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: 29 November 2012

Date of Publication: January 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
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ 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 29 November 2012, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

On the day of our visit there was an exercise activity taking place in the lounge. We saw that residents were enjoying taking part. We saw that the people who used the service were neatly dressed, clean and looked comfortable.

We saw staff speaking with people who used the service in a warm and friendly manner. We asked people who used the service what they thought about the care they received. One said "Could not be better, the food is good and the staff are kind." A relative we spoke with said "It's wonderful, you cannot fault it."

We saw that people gave their consent before they received care or treatment. Their care and treatment was planned in a way that met their individual needs and kept them safe. A member of the staff told us "I like caring for people and making them smile."

We saw that the home was kept clean and tidy. The carpets and furnishing were free from stains and there were no unpleasant odours. One person told us that the staff kept the home "Spotless."

The provider ensured that people were cared for by suitably qualified, skilled and experienced staff. The staff told us that they were well supported by the managers. One member of staff said "It's a lovely place. The staff work well as a team."

We saw that the provider encouraged people to make suggestions about the service. We saw a Candy Cart, where residents could buy snacks, had been provided in response to suggestions made by people who used the service.

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. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We saw that the provider had established procedures to obtain consent to care and treatment. We saw copies of pre-admission assessments completed before people moved into the home. The assessments included a signed record which confirmed that people had given their consent.

We spoke with three people who used the service. They told us that they had been consulted about their care and treatment and involved in decisions about changes to their care plan. One person who used the service told us "They always ask what I want. They do not tell me to do anything." Another resident told us that the staff "Ask permission and respect my choices. They ask me when I would like a bath and I decide when I want to go to bed."

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. The provider told us that there were arrangements to support people who were not able to give informed consent. We were told that where people did not have family or friends who could speak on their behalf the provider had asked for an independent advocate to be appointed.

The provider also told us that where a decision needed to be made in a person's best interests family members or others who knew them well were consulted. We were told of cases where a person's General Practitioner or other health and social care professionals had also been involved.

The provider understood the requirements of the Mental Capacity Act 2005 and was aware of how to access an Independent Mental Capacity Advocate (IMCA). We saw records showing when staff had attended Mental Capacity Act training.

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 needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Everyone who used the service had their own individual care plan. We saw that care plans were stored electronically. Where a person who used the service had given specific instructions about their future treatment or had expressed a wish to refuse cardio pulmonary resuscitation a separate paper record documenting these decisions was also kept in a locked cabinet. We saw an example of a care plan where someone had recorded their wishes in an Advanced Care Plan. The staff we spoke with were able to explain where care records were held and in what circumstances they would refer to them.

We saw that each person had a copy of their own care plan in their room. The plan included the name and a photograph of the member of staff who was responsible for their day to day care.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The provider told us that a preadmission assessment was completed before people moved in to the home. This was to ensure that the individual needs of people who used the service could be met in a way which was safe and ensured their welfare. Pre-admission assessments were completed in the person's own home or in some cases hospital and involved family members where appropriate.

The provider explained that care plans were updated regularly. The provider also told us how people who used the service and their families were involved in updating care plans. We saw that care plans included risk assessments and monthly weight charts. The provider said that people were weighed more frequently where there was a concern over their nutritional needs. We saw records showing when each care plan had been reviewed and whether any further actions were needed.

The staff we spoke with were attentive to people's needs. They told us how they looked out for signs which would indicate a concern about someone's welfare. These included whether people were eating well or if there were changes in mood or behaviour.

People's care and treatment reflected relevant research and guidance. The provider told us how they followed National Institute of Clinical Excellence (NICE) guidelines on end of life care. We saw that staff had attended training in end of life care and bereavement. One

member of staff had been appointed to act as a "champion" for people receiving end of life care.

The provider had made arrangements to meet people's differing religious and spiritual needs. Ministers of religion visited the home and people who used the service were able to take part in a religious service. At the time of our visit we were told that Catholic and Church of England ministers visited the home on a regular basis. The provider told us that if a resident requested they would arrange for other faiths to be represented.

There were arrangements in place to deal with emergencies. The provider had a Fire Emergency Plan. The plan described the staffs' roles and responsibilities. The staff we spoke with could describe their roles and the actions they would take in the event of a fire alarm. We saw that the provider had a record of all the people using the service and the assistance they would need in the event of a fire.

The provider had also completed a fire evacuation risk assessment. The local Fire Officer had inspected the home within the last year and the provider had acted upon their recommendations. We saw that the provider had obtained a fire evacuation chair and had arranged for staff to be trained in its use.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. We saw that the lounge, dining area, hallways and bedrooms were kept clean and tidy. The carpets and furnishing were free from stains and there were no unpleasant odours. We asked people who used the service to tell us what they thought about cleanliness. One person told us that the staff kept the home "Spotless."

