Inspection Report

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

Alexandra Court Residential Home

333 Spen Lane, West Park, Leeds, LS16 5BB

Tel: 01132743661

Date of Inspection: 09 October 2013

Date of Publication: November 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Alexandra Court Residential Home Limited
Registered Manager	Mrs. Jacinta Jackson
Overview of the service	Alexandra Court Residential Home offers residential care and accommodation for a maximum of 24 people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

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 9 October 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We talked with a healthcare professional.

What people told us and what we found

People told us they were happy with the care and support they received. One person said, "The standard of care is extremely high." Another person said, "I have my own routine and this is never a problem. I can ask for anything." Another person said, "I can be independent with the things I can still do. Their attitude to everything is excellent. You couldn't get better service if you were staying in a top hotel."

A relative told us they were very happy with the service provided and there was "consistent kindness". A visiting healthcare professional said, "Everyone is very well looked after, staff are welcoming, people get good care. They ring me if they are worried about anything and always follow advice."

There were enough staff with the right skills and experience to meet people's needs. Staff told us people received good care and they had sufficient time to support people properly.

The provider had an effective system to regularly assess and monitor the quality of the service that people received. We looked at a number of assessments and audits which showed regular checks were carried out to help make sure people who used the service benefitted from safe quality care.

In the main, appropriate arrangements were in place for managing medicines although some procedures for the safe administration of medicines were not always effective.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We used a number of different methods to help us understand the experiences of people who used the service, including observing the care being delivered, talking to people and looking at care records.

People's diversity, values and human rights were respected. We observed staff supporting people who used the service. Staff were friendly, patient, polite and treated people in a respectful way. During lunch staff encouraged people to be independent and make choices but at the same time assisted people when they required support.

People expressed their views and were involved in making decisions about their care. People were supported in maintaining their independence. We spoke with six people who used the service. They told us they could make decisions about their care and support. One person said, "Nothing is too much trouble. We can choose when to go to bed and when to get up. They pop in on a morning and if you're ready to get up you're ready, if not they come back." Another person said, "I have my own routine and this is never a problem. I can ask for anything." Another person said, "I can be independent with the things I can still do. Their attitude to everything is excellent. You couldn't get better service if you were staying in a top hotel."

People told us they could make choices about their daily living such as deciding when to get up, when to go to bed, where to sit and what to wear. They said choosing when to have a bath was not always at their preferred time. We shared these comments with the registered provider and registered manager who said they would review the bathing arrangements and ensure they were more flexible.

We spoke with a relative who told us they were very happy with the service provided. They said there was "consistent kindness".

We spoke with the registered manager, an ancillary member of staff and three care assistants. They said good systems were in place to make sure people's privacy, dignity

and confidentially were maintained. Staff who delivered care gave examples of how they did this. Staff told us people's preferences were clearly recorded in their care records and these were always respected. One member of staff said, "We make sure people get to choose as much as they are able." Staff told us they had received training to help them understand how to provide good care.

We looked at three people's care records. These had information about people's preferences and what they could do on their own and when they needed assistance. Everyone had a 'life history' book.

The provider had policies and procedures in place. These included a dignity challenge policy which covered promoting and supporting individual rights and choices.

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.

People experienced care and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with six people who used the service and they said they were happy with the care and support they received. They were complimentary about the staff who supported them and told us they were well looked after. One person said, "The standard of care is extremely high." Another person said, "All the staff are very nice. I can't manage well these days but don't have to worry because I get all the help I need."

We spoke with a visiting healthcare professional who told us people's healthcare needs were met. They said, "Everyone is very well looked after, staff are welcoming, people get good care. They ring me if they are worried about anything and always follow advice."

We observed staff supporting people who used the service and saw good standards of care being provided. Staff were confident and provided appropriate assistance to help people move and transfer. Staff responded promptly when people required support. For example, one person was struggling to walk and started to get anxious. Staff noticed this and were quick to intervene; they reassured the person and provided good support. Staff provided people with aids and equipment to meet their individual needs. Lunch was relaxed and people were given plenty of time to eat their meal. Everyone seemed comfortable and happy with the conversation and company.

Staff we spoke with said people received good care and their needs were appropriately met. Staff told us they read people's care plans and these contained enough information about people's care needs. Staff had a clear understanding of their roles and responsibilities within the team. We looked at training records which showed appropriate training was being delivered to help staff understand how to meet people's individual needs.

In the main, people's needs were assessed and care and support was planned and delivered in line with their individual care plan. We looked at three people's care records and found they contained information about how people's needs should be met and they identified how care and support should be delivered. Daily communication records showed that people received appropriate care to meet their identified needs.

Care and support was planned and delivered in a way that ensured people's safety and

welfare. In the main, care files identified risks and how these were managed.

The provider might find it useful to note although people experienced care and support that met their needs and protected their rights, we noted some gaps in the care planning process. For example, one person had pressure relieving equipment but this had not been assessed or planned so the provider could not be sure it met their needs. One person did not have a night care plan. This meant people's care needs could be overlooked.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at care records for people who used the service, the provider's medication policy and some Medication Administration Records (MARs). We also talked to people who used the service, staff and the registered manager about the management of medicines.

