Cherry Garden Properties Limited
Alexandra - Oldham

**Inspection report**

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Date of inspection visit:  
25 July 2016  
26 July 2016  
28 July 2016  
15 August 2016

Date of publication:  
23 February 2017

## Ratings

<table>
<thead>
<tr>
<th>Overall rating for this service</th>
<th>Inadequate ●</th>
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<tr>
<td><strong>Is the service safe?</strong></td>
<td>Inadequate ●</td>
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<td><strong>Is the service effective?</strong></td>
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<td><strong>Is the service caring?</strong></td>
<td>Requires Improvement ●</td>
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<td><strong>Is the service responsive?</strong></td>
<td>Requires Improvement ●</td>
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<td><strong>Is the service well-led?</strong></td>
<td>Inadequate ●</td>
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Summary of findings

Overall summary

This inspection took place on 25, 26, 28 July and the 15 August 2016 our visit on the 25 July was unannounced.

The Alexandra Nursing home was last inspected in August 2013 and was compliant with the regulations we assessed against at that time.

The service is registered to provide the regulated activities, accommodation for persons who require nursing or personal care and the treatment of disease, disorder or injury, for up to 35 people. At the time of this inspection there were 29 people living at the home.

The Alexandra Nursing home is located ½ mile from Oldham town centre, adjacent to a park and accessible by public transport. There is a secure car park at the rear of the property and maintained gardens to the front.

Accommodation is provided over 3 floors, which are accessible by a passenger lift. Single and double rooms are available, some with an en-suite washing facilities.

Our inspection was brought forward as a result of a Coroner’s regulation 28 report for avoidable deaths. Coroners have a legal power and duty to write a report following an inquest if it appears there is a risk of other deaths occurring in similar circumstances. This is known as a "Report under regulation 28" or "Preventing Future Deaths report".

We found multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, affecting people’s safety, well-being and the quality of service provided to service users. CQC is considering the appropriate regulatory response to resolve the problems we found. Full information about CQC’s regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The overall rating for this service is ‘Inadequate’ and the service is therefore in 'Special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to cancel the provider’s registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. We may also take other enforcement action proportionate to the seriousness of any shortfalls and breaches at any time, including within the six month timescale of a revisit.

The service had a registered manager. 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.

The service had a nominated individual. An organisation needs to have a nominated person who acts as the main point of contact for us.

We looked to see how the provider and registered manager had responded to concerns raised by the Coroner in the regulation 28 report issued in May 2016, in relation to staff responding appropriately to people’s needs, the administration of medicines, seeking medical attention and the home’s admission criteria for residential placements. The registered manager had on receipt of the report attended a safeguarding strategy meeting with the Local Authority to discuss the regulation 28 report. The nominated individual and registered manager confirmed that they had not completed an investigation in relation to the Coroner’s verdict and had not completed an appraisal as to the competencies, skills and fitness of staff to ensure the safe delivery of care. We found that the provider and registered manager had failed to implement all the necessary actions they had identified within the timeframes they had set out in their response to the regulation 28 report. Following the inspection CQC placed conditions on the provider’s registration, to which the provider co-operatively responded to. CQC is considering the appropriate regulatory response to address this concern.

Medicines were not safely managed. The provider did not have fully effective systems in place to ensure the safe disposal of medication. In addition we could not be sure that people using the service received their medicines as prescribed by their General Practitioner (GP).

Staff understood the different types of abuse and were confident in raising concerns with the registered manager. However, safeguarding incidents had not been investigated to ensure the on-going safety of the people involved. Nor had they been reported to the CQC.

Accidents and incidents were recorded but no analyse was being carried out by the provider or the manager.

We found that several people using the service did not have a Personal Emergency Evacuation Plan in place. A PEEP is a document, which advises of the support people need to leave the home in the event of an evacuation-taking place.

On review of staff files we found that some staff did not have adequate references in place to confirm their suitability for the job they had been employed to undertake at the home.

The principles of the Mental Capacity Act and conditions on authorisations to deprive a person of their liberty were not always met.

Following the inspection the provider placed a voluntary embargo on new admissions to the home, to focus on addressing concerns identified.

We found the home to be clean and tidy and relatives we spoke with confirmed this.

People who used the service said that they felt safe and staff were trained to provide them with appropriate support. However, we found that staff were not always appropriately supported and trained in relation to their responsibilities to provide safe care and treatment.

Staff did not always encourage people to make choices for themselves.
We observed some caring and patient interactions between staff and people who used the service.

Complaint and concerns raised by people who use the service and their relatives were recorded, investigated and action was taken in response.

