

Cuerden Developments Ltd

Cuerden Developments Limited - Alexandra Court

Inspection report

Alexandra Court
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Alexandra Court is a 40 bed intermediate care centre that provides a time limited period of assessment and rehabilitation for people who may have had a hospital admission but are not ready to be discharged home safely or to be supported at home. It is a purpose built two storey building with bedrooms on both floors. There is a car park at the front of the home. It is located in Pemberton, near Wigan and is close to shops and public transport links. At the time of the inspection 28 people were using the service.

We carried out this unannounced comprehensive inspection on 12 July 2016. This inspection was undertaken to ensure that improvements that were needed to meet legal requirements had been implemented by the service following our last inspection 09 and 11 September 2015.

At the previous inspection the home was found to have seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment, the safe handling of medicines, staff supervisions and staff meetings, staff competency assessments, obtaining people's consent to care and treatment, safe transfers between different care services, maintaining complete and contemporaneous records and good governance.

At this inspection on 12 July 2016 we found that improvements had been made to meet the relevant requirements previously identified at the inspection on 09 and 11 September 2015. However we found one continuing breach of regulations in relation to the safe handling of medicines, despite finding a significant improvement since the date of the last inspection. You can see what action we told the provider to take at the back of the full version of this report.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the service had an internal safeguarding policy in place. The staff members we spoke with were able to explain the correct procedure for referring safeguarding concerns to the local authority.

The home had a whistleblowing policy in place. We spoke with staff about their understanding of this policy and they told us they were aware of the whistleblowing policy and understood how this worked in practice.

At the previous inspection on 09 and 11 September 2015 we had concerns that personal risk assessments related to people's safety were not consistently available in all of the care plans we looked at. At this inspection we found the service was now meeting this requirement.

We saw that where accidents and incidents involving people who used the service had occurred, these were recorded and monitored.

At the last inspection on 09 and 11 September 2015 we found that medicines were not handled safely and the provider was instructed to take action to improve the safe administration of medicines. This was a breach of Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment. During this inspection, we found that although improvements had been made in the safe handling of medicines throughout the home, further improvements were still required to meet the requirements of regulations. People who used services and others were not protected against the risks associated with unsafe or unsuitable management of medicines. This was a continuing breach of regulations. You can see what action we told the provider to take at the back of the full version of this report.

Staffing levels were sufficient on the day of the inspection to meet the needs of the people who used the service. We looked at eight staff personnel files and there was evidence of robust recruitment procedures. The files included application forms, proof of identity and references. Disclosure and Barring Service (DBS) checks had been undertaken for staff in the files we looked at.

We observed that the service followed appropriate infection control and prevention practice, for example such as using personal protection equipment (PPE) when providing support to people and at meal times.

There was a staff training matrix in place which recorded a comprehensive range of training activity for all staff roles.

At the previous inspection on 09 and 11 September 2015 we had concerns about how staff received appropriate supervisions. This was a breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the service was now meeting this standard. The care staff we spoke with told us they had received an annual appraisal where training and development needs had been identified. We confirmed this by looking at appraisal and training and development records.

We looked at whether staff sought people's consent. The people we spoke with told us staff always did this. During the inspection we saw that people had been given a choice about whether to have their room door open or closed. In the care plans we looked at there was documentary evidence that people who used the service had been involved in planning and agreeing their own care with consent clearly obtained.

Staff were able to give examples of MCA decision making and were aware of working in people's best interests. At the time of the inspection no person staying at the home was subject to a DoLS.

The people we spoke with told us they liked the staff and found them to be caring. The people we spoke with said they felt treated with dignity and respect by the staff that cared for them.

During the day we saw that the staff were polite and courteous, warmly greeting people upon first meeting them. We observed staff engaging people in conversation, with all interactions appearing natural rather than forced. We observed two staff members supporting a person who was unwell. They encouraged them to take on fluids, explaining the importance and benefit of doing so.

We saw that the home had a visiting policy in place, which explained that they supported the NHS campaign to protect mealtimes.

We looked at the care records of 11 people who used the service and saw they had completed a self-assessment questionnaire on their first day of admission to the home. We looked at how information was shared and how explanations were provided to people who used the service. We found the service had a

'meet and greet' information pack, which was used by the care staff when people who used the service were newly admitted.