We saw that the provider had an infection prevention and control policy and procedures for staff to follow. We saw copies of cleaning schedules for staff to complete. The schedules indicated when rooms had been cleaned, who had cleaned each room and when towels and lined had been changed. The provider told us that daily visual checks were made on the cleanliness of rooms but these were not recorded.

The provider had purchased an infection prevention and control training package. The package included a self assessment tool and staff questionnaire. The staff we spoke with confirmed that they had undertaken the Infection Prevention and Control training and completed the self assessment.

We saw that the provider had colour coded cleaning equipment and that this was decontaminated after use. The staff we spoke with could describe how they dealt with waste materials and how they accessed and used personal protective equipment. They showed us the procedures they followed to clean up spillages and to dispose of waste or contaminated items. They showed us how bathrooms and toilets were cleaned after each use to reduce the risk of cross infection. We saw how the provider used different coloured bags to separate soiled items from other laundry.

The provider had on-site laundry facilities. The laundry area had a single entrance/exit and the provider had, as far as was reasonably possible, separated dirty and clean areas.

We saw how clean linen was kept neatly folded on shelves ready for use in a key locked linen store. However, we noted that some pillows and quilt covers were stored on the floor. The provider told us that these were not in regular use. The provider should ensure that cleaned bedding is always stored in a way which minimises the risk of contamination or cross infection.

We saw that soaps and gels for hand washing were available in all the bathrooms and

toilets. However, there were no disposable paper towels available in the first floor bathroom or shower room. This increased the risk of cross infection. The provider should fit appropriate towel holders and ensure that an adequate supply of paper towels is always available for use.

In two of the bathrooms we inspected we saw gaps between the edge of the baths and the wall tiles where the flexible sealant had deteriorated. This made cleaning and decontamination more difficult and increased the risk of cross infection. We saw that most of the hand wash basins in the home were fitted with traditional hand turn taps. The provider should note that the fitting of lever taps and resealing of tiled areas would improve the effectiveness of cleaning and decontamination and reduce the risk of cross infection.

We found some personal items; a hairbrush, shaving razor and some undergarments on a shelf in the toilet by the entrance hall. We also saw that a hairbrush had been left on a shelf in the ground floor bathroom room. We were told that the bathroom was also used by a visiting hairdresser. The provider should ensure that the bathroom is thoroughly cleaned after use by the hairdresser and that personal items are not left or stored in shared bathrooms or toilets.

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

Appropriate checks were undertaken before staff began work. Criminal Records Bureau (CRB) checks were obtained for all members of staff. New CRB checks were requested every three years. We saw that the provider kept a record of the date of the last CRB check, the disclosure number and the renewal date.

There were effective recruitment and selection processes in place. We asked two members of staff to tell us how they were recruited. They told us that they had responded to job vacancy advertisements and completed application forms. They told us that they had been interviewed by the manager. We looked at the provider's recruitment records and saw copies of completed application forms, interview records, references and job descriptions.

We saw that the provider had an induction pack for new employees. The staff we spoke with told us that following their appointment they were required to read each section of the induction pack and complete a series of test questions. We looked at completed induction packs and saw that these had been checked and scored by an external agency.

We saw that the provider had a timetable for monthly staff supervision meetings and annual appraisals. We saw records of supervision and appraisal meetings which had been signed by the member of staff and the manager. The staff we spoke with also told us that they were well supported by the managers. They said that they were supported to undertake further training and gain qualifications relevant to their role. One member of staff said "It's a lovely place. The staff work well as a team." Another member of staff told us that they "Really enjoy it here, everyone gets on well together."

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. We saw that each person using the service had been given a personal folder which included information about complaints. We also saw a copy of a complaints leaflet on the notice board near the main entrance. One of the people who used the service told us "I would say if I was not happy with anything."

People had their comments and complaints listened to and acted on. We spoke with a relative who was visiting a person who used the service. They said that they had never needed to make a complaint. They told us that there was once an occasion when they were concerned about something that had happened and had spoken to a member of staff. They said that they were satisfied with the way in which the provider had dealt with their concern.

The provider told us that they held regular residents' meetings where people who used the service could make suggestions. We saw that the provider had put photographs and the names of the staff on the notice board in response to a suggestion made by residents. We saw a Candy Cart in the dining room which the residents had asked the provider to install so that they could buy snacks when they chose.

We asked for and received a summary of complaints people had made and the providers response. We looked at the provider's complaints book. We saw that there had been no complaints recorded in the last five years.

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

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