Governance systems for the running of the home were not effective. We found that where issues had been identified, the registered manager had not ensured these were addressed in a timely manner.
The five questions we ask about services and what we found

We always ask the following five questions of services.

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<tr>
<th><strong>Is the service safe?</strong></th>
<th><strong>Inadequate 🟢</strong></th>
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<tbody>
<tr>
<td>The service was not safe.</td>
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<tr>
<td>Safeguarding issues had not always been reported to the relevant bodies and this meant people could not be sure they would be protected from harm.</td>
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<td>Seven people did not have a personal emergency evacuation plan (PEEP) in place, which details the individual support people may need to leave the home in the event of an emergency.</td>
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<td>Pre-employment checks and processes were not robust and did not always ensure suitable staff were employed.</td>
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<tr>
<td>Appropriate arrangements were not in place for the safe disposal of medication. There were gaps in medication administration record (MAR) charts, which meant we could not be sure people were received their medicines as prescribed by their GP.</td>
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<td>The home was clean and tidy. Protective equipment was readily available and staff understood their responsibility for infection control.</td>
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<td>Most of the people we spoke with were positive about the quality of food provided.</td>
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People who used the service spoke positively about the attitude of the staff.

We observed that staff were mostly patient and spoke politely and respectfully to and about people however on the first day of our inspection we found that a member of staff was not respectful of a person’s choice of clothing.

The home had received a number of compliments about the care they provided.

Not all nursing staff had completed training to provide end of life care and treatment.

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**Is the service responsive?**

The service was not always responsive.

Care and support provided did not always reflect people’s individual needs and preferences.

People knew how to make complaints and were happy with the way the home had responded to their concerns.

Activities were not person-centred or inclusive.

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**Is the service well-led?**

The service was not well-led.

Governance systems were in place to monitor the quality and safety of the service provided; however these had not identified the issues we found during this inspection and were therefore ineffective.

A number of notifications of incidents or events that the provider has a legal responsibility to tell CQC about had not been reported to us. Where notifications had been sent they had not always been sent in a timely manner as required.

Not all the requirements as detailed in the provider’s response to the Coroner’s regulation 28 report had been addressed.
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.

This inspection took place on 25, 26, 28, July and 15 August 2016, our visit on the 25 July was unannounced. The inspection team consisted of two adult social care inspectors, and an inspection manager.

Before the inspection, we reviewed the information we held about the provider and the service including the Provider Information Return (PIR), which the provider completed in May 2016. This asks them to give key information about the service, what the service does well and what improvements they plan to make. We also reviewed the statutory notifications received. A statutory notification is information about important events, which the service is required to send us by law. No concerns had been reported to us from the Local Authority.

Our inspection was brought forward as a result of a Coroner’s regulation 28 report for avoidable deaths. Coroners have a legal power and duty to write a report following an inquest if it appears there is a risk of other deaths occurring in similar circumstances. This is known as a “Report under regulation 28” or “Preventing Future Deaths report”. The report is sent to the people of organisations who are in a position to take action to reduce the risks identified. The Coroner also copied the Commission into the regulation 28 report sent to the provider.

We spoke with two people who use the service and visiting relatives and spent time observing interactions between staff and people who used the service. We observed two staff handover sessions and walked around the home looking in all communal areas, bathrooms, bedrooms, the kitchen, store rooms, medication room, and the laundry.

We also spoke with the nominated individual, registered manager, two nurses, four care staff, the cook, one member of the housekeeping staff, and a health care professional. We looked at a sample of care plans and associated records for people who lived at the home. We reviewed a variety of the home’s documentation
including; staff rotas, five staff personnel files, records of complaints, accidents and incidents, policies and procedures and quality assurance records.
Is the service safe?

Our findings

We spoke with people who used the service and asked if they felt safe. One person told us “I feel safe here.”

We looked at how medicines were managed at the home and found that they were appropriately ordered and stored within cupboards and a refrigerator in a locked medication room. One medicines trolley was used and kept secured to an adjacent wall. The keys to the medication room were held by the lead nurse on duty.

Controlled Drugs (CDs) were appropriately and securely stored. A CD is a drug whose use and distribution is tightly controlled because of its risk and/or potential for abuse, for example morphine. The CD cupboard was compliant with legislation. We were assured by the nurse in charge that access to CDs was restricted to appropriate staff.