The service did not routinely provide end of life (EOL) care because as an intermediate care facility it provided a time limited period of assessment and rehabilitation for people with an average length of stay between three and six weeks.

We saw that each person's bedroom had a television available and people were able to bring personal items of their choice such as family photographs.

We found detailed assessment and referral information was in place for referrals received from the hospital which provided detailed background and medical information and this had been incorporated into people's care plans.

We saw there was a 'complaints and concerns' policy in place, which was displayed throughout the public areas on all units and a complaints book was in use. Details of how to make a complaint were also located in each person's care file, located in their bedroom. Nobody we spoke with had made any complaints.

At the previous inspection we had concerns regarding the frequency of baths and showers that people received. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the provision of care and treatment that was appropriate and met people's needs. At this inspection we found the service was now meeting this requirement. People we spoke with told us that they were given a choice about whether to have a bath or shower and could choose when they wanted to do so.

At the previous inspection we had concerns regarding the monitoring of people's care plans and the quality of information in them which included areas such as fluids taken, elimination and general care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because complete and contemporaneous records were not kept for each person using the service. At this inspection we found the service was now meeting the requirements of this regulation. Each person had a nursing care plan and daily care chart in place which recorded food and fluid taken, and any repositioning or assistance with using the toilet.

Staff we spoke with all thought the service was well-led. We saw evidence that staff meetings took place in the form of minutes. We saw that the home had a comprehensive policy and procedures file in place. All policies were very detailed.

We saw that there were systems in place to regularly assess and monitor the quality of the service. We saw a variety of environmental risk assessments had been completed and were up-to-date. The service had a 'Statement of Purpose,' a 'Service User Guide' and 'Service User's Handbook' in place.

There was a comments and suggestions box on the wall in the downstairs corridor and suggestions were also encouraged through a 'Quality Assurance and Patient Involvement' initiative that was displayed in the entrance foyer to the home.

The service worked in partnership with Wigan Borough Clinical Commissioning Group (CCG) and Bridgewater Community NHS Trust.

We saw that the service had received numerous thank you cards and letters from people who had used the

service and their families.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe. People using the service told us they felt safe.

The service did not have appropriate arrangements in place to manage medicines safely.

Staff were able to demonstrate how to refer safeguarding concerns to the local authority.

Risks associated with people who used the service were well documented.

Requires Improvement 

Is the service effective?

The service was effective.

The service had an effective recruitment and induction programme for new staff, who underwent a period of induction when they were supported by a colleague 'mentor.' There was a staff training matrix in place which recorded a comprehensive range of training activity for all staff roles.

Care staff had received an annual appraisal and regular supervisions.

People who used the service had been involved in planning and agreeing their own care with consent clearly obtained.

Staff we spoke with demonstrated a working knowledge of the Mental Capacity Act (MCA) 2005, the principles of the Act and the decision making process.

Good 

Is the service caring?

The service was caring. People who used the service told us staff were kind and caring and treated them with dignity and respect.

During the day we saw that the staff were polite and courteous, warmly greeting people upon first meeting them.

Good 

The service did not routinely provide end of life (EOL) care because it is an intermediate care facility.

We found the service had a 'meet and greet' information pack, which was used by the care staff when people who used the service were newly admitted.

Is the service responsive?

Good ●

The service was responsive. People told us they were involved in planning their care and the service met their needs.

Detailed assessment and referral information was in place for referrals received.

There was a 'complaints and concerns' policy in place, which was displayed throughout the public areas on all units and a complaints book was in use. Nobody we spoke with had made any complaints.

People were given a choice about whether to have a bath or shower and could choose when they wanted to do so.

Each person had a nursing care plan and daily care chart in place which recorded food and fluid taken, and any repositioning or any other assistance.

Is the service well-led?

Good ●

The service was well-led. There was a registered manager in post. Staff told us they felt the service as well-led.

The home held meetings with each designation of staff every three months.

There was a comprehensive policy and procedures file in place, which were very detailed.

There were systems in place to regularly assess and monitor the quality of the service.

The service worked in partnership with Wigan Borough Clinical Commissioning Group (CCG) and Bridgewater Community NHS Trust.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced comprehensive inspection of Alexandra Court on 12 July 2016. This inspection was undertaken to ensure that improvements needed to meet legal requirements had been implemented by the service following our last comprehensive inspection conducted on 09 and 11 September 2015.

