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: 04 January 2013

Date of Publication: February 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ 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 Diagnostic and screening procedures Treatment of disease, disorder or injury

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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Consent to care and treatment	5
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	9
Requirements relating to workers	10
Assessing and monitoring the quality of service provision	11
About CQC Inspections	12
How we define our judgements	13
Glossary of terms we use in this report	15
Contact us	17

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 4 January 2013, observed how people were being cared for and talked with people who represent the interests of people who use services. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with people who used the service and their relatives or friends. We were told that there had been improvements in the care that the home provided and that they were happy with the choices that they had. A person who use the service "Felt that they were treated with respect". Another person said that "She enjoyed each day and it was a relief to be living at the home". People and their relatives said they were pleased with the encouragement to contribute to the running of the home by attending regular meetings. We were told by a visitor that " the staff group are busy and committed which helps a lot".

We observed that there were continuing improvements being made to the decoration of the home. We saw that some parts of the home remained under used at present although changes were planned. We saw that new equipment was still being purchased for the benefit of people who use the service. We noted in discussion with the manager and the senior staff that the home is getting better.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We also saw that where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We observed that people were spoken to in a manner which respected their human rights and their dignity. The carers took into account the people's wishes and needs. Care and treatment records were completed on a daily basis to note changes that may have taken place in their care plan. Staff spoke with people who were able to respond to them verbally or by indicating their needs by movement. People were asked if they wanted a drink, as fluid intake was closely monitored as part of their nursing care. People were asked about what they wanted to eat and had a personalised menu. We spoke with the chef who explained his involvement in planning nutritional programmes by talking with people and gaining their views. We noted that people were asked if they wanted to get out of bed, wished to go to the lounge or wished to to read their paper. Staff provided personal care to a high proportion of people due to physical health problems and/or loss of cognitive skills. Staff managed the needs of the people but we saw that at times there were delays between requests for support and action being taken.

Staff commented on how difficult it can be to provide care to a person who was very unwell and decisions had to be made about how to nurse them. We noted that the senior staff and the clinical lead gave clear guidelines to support care staff. The managers stressed the importance of this and of working in the best interest of a people. We saw from the documentation and care plans of seven people that relatives or advocates were involved in making decisions about care and treatment with the staff. Professionals, such as GPs, social workers and district nurses were also involved with people's care plans. We noted that where possible staff sought to gain consent from the people who used the service and this was recorded.When we spoke staff they understood that some people required extra or full support to make decisions. We read that staff had made decisions about people who were unable to give consent and made alternative arrangements with families and professionals to seek their views.

The eight files that we read embodied a care plan for all aspects of the person's life. The

care plan could be updated at any time of the day or week and reflected a person's needs in detail. We saw that the provider's policies stressed the importance of recording, understanding people's needs and staff being aware of the need to maintain the paperwork accurately. We read some care plans where decisions had been taken about treatment due to a person's lack of capacity. We saw that there was a regular review of decisions made about consent and the unit managers discussed these with the manager. The practice of daily review by senior staff was supportive to the staff and to the people we saw.

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, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's care and treatment was planned and delivered in line with their individual care plan. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We read eight care plans which contained detailed health and risk assessments as well as daily recordings of people's needs.

We were told that until recently many staff were employed from agencies and this had provided inconsistent care. We read ten staff records and confirmed with the manager that in the last six months staff were now employed on a permanent contract by the provider. We were told that there remained changes in the care staff due to normal staffing events such as promotion or maternity leave. We met with the new senior staff group who were developing new standards of practice, implementing new and mandatory training and had improved the care for people. The senior staff confirmed their commitment to the care and welfare of the people who live at the home. The people who we spoke to said that "Good care was given to them" and "The staff always looked after them". The people were confident in the carers who worked with them.

We noted that some people due to their nursing needs were in their bedrooms throughout the day and there was little use of the lounge areas by other people. We acknowledged that a proportion of people were unable to leave their rooms.We were advised that the activities coordinator had been unwell for some time but should be returning to work next week. Care staff were providing a low level of day activities when they were able to do so.

We saw on each of the nursing units that care staff were attentive to the nursing needs of people and provided appropriate care such as giving drinks, turning people due to fragile skin or giving medication. We reviewed the medication documentation and found these to be of high standard. We discussed with the three unit managers the high level of care that had to be provided and the need for staff who understood people's welfare needs. We spoke with families of people and they told us of the continuing improvements in the care at the home. We spoke with care staff throughout the home and they said that with new staff in place and the influence of the new managers the home provided a good service.