As part of our inspection we asked how the service stored and recorded medicines to be disposed of. The nurse advised us they were not currently recording medicines to be disposed of. We found that some medicines for disposal were being stored in a green box provided by the pharmaceutical company; however there was no record to identify what the medicine was, the quantities being disposed of, why the medicine was being disposed and who the medicine belonged to. This meant that medicines for disposal were not being stored in line with recognised good practice as recommended by the National Institute for Care and Health Excellence (NICE). NICE provides national guidance and advice to improve health and social care.

We looked at four MAR charts for the administration of oral medicines and noted for one person there was a gap in the recordings on four separate occasions in May 2016. This meant that we could not be sure that the person had received their medication as prescribed by their General Practitioner (GP).

When we looked at the MAR charts for prescribed topical creams we found these had not been signed for correctly. The MAR charts did not contain any information about which creams to apply and how often. We found that creams were not stored safely, and were left out in people's rooms, which were not secure and accessible to everyone in the home. We reviewed four people’s care records that required prescribed topical creams, and these lacked a care plan for the application of the creams. A nurse informed us this information was not documented on MAR charts or in the care plan. Therefore, we were not assured of the correct administration and application of these medicines to people as prescribed by their GP.

Steps were taken to address this matter during the inspection.

During our first day on inspection, we found concerns around the safe administration of medicines. We observed one nurse administering medicine that had been dispensed earlier; the medicine had been put into plastic cup, with no name on and left on the trolley in the medication room. We also observed one person refusing their administered medicines; the nurse was unsure how to record this on the medication administration records (MAR) or how to dispose of the medication appropriately. This meant that people were at risk of not receiving the right medicines at the right time.
We looked to see how the provider and registered manager had responded to concerns raised by the Coroner in the regulation 28 report issued in May 2016, in relation to staff responding appropriately to people's needs, the administration of medicines, seeking medical attention and the home's admission criteria for residential placements. The registered manager had on receipt of the report attended a safeguarding strategy meeting with the Local Authority to discuss the regulation 28 report. The nominated individual and registered manager confirmed that they had not completed an investigation in relation to the Coroner’s verdict and had not completed an appraisal as to the competencies, skills and fitness of staff to ensure the safe delivery of care. We found that the provider and registered manager had failed to implement all the necessary actions they had identified within the timeframes they had set out in their response to the regulation 28 report. Following the inspection CQC placed conditions on the provider's registration, to which the provider co-operatively responded to. CQC is considering the appropriate regulatory response to address this concern.


There was a safeguarding procedure in place, which was in line with the Local Authority’s multi agency safeguarding adults at risk policy.

We spoke with staff and asked how people were protected from bullying, harassment and avoidable harm. All of the staff we spoke with were confident in describing the various forms of abuse. However, they were not aware of their individual responsibilities to identify and report abuse when providing care and treatment, including referrals to other agencies. The registered manager told us that all staff had been trained in safeguarding vulnerable people; however, on review of the home’s training records we found that two qualified nurses and thirteen members of staff, including carers had not received any training in safeguarding vulnerable people.

We looked at the provider’s accident and complaint folder and identified a number of safeguarding incidents that care staff had documented. There was no evidence to support that these incidents had been thoroughly investigated to ensure the on-going safety of the people involved. We also found that the provider and registered manager had not reported these incidents to the relevant agencies, including the CQC. The provider and registered manager are responsible for reporting notifiable incidents to the CQC. We also found that there had been no review or analyse of accidents and incidents to identify trends, areas of improvement and actions required to prevent there re-occurrence. This meant that people were not protected from abuse and improper treatment.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014.

We reviewed a sample of care records of people living at the home and saw that they contained a range of task orientated documentation, including a client profile with their preferred name, admission assessment, care plan, risk assessments such as moving and handling, bed rail and nutritional risk and a "Looking and thinking ahead" record, which detailed people’s future care preferences.

On reviewing these records we found that some instructions contained in peoples care plans, were not being fully carried out. For example, in one file we reviewed we saw that a care plan had been written, which described how a person was at risk of developing pressure sores due to their inability to change their own position. The plan stated that the person should have their position changed every three to four hours in order to minimise the risk. From the records we reviewed we saw that on two days no positional change had
been recorded for the entire day. Additionally, in another day’s documentation all the entries in the record for the positional changes stated ‘back,’ which indicated that the person had remained lying on their back for 12 hours. This meant there was a risk this person was not receiving the required positional changes in order to ensure effective and safe pressure care as per their care plan.

The records for another person showed from their nutritional risk assessment that they were at high risk of malnutrition and were under the care of a dietician. As part of this nutritional assessment they were having their dietary intake monitored and recorded on a food chart. However, we saw that on one particular week, staff had only recorded the food eaten at breakfast time for the entire week. This meant that staff could not be sure that the person had eaten enough to maintain an adequate food intake and placed the person at risk of further weight loss.