We inspected the service against the five questions we ask about services during an inspection, 'Is the service safe', 'Is the service effective', 'Is the service caring'; 'Is the service responsive' and 'Is the service well-led'.

The inspection was undertaken by two adult social care inspectors and a pharmacist inspector from the Care Quality Commission (CQC). Before the inspection we did not request a Provider Information Return (PIR). Prior to the inspection we reviewed information we held about the home in the form of notifications received from the service such as accidents and incidents. We reviewed statutory notifications and safeguarding referrals.

We also liaised with external professionals including the local authority contracts monitoring team. We reviewed the action taken by the provider following our previous inspection. We looked at records held by the service, including 11 care files and eight staff personnel files. We undertook pathway tracking of six care records, which involves cross referencing care records via the home's documentation. We looked at the medication records for all people living at Alexandra Court.

We observed care within the home throughout the day. During the inspection we spoke with the registered manager, the managing director, 10 care staff, five people who used the service, two nurses and two visiting relatives.

Is the service safe?

Our findings

The people we spoke with living at Alexandra Court told us they felt safe. One person told us, "Yes, I feel safe here." Another person said, "Oh yes, I feel safe, I'm well looked after." We asked people if they had experienced any falls whilst living at the home. Only one person we spoke to had fallen, they told us; "I had a fall as I was not following advice, staff were here within a minute to help." Another person told us; "I have not fallen, as the staff are very careful when supporting me." A relative said, "I have no concerns about the staff, if I have needed anything when visiting there's always been someone around to ask."

During the inspection we looked at the way the service protected people against abuse. We found the service had an internal safeguarding policy in place. The Wigan Safeguarding Adults Board Multi-Agency Policy was also in place with guidance on the Independent Safeguarding Authority and multi-agency procedure. We saw that safeguarding information was displayed in the staff toilet and throughout the building relating to how to raise a safeguarding concern.

The staff members we spoke with were able to explain the correct procedure for referring safeguarding concerns to the local authority. One staff member said, "Safeguarding is about protecting vulnerable people from abuse and neglect. If I had any concerns I would tell the manager and document the issues. If I had concerns about the manager I would tell CQC or the local authority. I've recently done training in this area." Another staff member said, "Safeguarding is about protecting people and yourself as well. I would tell the manager if I was concerned but I have telephone numbers for CQC and the local authority if needed." Staff training records identified that 95% of day and night care staff, domestic, maintenance and activities staff had completed training in safeguarding. All nurses had completed this training.

The home had a whistleblowing policy in place. We spoke with staff about their understanding of this policy and they told us they were aware of the whistleblowing policy and understood how this worked in practice. Staff spoken with told us they had never had cause to raise any concerns under this policy.

At the previous inspection on 09 and 11 September 2015 we had concerns that personal risk assessments related to people's safety were not consistently available in all of the care plans we looked at. At this inspection we found the service was now meeting this requirement. Risks associated with people who used the service were well documented and covered areas such as manual handling, falls, nutrition, Waterlow, infection control and skin integrity, moving and handling. These were communicated effectively amongst staff team and supported with a care management plan.

This approach to risk meant that people who used the service were seen and assessed by a member of the multidisciplinary team in a timely manner and preventive strategies were implemented to reduce risk. Risk assessment scores were completed for a variety of areas such as manual handling, falls, nutrition, Waterlow, infection control and skin integrity. Each of the care plans we saw had been reviewed, dated and signed weekly. Baseline observations had also been completed.

We saw that where accidents and incidents involving people who used the service had occurred, these were

recorded and monitored. Documentation included any statutory notifications that the service was required to send to CQC. Where necessary, we saw that appropriate preventative action had been taken by the service, to minimise the potential of a reoccurrence.

Accidents and incidents were audited and we evidenced learning from these audits with the number of repeated falls significantly reducing. Safety instructions and necessary equipment were put in place to help prevent future occurrences. This had proven successful despite recognition and associated documentation which showed that the type of person referred to the service and their increased needs had increased the potential risks of falls/accidents.

We looked at how the service managed people's medicines. At the last inspection on 09 and 11 September 2015 we found that medicines were not handled safely and the provider was instructed to take action to improve the safe administration of medicines. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we found that although improvements had been made in the safe handling of medicines throughout the home, further improvements were still required to meet the requirements of regulations. You can see what action we told the provider to take at the back of the full version of this report.