We saw that there were procedures in place within the home for dealing with foreseeable emergencies. The most recent had been the outbreak of the Norovirus which closed the

home for ten days including the Christmas period.

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. The provider responded appropriately to any allegation of abuse.

Reasons for our judgement

We read the documents that are published by the provider about the safeguarding of the vulnerable people who use the service. We saw that people or their relatives and friends had access to this information. We read the files that were used by the manager to record incidents where the safeguarding of a person from abuse had been raised.

We read staff files and reviewed the training matrix which showed that staff were required to complete mandatory training in safeguarding. Staff who we spoke to confirmed that they had received safeguarding training and knew that it was an important part of their job. We saw that some staff who had started recently had not completed this training and we were assured that this would be addressed. We saw that one member of staff is now leading on staff training for safeguarding. We discussed with the manager and their staff that whistleblowing is encouraged if staff observed poor practice that may be placing people at risk.

We noted that concerns about possible abuse were shared with the relevant agencies such as the Care Quality Commission and the local authorities. We discussed with the manager and saw from the documents that there was some confusion about the outcomes for investigations. One investigation was incomplete as there had been no confirmed strategy plan. Action had been taken by the manager to ensure the safety of the person whilst awaiting agreement to close the concern raised.

We saw clear and accurate recording of concerns about medical problems throughout our visit. We noted that photographs were taken of any marks or sores on a person's body and body maps were completed. Support was provided by clinicians in the community if required. We noted that the manager and senior staff stressed the importance of recording this information. Relatives and friends who we spoke with thought that people were well cared for and safe. We had one negative comment from a visitor which concerned the aggressive behaviour of people in the dementia unit.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified , skilled and experienced staff.

Reasons for our judgement

We observed that appropriate checks were now being undertaken before staff began work. There was an effective recruitment and selection process in place. During our visit we observed care staff who had an understanding of the needs of the people who they worked with. We saw carers and nurses perform tasks relevant to their roles in a competent manner such as the administration of medication or the hoisting of a person.

We had the opportunity to review ten staff files and to discuss their content with the administrator and the manager. We noted that some files had little content or detail about the employee. We were advised that these files related to the previous provider's practice. We were advised by the manager that advice had been given to not seek further information.

We were told that there are no agency workers employed at the home. The manager advised us that this provided greater stability for the people who use the service and had improved relationships in the staff group. On the day of our visit we were advised that the manager was interviewing several candidates for care staff positions. We observed that care staff were being selected based on their skills, experience and qualifications. We also noted that staff were being selected based on their understanding of their role. Further interviews were taking place next week for care staff. We were told that extra nursing staff were to be employed to meet the needs of people and support the care staff. We reviewed the matrix for staff training which showed all mandatory training was in place. A programme of etraining has been introduced and staff are following NVQ level 2 training.

We noted in the supervision documents and staff files that all relevant checks by the provider were now made in employing staff, for example, the CRB or their right to work. We saw that appropriate steps had been taken to dismiss staff. We reviewed the notes made during an unannounced night visits by the managers and how a member of staff had been disciplined. We saw that there remained concerns about the team of staff who were working at night. We were assured by the manager that action was being taken to resolve the conflict between some staff.

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 service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. The provider had taken account of complaints and comments to improve the service.

The manager of the service had put in place regular meetings with people who use the service and separate meetings with the relatives of people living at the home. We saw from the minutes of the meetings over the past eight months that people were encouraged to express opinions about the service. We saw, for example, that relatives views were expressed about menus, the state of decoration of the home or used as a means of asking about the future plans for the care home. The people who used the service raised further questions about menus and the strain placed on staff at times. The manager then shared the information with the staff unit managers and shared the information with the regional manager. We saw that the manager gave regular feedback to people and relatives or friends as an outcome of the meetings.

The complaints policy for the service is openly advertised. We noted there had been 13 complaints in the last nine months and the whistleblowing policy was encouraged to be used by the provider. We read the complaints which focussed on personal care issues and on the fabric of the home. The manager was given responsibility to answer complaints and had done so within the provider's required guidelines. We noted that most complaints may have been preventable if care staff or managers had been attentive to the needs of people who use the service. We indicated to the manager that the complaints and outcomes should be stored in a confidential and safe place.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.