We found that several people using the service did not have a Personal Emergency Evacuation Plans (PEEPs) in place. A PEEP is a document, which advises of the individual support people may need to leave the home in the event of an evacuation-taking place. These identify the support required to ensure people would be helped to maintain their safety in the event of an emergency. When we spoke with the registered manager and staff, they were aware of the level of support people would need in the event of an emergency. However, records had not been created for some people to document the support they would require. We also found that records had not been reviewed and updated as people’s needs had changed, for example two people’s PEEPs did not record their immobility or frailty or the correct place to evacuate in the event of a fire.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014.

During the inspection we asked for evidence to demonstrate the provider and registered manager had carried out appropriate pre-employment checks, including a check of the Disclosure of Barring Service (DBS). A DBS check identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. The registered manager was able to show us evidence to confirm that all staff had DBS checks.

We looked at a sample of staff personnel files to check that robust recruitment procedures had been followed to ensure that suitable staff had been employed to care for vulnerable people. We found evidence that some staff had inadequate references. One staff members file contained only one reference and this was a character reference; there was no information about the individual’s conduct during previous employment. We found a further two more staff member’s files did not contain any references. There was no evidence that the registered manager had sought any further references for these members of staff or that they had completed a risk assessment to confirm the suitability of the staff member. This meant that the registered manager had not received suitable assurances from previous employers that staff employed were safe to care for vulnerable people.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014.

We asked people who used the service if they felt there were sufficient staff to support them. One person told us, “There’s always staff around.” We also asked staff if they felt there was enough staff to support people. Care staff told us there were enough care staff to carry out care tasks on a day-to-day basis. We reviewed the home’s dependency tools for some people who used the service and the staffing rota to judge if staffing levels were appropriate to support the level of care required by people living at the home. We found that there were sufficient staff to meet the needs of people.
Infection control policies and procedures were in place to support staff to deal with the risk of cross infection and regular checks were undertaken to ensure cleanliness was maintained throughout the home. We saw that cleaning schedules were in place and on looking around all areas of the home including bedrooms and communal areas we found them to be clean and tidy. One person we spoke with confirmed that they were happy with the general level of cleanliness in the home. A visiting healthcare professional told us they felt the cleanliness and hygiene in the home was “Good”.

The kitchen was clean, and there were records of audits being completed by the cook such as cleaning records for the kitchen and storage areas and food temperature records. The kitchen had an environmental health officer food hygiene rating [FHRS] award of 5. The rating was awarded in August 2015. This is the highest level achievable and demonstrates how hygienic and well managed food preparation areas are.
Is the service effective?

Our findings

We spoke with people who used the service and their relatives and asked if they felt staff were trained and able to provide appropriate support. One relative told us “Care staff seemed to know what they are doing”. We spoke with staff and asked them if they felt well supported and correctly trained. Staff told us they had been "Shown what to do". One member of staff said, "I think I have had all of my training."

We spoke with the nominated individual and registered manager and asked them what training was provided to nursing staff. They told us that other than the mandatory training that is provided to all staff no further training had been provided for the nursing staff.

We asked the registered manager if medication competency checks had been undertaken on the nurses responsible for the administration of medicines, in order to demonstrate that the nurses were competent in the role of administering medicines. The registered manager confirmed that no checks had been undertaken. This meant the registered manager was not keeping an oversight of nursing staff competencies to ensure the safe and effective delivery of care. During this inspection we identified concerns in relation to the administration and disposal of medicines, as detailed in the Safe domain of this report, which meant that safe medicines management systems were not in place.

We asked the registered manager for a copy of the home’s training matrix, the training matrix identified that all nursing staff had completed their medication training in November 2014. However, there was no evidence to show nursing staff had received any medication refresher training as indicated in the provider’s response to the Coroner’s regulation 28 report, where the provider had confirmed that refresher training would be undertaken "immediately" for all nursing staff. In their response the provider had also confirmed that all staff were required to update their first aid training in "June." On review of the training matrix provided we found that only two nurses and nineteen carers had been booked on this training. There was no evidence to show the remaining six nurses or care staff had updated their training in first aid.

The training matrix showed us that not all staff had completed training that the provider deemed mandatory. For example two members of the nursing staff, five care workers and seven ancillary staff had not completed parts of the mandatory training. The training matrix listed training that had been booked to take place and the registered manager was unable to provide us with information confirming the training that had been completed by each member of staff. Where training had been completed, the registered manager did not assess staff knowledge upon completion of the training. This meant the provider could not be assured staff had understood the training and were confident and competent to carry out their roles effectively.