We asked people who used the service if they always received their medicines; one person said, "It seems to be alright, during the night sometimes I have to wait a bit, but always get them." Another told us; "They're [the staff] always prompt, I get what I need when I need it." Whilst a third person said; "When I'm due, as far as I know I get them."

We observed a medicines round and saw that nurses, who were responsible for administering medicines, gave medicines in a kind and safe way to people. We found nurses had recently completed a training course about medicines and had also been supervised to check they handled medicines safely. However one person was given a medicine which potentially would have been ineffective as they took it while eating lunch rather than after food, as prescribed.

We looked at the medicine charts of all 28 people living in the home and found very few 'gaps' in the records of administration. We checked the stock of one person's tablets and the amount left matched the record on their chart. This showed that medicines were given in the right way. We noticed that people's allergies (or the fact that they had no known allergies to medicines) were not always written on the medicine chart. This meant nurses might not realise if a person was prescribed a medicine that might harm them. People could look after and take their own medicines (self-medicate) if they were assessed as able to do so safely. This respected their right to choice and independence.

Not all medicines were kept safely. On one occasion we saw a medicine trolley left unlocked and unattended while a nurse gave a person their medicines. One person who was self-medicating was not storing medicines safely when they left their room. Some staff other than nurses could gain entry to the medicines storage room and some medicine cupboards inside the room were not locked. If medicines are not stored securely there is a risk of mishandling or misuse.

Medicines were stored at the right temperatures. However, the medicine refrigerator was not monitored properly as maximum and minimum fridge temperatures were not recorded. Medicines that are controlled drugs were stored and recorded in the way required by law. Appropriate arrangements were in place for the disposal of controlled drugs and all other unwanted medicines.

The home audited its records of medicine administration, but audits did not include people's prescribed

creams. Carers signed a different chart when they applied a person's cream. We looked at the cream charts for seven people and found 27 'gaps' in the records of application. People's skin may be harmed if sprays or creams to protect the skin are not applied as often as prescribed. Nurses we spoke with told us they had been subject to competency assessments regarding the administration of medicines

We looked at the care records of three people who had recently been admitted to the home from hospital. There was a lack of information about the medicines two people were to continue taking in their hospital letters. Nurses at the home had not contacted the hospital or a doctor for advice. This meant people could have been harmed by receiving the wrong dose or not getting a medicine they needed. The system for managing the treatment of people taking a medicine to thin the blood was unsafe; however the home had already raised this concern with the appropriate organisations.

These issues meant that the home continued to be in breach of regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the proper and safe management of medicines.

Staffing levels were sufficient on the day of the inspection to meet the needs of the people who used the service. We looked at the staff rotas for July 2016 and these consistently demonstrated that there was sufficient care staff on duty to meet the needs of people using the service.

We asked the manager how the service determined staffing levels who told us that staffing levels at Alexandra Court were not determined using a formal assessment tool because there was no standard tool available that applied to this type of intermediate care service.

The service had recently recruited two nurses and had identified a minimum staffing level of three nurses during the night and four nurses during the day. These were supported by up to 10 care staff during the day and up to nine care staff during the night. This demonstrated that the service had increased staff numbers since the date of the last inspection.

We looked at eight staff personnel files and there was evidence of robust recruitment procedures. The files included application forms, proof of identity and references. Disclosure and Barring Service (DBS) checks had been undertaken for staff in the files we looked at. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people.

As part of the inspection we observed how the service managed the spread of infectious diseases. We observed that the service followed appropriate infection control and prevention practice, for example using personal protection equipment (PPE) when providing support to people and at meal times. There were two domestic staff in post, working on both levels of the building. They adhered to cleaning schedules for all areas of the home and these were up to date. We saw that they knocked on people's bedroom doors and waited for a response before entering. Relevant Control of Substances Hazardous to Health (COSHH) information was available regarding the cleaning products they used, which were all stored safely. The home was clean throughout and free from any malodours.

