more person centred and did not appear to be task orientated. People looked well groomed and care had been provided in accordance with people's assessed needs and where possible with their involvement.
We noted that call bells were answered quickly, and a new system that had been introduced was monitored by management. This ensured staff responded in a timely way to people's requests for help. People were taking part in activities and told us they found it much better to have a variety of activities to suit a range of abilities.
Specialist training for the care of people with a dementia had been planned and will give staff the additional skills and abilities to provide a more person centred and stimulating environment for people living with a dementia.
People's care, treatment and support were provided in accordance with their assessed needs.

**Meeting nutritional needs** ✓ Met this standard

**Food and drink should meet people's individual dietary needs**

## Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

## Reasons for our judgement

People who used the service were supported to eat and drink sufficient amounts to maintain a healthy and balanced nutritional intake. The manager told us that they had recently reviewed the menus within the home and residents and their relatives had been involved in the process to ensure they were happy with the range and choice of foods and specialist diets that were available to people who lived at Alexandra care home. We noted fluid charts were located in people's rooms and were completed at the time the person was supported with eating and drinking.
We also observed the dining rooms were set up and looked welcoming and appealing and provided a nice environment for people to eat their meals in. We observed at various times during our inspection visit, that people had access to fluids and food. Snacks were provided to people when they wanted them and tea/coffee and cake and biscuits were provided mid- morning and afternoon and an evening/bedtime drink and snacks were available to everyone.
We reviewed a number of people's files and found that specialist dietary requirements were provided to people who had been assessed or who had a preference for example a soft, mashed or pureed diet. People's cultural preferences were considered. The chef served the meals and was able to monitor the food on a daily basis.  In addition the food was tested daily by staff. This ensured the quality was maintained.

**Safeguarding people who use services from abuse** ✓ Met this standard

**People should be protected from abuse and staff should respect their human rights**

## Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

## Reasons for our judgement

We reviewed the safeguarding file and noted that all the safeguarding concerns had been concluded. They had been appropriately referred to the local authority, and had been investigated under the policy that was in place. They had been concluded; with an outcome of two "partially substantiated" and two the other two were concluded as "fully substantiated".
Staff had had regular training and refresher training when required and were aware of their responsibilities to protect people from abuse.
This meant that the provider had acted appropriately and had followed the correct reporting procedure. People who used the service were protected from abuse or the risk of abuse.

**Staffing** ✓ Met this standard

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

## Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

## Reasons for our judgement

At our previous inspection, it was noted that a lot of the staff were agency staff. There was a big turnover of staff and a lack of consistency and anomalies around staff training. However, all of these areas had been addressed and the provider was now meeting this standard. A lot of new staff had been recruited since the last inspection. The provider had not used agency staff for some time. The use of agency staff is now very occasional as there is now enough permanent staff to cover all the shifts. The staffing levels were higher than the assessed needs with additional staff hours being made available on every shift. This is a permanent arrangement and we found that this enhanced the wellbeing of people who used the service because staff were not rushed and could really focus on the needs of the people.
Staff training was now more robust and consistent and staff were paid to attend training to ensure that training was not missed. There were sufficient numbers of trained and experienced staff to meet people's needs.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

| | |
|---|---|
| ✓ **Met this standard** | This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made. |
| ✖ **Action needed** | This means that the standard was not being met in that the provider was non-compliant with the regulation.<br>We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete. |
| ✖ **Enforcement action taken** | If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people. |

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact -** people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact -** people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact -** people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

| |
|---|
| Respecting and involving people who use services - Outcome 1 (Regulation 17) |
| Consent to care and treatment - Outcome 2 (Regulation 18) |
| Care and welfare of people who use services - Outcome 4 (Regulation 9) |
| Meeting Nutritional Needs - Outcome 5 (Regulation 14) |
| Cooperating with other providers - Outcome 6 (Regulation 24) |
| Safeguarding people who use services from abuse - Outcome 7 (Regulation 11) |
| Cleanliness and infection control - Outcome 8 (Regulation 12) |
| Management of medicines - Outcome 9 (Regulation 13) |
| Safety and suitability of premises - Outcome 10 (Regulation 15) |
| Safety, availability and suitability of equipment - Outcome 11 (Regulation 16) |
| Requirements relating to workers - Outcome 12 (Regulation 21) |
| Staffing - Outcome 13 (Regulation 22) |
| Supporting Staff - Outcome 14 (Regulation 23) |
| Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10) |
| Complaints - Outcome 17 (Regulation 19) |
| Records - Outcome 21 (Regulation 20) |

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

### (Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

### Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

### Responsive inspection

This is carried out at any time in relation to identified concerns.

### Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

### Themed inspection

This is targeted to look at specific standards, sectors or types of care.

## Contact us

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