The registered manager provided us with a supervision matrix indicating who had undergone supervision and when. On review of four staff personnel files we found there was no evidence of supervision discussions to confirm the supervision had taken place as indicated by the supervision matrix.

We spoke with one member of staff who explained that they thought they had recently had a supervision
session. On review of this member of staff’s file there was no record of a recent supervision. The last supervision session recorded was in July 2015. Supervision is important as it provides the opportunity for staff to review their performance, set priorities and objectives in line with the service's objectives and needs and identifies training and continual development needs. Supervision helps to ensure that people who use services receive quality care at all times from staff that are appropriately trained and supported.

We asked the registered manager if clinical supervisions were held with all nurses employed at the home. The registered manager told us that clinical supervisions were not held. Clinical supervision provides an opportunity for nurses to reflect on and review their practice, discuss individual cases in depth, change or modify their practice and identify training and continuing development needs. They help to ensure that people who use the service receive quality care at all times from staff that are able to manage the personal and emotional impact of their practice. This meant that the registered manager, a registered nurse and nurses at the home were not following the Code of Professional standards of practice and behaviour for nurses and midwives which includes practising effectively, working cooperatively and sharing skills, knowledge and experience for the benefit of people receiving care.

The registered provider and registered manager should have suitable arrangements in place to ensure that people employed for the purpose of carrying out a regulated activity are appropriately supported and trained in relation to their responsibilities, to enable them to deliver care and treatment to people safely and to an appropriate standard.

The above examples demonstrate a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 so that they can 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 is 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. We were told by the registered manager that four people using the service lacked capacity and were subject to a Deprivation of Liberty Safeguard (DoLs). These applications had been approved by the Local Authority in 2015 respectively. The CQC had not been notified of these DoLs applications. On reviewing the care files for these people we found that the DoLs applications were out of date and needed to be renewed. This meant there was a risk that people who lived at the home may have been deprived of their liberty without the required legal safeguards in place.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people who used the service if they felt able to make choices about the care they received and whether staff respected their decisions. One person commented, "They treat me with respect and ask if I need anything or ask if they want to help me with things."

We spoke to staff about people’s choices and gaining consent to provide people with care and support. One
staff member told us how they would give people choices and another staff member told us they would always ask the person prior to performing any task, for example, they would not make someone get out of bed if they did not want to, but they would try and encourage the person.

We observed whether or not staff encouraged people to make choices about their everyday lives and saw that this was variable. For example, we heard a care worker ask someone "Would you like to go into the dining room and put a bit of music on?" and another care worker said to someone "Can I put your shoe on?" However, during the lunchtime meal we observed that some people had clothes protectors put on them without staff giving them the choice. In the dining room we found that there was a list on display detailing which hot drink and which cereal each person liked. Staff told us that they had asked people what their choice would be and recorded it on the list. During our observation of the lunchtime meal we saw that people were given a hot drink without being asked what they would like and that staff used the list to guide them. This did not give people the opportunity to choose something different. No juice or water was available as an alternative to the hot drink.

We looked at the arrangements in place to help ensure people had their nutritional needs met. We saw the menu was balanced and that people had the opportunity to choose what they wanted on the menu. Most of the people we spoke with were positive about the quality of food provided although one person told us this could sometimes vary. We spoke with a family member who told us, "I bring my mum her food in sometimes, like today, I have made a salad and she loves it, the food here is not always appetising and mum enjoys salads and other different kinds of foods. If the weather is warm you don't want to always have a cooked meal." On the first day of our inspection one member of the inspection team sampled lunch, the inspector found the lunch was appetising. We observed the lunchtime experience in the dining room. We noted the atmosphere was relaxed and sociable. Tables were set with condiments and drinks and staff provided support to people who required assistance to eat. Adapted cutlery and plate guards were available to support those people who needed this equipment to help them to eat independently. One person was being assisted to eat by a member of staff; they did this patiently and at the person's pace.

We asked the registered manager about systems in place to monitor the nutritional needs of people who used the service. They told us people were weighed regularly and a referral was always made to a person’s GP should any concerns be raised.

We saw in one of the care plans we reviewed that specific pharmacist, general practitioner (GP) and dietician instructions had been followed for a person using a percutaneous endoscopic gastrostomy (PEG). PEG feeding is used where people cannot maintain adequate nutrition by taking food orally. However, we also found evidence where specific supplementary plans around food charts had not been followed by staff.