A recent audit had been carried out by the health protection officer from the local authority and the service had achieved an overall score of 85% with a score of 100% compliance for the management of infections. There was a buildings maintenance plan in place that identified areas for improvement such as decorating. A building maintenance file was available and up to date and included electrical test certificates, fire alarm system tests, emergency lighting tests, gas safety checks, nurse call alarm system and water tests. A clinical waste book was in use and controlled waste transfer notes were all completed as required. Supporting policies included; window security; fire alarm response policy and procedure; lift safety policy and water temperature policy. Environmental risk assessments had been completed for areas such as: fire;

environment; smoking; corridors and public areas; stairwells; dining rooms; bedrooms/bathrooms/showers; kitchen; clinical rooms; laundry and sluice rooms.

We spoke with the registered manager about how the service managed disciplinary issues with staff. We saw the disciplinary policy, which explained the process and included staff rights and responsibilities. The registered manager told us that none of the current staff had been subject to any disciplinary proceedings.

Is the service effective?

Our findings

We asked people if they thought the staff members were well trained. One person told us, "I'd say three quarters are, on the whole they are okay." Another person said, "I can't fault them, they seem to know what they are doing," whilst a third person told us, "They know what they are doing when supporting me."

We spoke with 10 care assistants, each of whom were able to tell us what their roles and responsibilities were. The service had an effective recruitment and induction programme for new staff, which included orientation around the building, mandatory training (such as health and safety, moving and handling, fire safety and infection control), shadowing more experienced staff members and awareness of day-to-day policies and procedures.

Staff underwent a period of induction when they were supported by a colleague 'mentor.' One staff member told us, "When I started I had a period of induction which included mandatory training and I had to complete a work-book. I 'shadowed' a colleague for several days until I was deemed competent to work alone. At the end of it I felt confident." Another staff member told us, "I had an induction and period of orientation as well as doing training and my NVQ in care. Before I started I had to supply references and had a DBS check."

There was a staff training matrix in place which recorded a comprehensive range of training activity for all staff roles. Mandatory training included; health and safety; COSHH; infection control; fire and risk; food hygiene; safeguarding/DoLS; first aid. Staff told us that access to training and development opportunities was good. A wide range of training courses were provided by the service including opportunities to undertake vocational qualifications.

At the previous inspection on 09 and 11 September 2015 we had concerns about how staff received appropriate supervisions. This was a breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the service was now meeting this standard. The care staff we spoke with told us they had received an annual appraisal where training and development needs had been identified. We confirmed this by looking at appraisal and training and development records. Staff files contained records of supervisions and annual appraisals and a staff supervisions and appraisals schedule was in place for 2016. One staff member told us, "I get regular supervisions and get copies of the notes of the meetings which I sign to show I have agreed with what was said. Sometimes we discuss training needs and there can be an action plan that we use at the next supervision to track progress." Other comments received included, "Yes I get supervisions every two or three months and I feel we get enough training," and "Sometimes I feel there's too much training. There's always courses for us to go on and options are always available for different courses."

We looked at whether staff sought people's consent for care interventions. The people we spoke with told us staff always did this, one person told us, "Yes, the staff always ask me, I'm not worried about that." Another person said; "Yes, they always knock on the door before coming in, and ask me if I want my tablets."

In the care plans we looked at there was documentary evidence that people who used the service had been involved in planning and agreeing their own care with consent clearly obtained. Where appropriate, each section of the care record contained a review date. Where a review had taken place, the outcome of the review had been clearly documented.

We asked people if they received enough to eat and drink. One person told us, "Yes, we get a couple of choices for meals, mainly cereal and toast for breakfast, though I have seen people having bacon, sausage and egg." Another person told us, "Oh yes, I get enough, I'm eating better food so have lost some weight, which is a good thing," whilst a third said, "I don't have much of an appetite, but they encourage me to eat and I get plenty to drink."

We asked people for their views on the food provided at Alexandra Court. One person told us, "I'm happy with it," whilst another told us, "The food's brilliant, always red hot and various things to choose from." A third person said; "It's quite good, I like what's on offer."

During the inspection we observed staff offering and encouraging people to drink. In addition to tea and coffee, people were provided with water or juice throughout the day. During breakfast we observed staff asking people what they would like to eat, with a selection of cereals and toast being available. We saw that two people had requested toast that was well done, rather than what had been served, as they preferred it crunchy, this was provided promptly by the staff member. We observed staff interacting politely with people during breakfast, asking if anyone wanted extra food or drinks and if they were enjoying what they were eating.

