Mr & Mrs M Noorbaccus

Alexandra House - Oxted

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
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

This inspection took place on 17 November 2016 and was unannounced.

Alexandra House is a small private owned residential home which offers care and treatment for up to five people with learning and physical disabilities. At the time of our inspection there were four people living at the home. People living at the home were older and most had lived together for a long time.

There were two registered managers 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.

At our last inspection in October 2015, the provider was found to be in breach of four regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We carried out this fully comprehensive inspection to see what action the provider had taken in response to the shortfalls we had previously identified. We found during this inspection that the provider had made the improvements needed and was now meeting the regulations.

Staff training was tailored to the individual needs of people who lived at the home. Staff told us that they had good access to training. Staff benefitted from regular supervision where they could discuss their practice and any training needs they had.

People's medicines were stored and administered safely by trained staff. Staff worked alongside healthcare professionals when needed to ensure that people's health needs were met.

Risk assessments promoted independence whilst also ensuring people were kept safe from known hazards. Systems were in place to report incidents and staff knew their responsibility to do so. Staff understood their roles in safeguarding people.

Staff provided care in line with the Mental Capacity Act (2005) (MCA). Records demonstrated that people's rights were protected as staff acted in accordance with the MCA when being supported to make specific decisions. Where people had restrictions placed upon them, these were applied for appropriately.

People were supported by sufficient numbers of staff to keep them safe whilst enabling them to participate in their chosen activities. The provider undertook checks to ensure that staff were suitable for the job.

People were supported by kind, compassionate staff who knew them well. Staff promoted people's privacy and dignity when working with people.

People's care plans contained information for staff on their needs, wishes and what was important to them.

People were supported to eat meals that they enjoyed in line with their dietary requirements. Care plans were person centred and reflected people's needs and preferences. Reviews happened regularly to identify changes in people's needs.

People lived in an inclusive atmosphere where they were involved in decisions about their home. A complaints policy was in place so people could be supported to make a complaint. People had access to a range of activities in line with their interests. People went on regular outings of their choice.

Staff felt supported by management and were involved in making decisions about the home. People's views were sought by management and systems were in place to ensure care was of a good quality.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were aware of their responsibilities in safeguarding people and understood how to follow procedures to keep people safe.

Risk assessments promoted independence whilst also ensuring people were kept safe from known hazards. Staff understood the need to report incidents.

Sufficient staff were present to meet people's needs and checks were undertaken to ensure staff were appropriate for their roles.

Contingency systems and emergency procedures were in place in case of emergencies and staff understood how to respond.

People's medicines were stored and administered safely by trained staff.

Is the service effective?

Good

The service was effective.

People were supported to eat food in line with their preferences. People's dietary requirements were met.

People were supported by staff who were trained and knowledgeable about their individual needs.

Staff understood the Mental Capacity Act (2005) and people were supported in line with its' guidance.

People had access to a range of healthcare professionals, staff worked to their guidance.

Is the service caring?

Good

The service was caring.

People were supported by staff that knew them well.

People were included in decisions about their care and staff

encouraged them to be independent.

Staff respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and reflected people's needs, interests and preferences.

People were supported to engage in activities that were meaningful to them.

A complaints policy and procedure was in place that gave people opportunities to raise any concerns that they might have.

Is the service well-led?

Good

The service was well- led.

Staff told us that they had support from management and had opportunities to contribute to the running of the service.

People's views were sought when making decisions about the home.

Systems were in place to monitor the quality of care and to ensure that people received good care.

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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.'

This inspection took place on 17 November 2016 and was unannounced. The inspection was carried out by one inspector as this was a small service.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we were unable to speak to people as they were unable to communicate verbally with us. We used observations to help us understand the experiences of people.

We spoke to one of the registered managers and two members of staff. We read care plans for two people, medicines records and the records of daily care. We looked at mental capacity assessments and applications made to deprive people of their liberty. We looked at two staff recruitment files and records of staff training and supervision. We saw records of quality assurance audits. We looked at a selection of policies and procedures and health and safety audits. We also looked at minutes of meetings of staff and residents.