People who used the service told us they received appropriate support with their medication and received it at the correct time. One person said, "They always make sure I get my tablets."

Staff who administered medicines told us they had completed medication training which equipped them with the knowledge and skills to administer medicines safely. Staff records showed all care workers who assisted people with their medicines had completed medication training. Staff were also completing a safe handing medicines distance learning course. Staff told us each shift had a designated person who was responsible for management of medicines.

We found appropriate arrangements were in place for the storage of medicines. The service had a medicines trolley which was kept locked in a medicines room when not in use. Items that needed to be refrigerated were stored appropriately and staff carried out regular temperature checks.

The registered manager had a clear understanding of controlled drugs and what to record in the controlled drugs register. Some staff who administered medicines were not sure. We noted some drugs were entered on the register but were not controlled drugs. The medicines were all accounted for and clearly recorded, however, the register should only contain correct information to avoid any confusion.

Care records identified who received support with their medicines and how people's individual care needs should be met.

The provider had carried out weekly medication audits, which demonstrated the provider was checking medicines to make sure they were being administered and handled safely.

They had checked MARs and where they identified gaps in the recording it was followed up by the management team. We noted some gaps in the MARs; these had been picked up through the provider's auditing process.

In the main, medication administration records indicated medicines were given as prescribed. However, we noted one person's medicine had not been administered on one occasion but there was no explanation as to why. The MAR indicated the medicine had been administered. When another person was admitted to the home their medicine was checked to ensure it accurately reflected the admission notes and MAR but the number of tablets was not checked. We identified there had been an error in administration. The registered manager responded promptly and took appropriate action, and also identified why the error had occurred.

The provider's medicines policies outlined some procedures for management of medicines but these did not cover all key areas. For example, they had a policy for obtaining and recording medicines received from the pharmacist but not if they received medicines from elsewhere. Medicines administration referred to 'blister packs' but did not refer to other medicines. The registered manager could not locate the controlled drugs policy.

The provider might find it useful to note the procedures for managing medicines were not always effective. They did not always provide sufficient guidance for the safe administration of medicines. This meant people who used the service might not be protected against the risks associated with unsafe use and management of medicines.

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

People who used the service told us there were enough staff working at the service and they had the right skills and experience. People said they received support at appropriate times. Everyone we spoke with said if they requested assistance staff responded promptly.

When we visited the service there were sufficient staff on duty. Staff were not rushing and when people requested support staff responded promptly. Staff spent time with people and were observed talking to people individually.

All of the staff we spoke with told us there were enough staff with the right skills and experience to meet people's needs. They said they had sufficient time to support people properly. Staff told us they knew how to meet people's needs and as they only had a low turnover of staff people received consistency of care.

Staff said the management team always ensured there were sufficient staff on duty and if they got busy the registered manager and registered provider were always available and often helped out. One member of staff said, "It works well because the managers are always around and if ever they think we're stretched they assist." Another member of staff said, "They would never allow us to work where we didn't have time to meet people's needs. Sometimes we can get busy but never too busy that care is compromised."

The registered manager discussed the staffing arrangements and said systems were in place to respond to changing circumstances in the service.

We looked at the staffing rotas which showed, in the main, the staffing levels discussed by the registered manager were maintained although on two shifts they indicated there had been a staffing shortage. The registered provider had covered these shifts but this was not recorded on the rota. The provider agreed to record their time at the home on the rota when they were included in the staffing compliment.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of the service that people received. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

People who used the service and others were asked for their views about the service and they were acted upon. In total we spoke with 14 people about Alexandra Court. Everyone said the home provided a good service and they didn't have any concerns about the quality of care and support. One person who used the service said, "I can't fault it. It's a friendly, homely place." Another person said, "The carers are so helpful. If I ask for something and they are not sure, they say they will find out and they always do." A relative said, "They really are very special and vigilant." A member of staff said, "It's the best care home I've ever worked in."

The provider had an effective system to monitor the quality of the service people received. We looked at the provider's quality assurance feedback from people who used the service, relatives and visitors, which showed there was a high level of satisfaction. From 28 respondents, 25 felt the quality of care was excellent; three felt the quality of care was good; 22 felt resident's meetings were excellent; six felt resident's meetings were good; 25 felt the quality of staff was excellent; three felt the quality of staff was good. 24 said there were enough staff; 4 said there were not enough. The registered provider had analysed the results and identified what they could improve and develop. The registered provider told us there were no open complaints at the time of our inspection.

Staff we spoke with said there were effective systems to monitor quality and safety. They said managers were in regular contact and checked everything was in place. One member of staff said, "When I started I was made to feel so welcome. The managers are so supportive. Everyone knows what they need to do. There is clear direction." Another member of staff said, "Everyone works so well together. We are a good team and it has a nice feeling."

The provider identified, monitored and managed risks to people who used or worked in the service. We looked at a number of assessments and audits which showed regular checks were carried out to help make sure people who used the service benefitted from safe

quality care. Records showed the provider monitored staff training and supervision to make sure staff received appropriate support. The provider's policies and procedures identified the arrangements in place to provide safe and effective care.

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. 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. We monitor the implementation of action plans in these reports and, if necessary, take further action. 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

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

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