During the inspection we saw that people had been given a choice about whether to have their room door open or closed. This was signified by a sign on their door. Regardless of whether the door was open or closed, we observed staff knocking and waiting for permission before entering people's rooms.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff we spoke with demonstrated a working knowledge of the Mental Capacity Act (MCA) 2005, the principles of the Act and the decision making process. Staff were able to give examples of MCA decision making and were aware of working in people's best interests. At the time of the inspection no person staying at the home was subject to a DoLS.

The environment of the home was clean and free from malodours. The decoration was bright and the lounge areas had comfortable seating with the downstairs lounge providing easy access to the garden areas. There was directional signage that would assist people to mobilise round the building or understand where they were if assisted by staff.

Is the service caring?

Our findings

The people we spoke with told us they liked the staff and found them to be caring. One person told us, "The staff are 100%, they look after me well." Another person said, "The staff are very nice, they do the best they can," whilst a third said, "All staff have been nice to me."

We asked relatives for their views on the staff. One said, "The staff are really friendly and approachable, I think the care they give is belting, I'm really pleased with how well [my relative] has progressed."

The people we spoke with said they felt treated with dignity and respect by the staff that cared for them. One person said, "I've had nothing but respect since I arrived," whilst another told us, "I am always asked for my permission and staff seek approval before supporting me." A relative told us, "[My relative] is treated with dignity and respect, if there were any issues she would have said something."

We noted that all people's doors contained a small privacy and dignity sign, which stated 'please knock before you enter the room'.

During the course of the inspection we spent time observing the care provided in all areas of the home. We saw that people spent the majority of time in their room, watching television, listening to the radio, or engaged in a personal activity such as reading/writing/completing crosswords, only coming out at meal times or when receiving therapy from one of the clinical team.

We spoke with the registered manager about this, who told us that people tended not to want to spend time in the lounge and due to the service being an intermediate care facility, an activity programme was no longer in place as previously people had wanted to remain within the home due to enjoying the activities and outings available, but could not always get a placement within a residential care facility, on discharge.

During the day we saw that the staff were polite and courteous, warmly greeting people upon first meeting them. We observed staff engaging people in conversation, with all interactions appearing natural rather than forced. On one occasion we saw a staff member invited into a conversation with two people about bingo. The staff member displayed empathy and interest in these people's experiences and despite assisting with meal time service, made a noticeable effort to develop the conversation, giving no indication that they were busy.

We observed two staff members supporting a person who was unwell. They encouraged them to take on fluids, explaining the importance and benefit of doing so. Throughout the conversation, both staff crouched down so they were at the person's height, and due to being agitated one staff member held the person's hand to reassure them. Both staff members spoke in a calm and measured way throughout.

We saw that the home had a visiting policy in place, which explained that they supported the NHS campaign to protect mealtimes. As a result the home requested that visitors adhered to the following times 10.30 – 13.00, 14.00 – 17.00 and 18.00 – 20.00. This information was clearly displayed on the notice boards. The

registered manager told us that meal times were one of the only occasions when people came out of their rooms and met up as a group to socialise, as a result the home felt it was important that this time was protected from visits.

We looked at the care records of 11 people who used the service and saw they had completed a self-assessment questionnaire on their first day of admission to the home. This asked people to explain in their own words: why they thought they had been transferred; health and medical issues; where they wanted to go once discharged and how they wanted to get there; what support was required following discharge; what they were able to do before admission; and how they felt this had changed. This information was used to plan their care, rehabilitation and future support.

We looked at how information was shared and how explanations were provided to people who used the service. We found the service had a 'meet and greet' information pack, which was used by the care staff when people who used the service were newly admitted. This provided an opportunity for the care staff to meet with people who used the service on a one-to-one basis and to answer any initial questions. When people first started using the service, they were provided with a patient information leaflet, which explained about the facilities offered to assist them through the process of rehabilitation. There was also a kitchen facility available for visitors to the service.

The service did not routinely provide end of life (EOL) care because as an intermediate care facility it provided a time limited period of assessment and rehabilitation for people with an average length of stay between three and six weeks. At the time of the inspection there was nobody receiving end of life care. The registered manager told us that EOL care wasn't something that the service normally facilitates, however we saw that recently a person had requested to remain at Alexandra Court whilst at this stage of life, due to the quality of the care they had received whilst being there. With support from the local hospice and district nurse team, they had been able to respect this person's wishes. We found that 80% of nursing staff had completed training in EOL care and advanced care planning.