Good

Is the service safe?

Our findings

At our inspection in October 2015, we found that staff were not always using safe moving and handling techniques which meant that people were at risk of harm. This was a breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection, staff demonstrated a good understanding of safe moving and handling techniques. A staff meeting had taken place regarding safe moving and handling. The registered manager had arranged additional training for staff and it had been discussed at all staff supervisions. One person with high physical needs had been visited by an occupational therapist (OT) who had trained staff in moving and handling and observed their practice. The registered manager told us that they fed back to staff that they were happy with their technique. The person also had new equipment installed to assist staff in moving them safely. A risk assessment was in place and the person was supported by two trained staff members to minimise the risk of harm.

At our inspection in October 2015, we found that insufficient recruitment checks were carried out to ensure that the staff employed were suitable to work at the home. This was a breach of Regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made the required improvements in relation to safe recruitment practices. Checks were made to ensure staff were of good character and suitable for their role. The staff files contained evidence that the provider had obtained a Disclosure Barring Service (DBS) certificate for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Staff files also contained proof of identity and references to demonstrate that prospective staff were suitable for employment. Where there had been gaps in employment history and DBS checks missing at our last inspection, the registered manager had now recorded these.

After our last inspection, we recommended that the provider made improvements to the way in which staff were deployed because we observed that staff were not always available when people needed them. At this inspection, staff members told us there were enough staff working at the home to keep people safe. A staff member said, "It's quite relaxed, we spend the time with them they need". We observed that there were enough staff present to meet people's needs safely. Due to the small size of the home, the registered managers were there daily to support staff in meeting people's needs. On the day of our inspection, one staff member was unwell and the registered manager was able to replace them. People's needs were responded to quickly throughout the day and staff were not rushed in their approach to people.

At our inspection in October 2015, we found that the kitchen and bathrooms were not clean and staff did not remove gloves after carrying out personal care. This was a breach of Regulation 15 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made the required improvements. The environment was clean

and there were no malodours. The registered manager told us that the bathroom and kitchen had been difficult to clean as they were old. They had since installed new bathrooms and a new kitchen with wipe clean surfaces. These areas were visibly clean during our inspection and staff maintained good infection control practices throughout the day. All staff had attended infection control training and infection control made up part of the provider's regular audits.

People were protected against the risks of potential abuse. Staff demonstrated a good understanding of safeguarding procedures and knew their role in protecting people from abuse. On staff member told us, "I'd report it to the manager. If not I'd speak to the care managers (at the local safeguarding team) or the police. I could also call CQC." Staff had attended safeguarding training and had read the provider's safeguarding policy. There had been no recent safeguarding but the registered manager was aware of their responsibility to inform the local authority safeguarding team and to notify CQC.

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. One person was at risk of falling whilst using the stairs. Staff supervised them when they needed to go upstairs and talked them through the process. Staff reminded them to hold the handrail and not to rush. There had been no incidents in which this person had fallen down the stairs which demonstrated that these measures were working. Another person liked to have a shower and was at risk of slipping. Staff ensured that the bathroom and shower was free of obstructions and monitored the temperature before the person used it. They supervised the person whilst they were in the shower and provided prompting where necessary. The person had not slipped in the shower with these measures in place.

Accidents and incidents were documented so staff could learn from these to support people to remain as safe as possible. Since our last inspection, there had not been any accidents or incidents. Due to the small number of people living at the home, there was less likelihood of incidents. People's needs meant that they were less susceptible to falls. Appropriate staffing levels and staff following people's risk assessments further ensured that there were no accidents or incidents.

People were protected in the event of a fire. The fire alarm system was services annually and fire alarms were tested weekly. The provider had carried out a fire risk assessment of the premises and a personal emergency evacuation plan (PEEP) had been developed for each person. These gave staff the knowledge they needed to safely support each person in the event of a fire and how they should be helped to evacuate the home. One person's PEEP stated staff should prompt the person as they may not understand why the fire alarm was going off. The provider had identified a suitable location for people to go to in the event of an evacuation.