We looked in the kitchen and saw people's dietary requirements, likes and dislikes had been noted and copies of special diets were seen on the kitchen noticeboard. Food store cupboards and freezers were well stocked. There was a good supply of fresh meat, fruit and vegetables.
Is the service caring?

Our findings

We received positive comments about the attitude of the staff. One person, who had lived at the home for quite a number of years said, "They are like friends" and commented "The staff are good." One relative we spoke with said "I can't fault the staff," and another relative commented, "They have been marvellous … they have looked after [relative] fantastically." We asked one member of staff what they particularly liked about their job and they replied "I like helping people." The home had received a number of compliments about the care they provided.

We saw that people looked cared for their clothes and their appearances were clean and tidy. A relative told us that their relative always had clean clothes on and that their hygiene needs were always dealt with promptly. A hairdresser visited the home on a weekly basis and we saw from the monthly list of activities that 'pamper days' were held at least twice a month.

We observed staff interactions with people and saw that staff were mostly patient and spoke politely and respectfully to people who used the service. Staff attempted to engage in conversations with people and when they asked a question they waited for the person to answer. We saw where staff assisted people, for example, helping them get to the table for their meal; they went at the person’s own pace and did not rush them. We saw a visitor who was sitting with their relative was offered a drink by the staff. However, on the first day of our inspection we found that a member of staff was not respectful of a person's choice of clothing. This member of staff told us "[Person] walks around with a horrible dress on, I don't think even her son likes it." When we asked the member of staff if it was the person’s choice to wear this dress we were told "Yes."

We looked at how people who were approaching the end of their lives were cared for. We saw care files that had a "Looking and thinking ahead" document, which aimed to provide staff with information about the person's future care preferences. The home was involved with an 18 month European-wide research project run by the University of Lancaster, which was looking into how end of life care could be improved for people living in residential care setting. The 'Looking and thinking ahead' document used by the home had been devised as part of this project.

District nurses provided end of life support to those people in receipt of residential care at the home. For those people who received nursing care, end of life care was provided by the nursing staff at the home. Some people approaching the end of their lives require medicines to be given via a syringe driver. This is a small, portable, battery powered infusion device that is used to administer a continuous subcutaneous infusion of drugs, such as pain killers. Registered nurses need to be trained and assessed in the use of a syringe driver to ensure that their practice is safe. At the time of our inspection only the registered manager was trained in the use of a syringe driver. The registered manager advised us that training was available for the other nurses through the use of a DVD and an on-line course, but they had not yet completed it. We saw that 10 staff had been booked on 'end of life care' training, but we were unable to confirm how many had completed the training course. This meant there was a risk that nursing staff caring for people at the end of their lives may not have the required knowledge or be adequately skilled in providing this care.

Requires Improvement
Is the service responsive?

Our findings

People we spoke with were positive about the way staff responded to their relative's needs. One person told us their relative needed to be helped out of bed in a particular way and that information about this was displayed above their relative's bed, which enabled staff to easily follow the instructions. They told us that their relative's mobility was poor but staff were trying to improve it by walking with them. Another person told us that their relative needed new glasses and that staff had arranged for an optician to attend the home.

People were encouraged to visit the home prior to accepting a place. One person told us that they had looked at several different homes before deciding to accept the place on offer at the Alexandra. They said "It's been brilliant".

Prior to a person moving into the home, a pre-admission assessment was carried out by one of the registered general nurses (RGNs). The assessment usually took place at the person's home or in hospital if the person was in hospital. The registered manager had reviewed the home's pre-admission process for residential placements following receipt of the Coroner's regulation 28 report. The registered manager now requested that a nursing assessment be completed to confirm the suitability of a residential placement for the person. In addition the home informed people in a residential placement at the home that they will not receive nursing intervention from the homes nursing staff. The nursing element of their care is to be provided by the community district nurses visiting the home. We found that this information was not recorded in the home's Statement of Purpose or Service User Guide, in order to inform people using the service of this and to help people make an informed decision regarding the suitability of the home to meet their current and future needs.

Handover meetings were held between staff during the morning shift and information about any changes to the health or care needs of people were discussed and recorded in a handover book. We observed the handover meeting on the first day of our inspection, which took place in one of the dining rooms while the staff were taking their morning break and eating. This did not give a very professional appearance to the meeting. The meeting was held in front of two people who used the service, and although for most of the meeting these people were asleep, one person was awake for some of the meeting and during this time would have been able to hear confidential information about other residents.

The meeting was led by one of the trained nurses and from comments made by both them and the care workers, we saw that staff understood the needs of the people they were caring for and supporting. All the people living at the home were discussed and any problems or concerns were identified. For example, one person whose health had deteriorated was identified as needing oral care, and this was brought to the attention of the care staff.