We saw that one person living at the home had a 'do not attempt CPR' (DNACPR) in place. This was clearly documented in the care plan and we saw that the DNACPR form had been correctly signed and dated by the person's consultant. This would ensure the person's wishes were met appropriately.

Is the service responsive?

Our findings

We asked people whether the service met their needs. One person told us, "Yes, my needs are being met." Another person said, "Yes, they've really helped me, I'm due to discuss going home and longer term plans, maybe a home care package." However a third person told us; "I haven't seen a physiotherapist whilst I've been here, I was told this would happen." A relative said, "All [my relative's] needs are being met. The positive difference I've seen in her since coming here is brilliant."

We asked people if they had used the nurse call bell and how staff responded to this. One person told us, "Yes, I use it quite a bit; they [the staff] always come quickly." Another person told us, "I use it when needed, sometimes have to wait a while, but staff always come."

We asked people if they had been involved in their care plan. One person said, "They [the staff] went through some things with me when I first came in." Another person told us; "Yes, I think so, I remember signing some forms."

We saw that each person's bedroom had a television available and people were able to bring personal items of their choice such as family photographs. However, on the day of the inspection we did not see any other activities taking place. We asked the manager about this and they told us that additional activities do not take place because the home is an intermediate care facility with a high turnover of admissions and a short length of stay.

We found detailed assessment and referral information was in place for referrals received from the hospital which provided detailed background and medical information and this had been incorporated into people's care plans. There was an admission checklist in place for all people, which had been completed and signed within the first few days of admission.

In order to ensure the provision of responsive care, the service had implemented a 'critical alert' form. This form was placed in each person's care record and provided a quick reference to essential information that might be required in the event of a medical emergency.

We saw there was a 'complaints and concerns' policy in place, which was displayed throughout the public areas on all units and a complaints book was in use. Details of how to make a complaint were also located in each person's care file, located in their bedroom. There was a 'written record of a written or oral complaint' sheet being used. In addition there was a monthly 'complaints summary sheet' that identified the date the issue was raised, the detail of the complaint, the name of the complainant, the actions taken and the outcomes identified along with the date of resolution. We looked at several of the entries in these files and saw that the service had responded within the timescales identified in the complaints policy. Where there was a requirement to report any issues under The Duty of Candour, this had been identified.

We asked people if they had ever had cause to make a complaint. Nobody we spoke with had made any

complaints, although they said they would happily speak to the staff if they had any concerns. One person told us, "Nobody could complain about this place, they certainly do things properly here."

At the previous inspection we had concerns regarding the frequency of baths and showers that people received. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the provision of care and treatment that was appropriate and met people's needs.

At this inspection we found the service was now meeting this requirement. People we spoke with told us that they were given a choice about whether to have a bath or shower and could choose when they wanted to do so. One person told us, "I get my choice, and can have one whenever I choose." We looked at records which verified this. During the inspection we observed a person returning to the home in the afternoon from a medical appointment, they told the staff they would like a shower and were asked if they wished to be supported with this now or after they had had their evening meal. The staff then provided assistance as requested by the person.

At the previous inspection we had concerns regarding the monitoring of people's care plans and the quality of information in them which included areas such as fluids taken, elimination and general care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because complete and contemporaneous records were not kept for each person using the service.

At this inspection we found the service was now meeting the requirements of this regulation. Each person had a nursing care plan and daily care chart in place which recorded food and fluid taken, and any repositioning or assistance with using the toilet. We saw that care plans were audited monthly and these covered a number of areas including nutritional intake and reviews, personal care recording, continence assessments and reviews, skin integrity, infection control risk management, pressure area risk assessment, pain assessment and the presence of contemporaneous records.

Is the service well-led?

Our findings

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff we spoke with all thought the service was well-led. One member of staff said, "The manager is very professional in her approach and handles her job role really well. She is visible in the home every day, is 100% supportive and if I approach her she listens to me. To me this is a top job" Another staff member said, "I enjoy working here and the manager has been very supportive. You can speak to her when you like and she is always around the building as well as there being regular team meetings." A third staff member told us, "The manager works very hard and is here till late sometimes, she is visible and a great support."

