

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

## Alexander House - Dover

140-142 Folkestone Road, Dover, CT17 9SP

Tel: 01304212949

Date of Inspection: 06 December 2012

Date of Publication: January 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

**Safeguarding people who use services from abuse**



Met this standard

**Supporting workers**



Met this standard

**Assessing and monitoring the quality of service provision**



Met this standard

## Details about this location

Registered Provider	Nicholas James Care Homes Limited
Registered Manager	Mrs. Kerry Allcock
Overview of the service	Alexander House is a care home in Dover providing residential care for up to 46 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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 December 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We met and spoke with some of the people who use the service and everyone we spoke with expressed that they were very happy living at Alexander House. We observed interactions between the people who used the service and the staff. For example, we observed to see how people responded and reacted with the staff and we looked to see how people indicated that they were happy, bored, discontented, angry or sad. There were 33 people using the service at the time of our visit.

People told us that they had the care and support they needed to remain well and healthy. They said they were involved in decisions about their care and support. We were told, "It is wonderful here and the staff are great".

People told us they liked living at the service and felt safe. One person said, "I have been here for three years and always feel very safe".

We saw that staff engaged with people in a warm and positive way and supported people where needed.

Staff told us that they were happy working at the home and felt supported in their roles.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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**

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### Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People's privacy, dignity and independence were respected.

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### Reasons for our judgement

People who use the service were given appropriate information and support regarding their care and treatment. We heard staff giving people choices about what to eat and drink and whether or not they wanted to join in activities. People were able to express their preferences for what they wore, what they ate and what activities they participated in. People said and records showed that people had been consulted about their care and that staff took time to discuss things with them. For example, Staff told us that residents meetings used to be held but that only one or two would attend. The staff now spent time with each person individually to check on their health and general well-being and note any concerns or ideas.

People using the service were treated with respect by staff who supported them and their privacy was maintained. People told us that they had their privacy respected. One person commented, "Staff are very careful to make sure I am covered up when they help me wash". We saw a dignity notice board which included quotes from people using the service. For example, "All the staff are very friendly and helpful. That's why I refuse to go anywhere else". We observed that staff knocked on bedroom doors before they entered and explained what they were going to do. This meant that people's dignity and privacy were respected.

People's diversity, values and human rights were respected. This included arrangements being made for people to practice their religious commitments. We saw that, where appropriate, people's religious needs were noted in their care plans. People were encouraged to bring their own furniture into the home and that their rooms were personalised.

People were supported in promoting their independence and community involvement. We observed that people were encouraged to be as independent as possible. Staff told us that they promoted people's independence. For example, some people were able to wash and dress themselves but staff were available when needed. People chose where they wanted to be during the day. There were choices of conservatory areas and lounges and

some people preferred to spend time in their rooms. We saw that there was a programme of activities which included "sit and be fit" arm chair exercise sessions, bingo and visiting school choirs. Records showed that each person had been asked if they preferred large or small group activities or if they preferred to be on their own. One person told us, "It's my birthday today and I won a prize in bingo. It's great here".

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People said that they were satisfied with the health and personal care they received.

All of the people we spoke with said that they were supported with their personal and health care, mobility and diet. This included everyday tasks such as washing and dressing, using the bathroom, eating and drinking and taking care of themselves. One person said, "I absolutely can't fault them here at all. They do everything they could possibly do".

Each person had an individual plan of care. The plans explained what people could do for themselves and the areas that they needed support. We looked at four people's care plans and associated risk assessments. The plans were personalised and contained information including things such as responding to medical conditions, helping people with reduced mobility and how to keep skin as healthy as possible. We saw that care plans were reviewed and that any changes to a person's health were recorded. This meant that staff had information and knowledge about the person and knew how to meet their needs.

We saw records that showed people were weighed on a regular basis and that, where necessary, people's dietary and food intake were monitored. This meant that there were records in place that enabled staff to record and monitor the amount of food and fluids people had throughout the day to make sure they were having enough.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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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. People told us they felt safe at Alexander House. One person said, "If I was worried about anything I would talk to the manager or the staff". People told us they had no complaints or concerns about the service or staff. They said they would be confident to approach the Registered Manager or staff if they did.

There was a policy and procedure in place that described the action staff should take in order to keep people safe from abuse. Staff told us and we saw records that confirmed that some staff had received training in safeguarding vulnerable adults. We spoke to staff who demonstrated knowledge of different types of abuse, how to report it and who to report any concerns to. The provider may find it useful to note that records showed that some staff had not completed safeguarding training. This means that not all staff may be able to recognise situations which may need to be raised as safeguarding concerns.

Records showed that people were protected from financial abuse because the provider had a policy and procedure in place when helping them to manage their money. This included maintaining a clear account of all money received and spent and two staff signatures where required when handling cash. Where possible people were encouraged and enabled to manage their own finances. Cash was kept in a locked safe and was accessed by senior staff when requested. This meant that people had control over their finances and could access money in a timely way.

Employment safety checks were carried out on staff before they started work at the home to make sure they were safe to work with vulnerable people. This included taking up references and a Criminal Records Bureau check.



**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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Staff received appropriate professional development.

Staff were able, from time to time, to obtain further relevant qualifications. When staff started working at the service they received induction training and shadowed experienced staff to get to know the people using the service and the routines of the home.

Most staff had completed mandatory training, for example, moving and handling, fire awareness and infection control. The training given to staff meant that they were given the opportunity to make sure they had the skills, knowledge and competencies to look after people safely and in a way that suited them best. Staff told us that they had been encouraged to complete an NVQ.

The provider may find it useful to note that records showed that only three staff had received training on the Mental Capacity Act. This means that staff may not be receiving the learning and development opportunities they need to carry out their role.

We saw evidence that staff were receiving guidance from the manager and their work was monitored to make sure they continued to meet people's needs in a reliable way. This was being done through individual and staff meetings. We also saw that annual appraisals were carried out to promote professional development and reflect any regulatory and / or professional requirements.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. People told us that they spoke up if they had any concerns. The Registered Manager checked on each person daily to check on their general health and well-being and acted on suggestions raised by people. For example, on talking to one person, who preferred to stay in their room, a preference for bran at breakfast was expressed. This was ordered for delivery the following day.

Quality checks had been completed on key things such as fire safety equipment, manual handling equipment, people's rooms, and health and safety checks to make sure they were all efficient and safe. The Registered Manager told us and records showed regular audits on things like medication and care planning.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We saw there was an organised system for recording accidents such as falls. A monthly graph analysed any trends and we saw that if necessary action had been taken to reduce the likelihood of them happening again.

An annual quality assurance survey was sent to health professionals visiting the service, for example, community nurses. The results were analysed by the manager. Quotes from the latest survey included comments such as, "I have always found all staff and management approachable and helpful and would not hesitate to address any concerns with all staff members".

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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