We spoke with people who used the service and asked them how the staff responded to their needs. People raised the issue of a lack of meaningful activities with us. One person said, "There's no activities like games or bingo, the telly is always on." We spoke with staff who told us, "We normally don't do activities." Staff told
us there were enough care staff to complete necessary tasks but not enough to socially engage with people as often as they would have liked to do.

The provider employed a part-time activities coordinator who worked three days and one evening per week. We saw from the monthly activity planners that a range of activities were offered to people who used the service, such as crafts, bingo, exercise to music and hymn singing. In addition we were told that in fine weather some people were taken for a walk in the local park. One visitor told us that the home had arranged a party to celebrate their relative’s birthday.

During the second day of our inspection we observed care staff playing ball games with people. On the first and third day of our inspection we observed no organised activities taking place. We were told by the registered manager that the activities co-ordinator was on annual leave and that activities had not been planned in their absence.

We looked at the activity planner for the previous five months and saw that during most weeks there were no organised activities on at least three days per week. A priest visited the home on the first Thursday of every month to take a communion service. We asked staff how they helped a Muslim resident continue to practice their faith as they were unable to attend a Mosque. They told us that they had recorded readings from the Koran, and some music which they regularly played to them. The person’s care plan showed that they were at risk of social isolation due to language and cultural differences, which the staff were going some way to address.

We found that although a small number of activities were provided at the home, people we spoke with told us they would like more social engagement. We found no evidence that people had been involved in any decisions around activities and their likes and preferences had not been used to inform the activity plan.

We identified one person at the home who required a halal diet; although the cook bought halal meat in line with this person’s religious beliefs, we noted that the same meal was regularly offered twice a day, which meant this person had a lack of choice.

The above examples demonstrate a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the complaints and concerns file and saw that any concerns raised were recorded, investigated and evidence that action had been taken. We spoke with a relative and asked if issues or concerns they raised were responded to quickly and appropriately. They told us, "I have raised small things with staff and it’s been dealt with." Another person told us they had never had to make a complaint, and a relative told us that any minor issues they had were dealt with promptly as and when they happened, which meant that they had never had to make any formal complaints.

On review of the home’s Statement of Purpose we found that the home was sign-posting people who may be dissatisfied with the home’s response to their complaint to the CQC. CQC is the independent regulator of health and adult social care services in England. Our purpose is to make sure health and social care services provide people with safe, effective, compassionate, high-quality care. Our role is to monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings, to help people choose care. People’s views and experiences play a vital role in our work by helping us to plan our inspection and target poor practice brought to our attention, but we do not investigate complaints.
Is the service well-led?

Our findings

At the time of the inspection there was a registered manager in post. Our records showed they had been formally registered with the Commission since August 2013. We were supported during the inspection by the registered manager, a nurse and the provider's nominated individual.

Staff told us the registered manager was, "Helpful." A person who used the service told us, "The manager's good" and another person said "[Name] is hands on."

The service routinely sought feedback from people who used the service and staff via satisfaction surveys. We reviewed the survey conducted in February 2016 and found that overall people were happy with the service.

The registered manager held meetings with staff on an annual basis; records we reviewed demonstrated that meetings had been held with day and night staff in February 2016. Prior to this date we saw that meeting’s had been held in October and May 2015.

The provider has a legal responsibility to ensure that the home has a statement of purpose which includes the aims and objectives in carrying out a regulated activity, the services provided and range of people’s needs they intend to meet. On reviewing the home’s statement of purpose we found that it did not reflect the changes the provider had introduced in relation to residential services provided. We also found that the aims and objectives listed in the statement of purpose and service user guide differed. This meant that people using the service did not have access to current information regarding the aims and objectives of the service and services provided in order for them to make an informed decision about the suitability of the home to meet their needs.

We looked at the governance systems in place at the home to see how the home assessed, monitored and acted on feedback received to improve the quality and safety of services provided.