We saw evidence that staff meetings took place in the form of minutes. We saw that the home held meetings with each designation of staff every three months and that within the week prior to the date of the inspection; both Registered General Nurses (RGN's) and night support workers had held meetings with their manager. We were told that day support workers were scheduled to meet on the day of the inspection and we observed that this meeting took place.

We looked at the minutes of these meetings and saw that the meetings were used to pass on any new information, discuss admissions and discharges, discuss both good and poor practice and provide staff validation. This ensured that all staff had the information they needed to complete their roles effectively. We also saw evidence that all staff had been encouraged to provide items for the agenda, so that their voice could be heard.

We saw that the home had a comprehensive policy and procedures file in place. This included key policies on medicines, safeguarding, MCA/DoLS, moving and handling and end of life care. We saw that policies were scheduled to be reviewed every 12 months, however whilst some had been reviewed, we saw that others scheduled for March 2016 had yet to be reviewed.

All policies were very detailed, for example the safeguarding policy covered risks which could lead to abuse, prevention and detection of abuse and action to take if abuse is suspected or observed. It also explained what additional training or support was available to staff. We saw that the falls and whistleblowing policies were similarly descriptive.

We saw that where applicable, policies referenced CQC's essential standards of quality and safety, which of the standards the policy related to, which areas that standard covered and how this linked with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that there were systems in place to regularly assess and monitor the quality of the service. The home completed regular audits in a number of areas including medicines, care plans, catheter care, pressure care,

infection control, hand hygiene and incident and accidents.

We saw a variety of environmental risk assessments had been completed and were up-to-date. We looked at records which confirmed that regular checks of the fire alarm system were carried out to ensure that it was in safe working order. We saw documentation and certificates to show that relevant checks had been carried out for example on the gas boiler, electrical systems and fire extinguishers. A range of environmental cleaning schedules were being used and the home was clean throughout.

We saw that the frequency of the audits varied depending on the area concerned. Hand hygiene audits were completed weekly and included spot checks of staff to ensure their hands met company and health and safety guidelines, whereas catheter audits were done monthly, medicine audits bi-monthly, pressure care audits quarterly and care plan audits twice yearly, with a minimum of 10% of care plans being reviewed each month on a rolling basis. Where care plans required new information to be included this was done immediately. All audits contained details of any findings, action plans to address issues noted and timescales for completion.

We also noted that the service used an 'intermediate care- performance dashboard, which covered a wide range of areas, including admissions information, patient information, complaints received, notifications made to CQC, service user experience, falls, incidents and the presence of personalised care planning information. The tool was updated weekly and provided an overview of the entire service provision to help identify issues, trends and areas for review.

The service had a 'Statement of Purpose,' a 'Service User Guide' and 'Service User's Handbook' in place.

There was a comments and suggestions box on the wall in the downstairs corridor and suggestions were also encouraged through a 'Quality Assurance and Patient Involvement' initiative that was displayed in the entrance foyer to the home. Responses received from people were made available to people using the service and the staff team and included, 'All the staff are dedicated and nothing is too much trouble for them,' and 'The carers are very friendly and concerned about our welfare. It was a pleasure to be looked after because everyone was so kind,' and 'Nothing has been too much trouble – the nurses have been goodness themselves.'

We viewed the most recent quality assurance questionnaires, which are given out to people upon admission and prior to discharge. The service had received 53 replies between April and June 2016. The data showed that 10 people had concerns with one or more areas of the service provided with the remaining 43 people all being satisfied with the service and care received. We saw that the service had analysed the issues raised and as a result had reviewed the four weekly menus provided and completed a review of the meal-time experience, to make this a better experience for people.

We saw that the service had received numerous thank you cards and letters from people who had used the service and their families. These were displayed both in the entrance area and on both the upstairs and downstairs corridors. Examples of comments from the last six months included; 'Many thanks for your help and kindness,' and 'Thank-you for the way you looked after my mum, her mobility and health have greatly improved,' and 'Cannot praise the care and attention of the support staff enough,' and 'Been like a holiday in a hotel, will miss it.'

The service worked in partnership with Wigan Borough Clinical Commissioning Group (CCG) and Bridgewater Community NHS Trust. This was to identify information to show that the service was providing

safe and clinically effective care to people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who used services and others were not protected against the risk associated with the unsafe or unsuitable management of medicines.