We looked to see how the provider and registered manager had responded to concerns raised by the Coroner in the regulation 28 report issued in May 2016, in relation to staff responding appropriately to people’s needs, the administration of medicines, seeking medical attention and the home’s admission criteria for residential placements. The registered manager had on receipt of the report attended a safeguarding strategy meeting with the Local Authority to discuss the regulation 28 report. The nominated individual and registered manager confirmed that they had not completed an investigation in relation to the Coroner’s verdict and had not completed an appraisal as to the competencies, skills and fitness of staff to ensure the safe delivery of care. We found that the provider and registered manager had failed to implement all the necessary actions they had identified within the timeframes they had set out in their response to the regulation 28 report. Following the inspection CQC placed conditions on the provider’s registration, to which the provider co-operatively responded to. CQC is considering the appropriate regulatory response to address this concern.
We were told by the registered manager that regular checks were undertaken on all aspects of the running of the home. We asked to see copies of audits completed in the last 12 months and were provided with copies of quarterly audits undertaken by the registered manager in March and July 2016. On review of these records we found that the registered manager had checked a number of aspects in relation to the home and services provided. These audits had also included checking the home’s statement of purpose, staff training including safeguarding, PEEPs and supervision. The registered manager confirmed in the audits undertaken in March and July that these areas were compliant and she had not found the issues of concern identified during our inspection. We found that both the March and July audits had achieved exactly the same score of 94% and the same areas of non-compliance were identified, which included the submission of data to the national minimum data set and a requirement to ensure an up to date copy of the Royal Marsden Hospital Manual of Clinical procedures was available at the home. These audits were not effective in identifying where improvements were required to be made and ensuring action required was taken.

We also reviewed copies of the proprietors visit report from September 2015 and the registered provider representative visit to the care home report in March 2016, we found on review of the visit undertaken in March 2016 that incidents at the home had not been reviewed. The audits carried out did not cover all aspects of service provision and were not effective in identifying where improvements were required to be made and ensuring improvements were implemented.

The registered manager told us that they were aware that staff needed to improve record keeping and documentation however they had not taken action in a timely manner to implement improvements.

The above examples demonstrate a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Notifications are incidents or events that the provider has a legal requirement to tell us about. Following the regulation 28 report the registered manager had identified a designated nurse to submit notifications to CQC. We compared the record of statutory notifications CQC had received from the home and the incidents recorded in the incident and accident book maintained at the home. We found evidence of incidents that had not been reported, including a number of safeguarding incidents and DoLs applications. We also found that where notifications had been made they had not always been submitted in a timely manner as required.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009, Notification of other incidents.

The registered manager received copies of the agendas and notes of local partnership meetings, which provided an update on local issues and activities effecting care and nursing homes in the local area.
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.

<table>
<thead>
<tr>
<th>Regulated activity</th>
<th>Regulation</th>
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<tbody>
<tr>
<td>Accommodation for persons who require nursing or personal care</td>
<td>Regulation 9 HSCA RA Regulations 2014 Person-centred care</td>
</tr>
<tr>
<td>Treatment of disease, disorder or injury</td>
<td>Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</td>
</tr>
<tr>
<td>Person-centred care.</td>
<td>People who used this service were at risk of not receiving care and support that was dignified or centred around their needs.</td>
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<tr>
<td></td>
<td>People who used this service were not always given a choice.</td>
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<td></td>
<td>9 (1) (b) (c)</td>
</tr>
<tr>
<td>Accommodation for persons who require nursing or personal care</td>
<td>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</td>
</tr>
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<td></td>
<td>Safeguarding service users from abuse and improper treatment.</td>
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<td>People who used the service were not protected from abuse and improper treatment.</td>
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<td></td>
<td>The safeguarding systems and processes in place were not operated effectively.</td>
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<td>13 (2) (3)</td>
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</table>
People who used the service were being deprived of their liberty without lawful authority.

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<tbody>
<tr>
<td>Accommodation for persons who require nursing or personal care</td>
<td>Regulation 17 HSCA RA Regulations 2014 Good governance</td>
</tr>
<tr>
<td></td>
<td>Governance systems in place to monitor the quality and safety of the service provided were ineffective.</td>
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<tr>
<td></td>
<td>(17) (1) (a) (b) Contemporaneous records in respect of each person using the service were not maintained.</td>
</tr>
<tr>
<td></td>
<td>(17) (2) (c) The registered provider and registered manager had not acted upon feedback from the Coroner for the purposes of evaluating and improving services</td>
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<td>(17) (2) (e)</td>
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<tbody>
<tr>
<td>Accommodation for persons who require nursing or personal care</td>
<td>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</td>
</tr>
<tr>
<td>Treatment of disease, disorder or injury</td>
<td>Regulation 19 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014. Fit and Proper Persons</td>
</tr>
<tr>
<td></td>
<td>Recruitment systems in place to ensure the suitability of people employed were ineffective.</td>
</tr>
</tbody>
</table>
Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury


Staffing.

Suitable arrangements were not in place to ensure that people employed by the service received appropriate support and training in relation to their responsibilities, to enable them to deliver care and treatment to people safely and to an appropriate standard.

18 (2) (a)