People received their medicines safely. Staff had been trained to manage medicines and they were required to pass a competency test before being able to support people with medicines. This demonstrated that the provider made sure that staff who administered medicines were skilled and competent enough to do so. Medicine Administration Records (MARs) were up to date and showed who had administered medicines or the reasons for medicines not being administered if applicable. People's medicine records contained photographs of them; this ensured that staff knew who they were administering medicines to. Information on how people wished to receive their medicines was in their care records and we observed staff following these.

Good

Is the service effective?

Our findings

After our inspection in October 2015, we recommended that the provider supported people to be involved in choosing what to eat and drink.

At this inspection, people were supported to make choices about what they had to eat and drink. The registered manager had introduced a new folder of pictures to involve people in choosing dishes for menus. The menu contained two choices and people could also have an alternative dish if they did not like either option. We observed people being offered choices at lunchtime as well as being offered snacks and drinks throughout the day. Staff had worked with people for a very long time and knew their preferences. Records contained information on what people liked and disliked. One person's care plan said that casseroles were their favourite meal. These were included in the menus. Another person liked scrambled eggs, we observed them eating this during our inspection. Staff spent time with people and food was discussed at residents meetings. People went shopping with staff and helped to make choices. When trying new foods, staff told us that they observed how people responded to establish whether they liked them. On the day of our inspection, people finished all of the food that they were given which showed that they liked it.

People's dietary needs were met. Care records made people's requirements clear and staff had a sheet to work from when preparing meals which informed them of people's allergies and dietary needs. Staff demonstrated a good understanding of people's dietary requirements as well as their preferences. One person needed a pureed diet as they were not able to wear dentures. Care records stated that they needed soft foods due to their teeth. There was information and advice from a dentist and the person had been supported to regularly attend the dentist and maintain their oral hygiene. We observed this person being offered foods of a pureed consistency. Staff provided appropriate support to people to eat. One person's care records stated, 'I eat quickly, you need to keep an eye on me for safety.' A choking risk assessment was in their records. We observed them being supported to eat independently whilst staff sat with them providing gentle reminders to eat slowly to prevent them from choking.

Care records showed that healthcare professionals were involved in people's care and staff supported people to access healthcare professionals. One person had suffered swollen legs. There was information on this from the GP in their records. Staff assessed the legs daily, looking for symptoms, as described by the GP. When needed, staff supported this person to wear prescribed stockings to prevent swelling. This had been reviewed regularly with input from the GP to ensure it remained effective in maintaining this person's health and wellbeing.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the registered manager and staff understood their responsibilities in relation to the MCA and DoLS. The provider had delivered training in this area and staff understood how the principles of the legislation applied in their work. There was evidence that people's best interests had been considered when decisions that affected them were made. In their PIR, the provider told us, 'We understand decision making and where it is appropriate we will involve advocacy services such as an IMCA to support our service users.' Our evidence supported this. One person lacked the mental capacity to make the decision to consent to receiving care. They were also unable to make the decision to stay at the home. An MCA assessment was carried out for each of these decisions. Staff made record of a best interest decision in each case. The person did not have any relatives so staff supported them to access an independent mental capacity advocate (IMCA). The advocate ensured that the person's needs and wishes were represented throughout the process. Where a decision was made to place a restriction on the person, an application had been made to the local authority. Staff demonstrated a good understanding of the MCA and offered people choices where they were able to make decisions. One person's care plan stated, 'As I am not able to make big decisions, I live my life for now.'

People were supported by staff who had the appropriate training to meet their needs. A staff member told us, "I get mandatory training every year in things like medicines, safeguarding and moving and handling." Staff records showed that staff were up to date in mandatory training courses such as the Mental Capacity Act and medicines. Following our last inspection, staff had undergone refresher training in moving and handling and infection control, in response to our concerns. Staff received training specific to the needs of people living at the home. All staff had attended behaviour training. One person had a history of behaving in a way that presented a challenge to staff, although this person has been settled recently so staff have not had to use the techniques learnt. New moving and handling equipment had been provided at the home and healthcare professionals had visited and trained staff in how to best to use this equipment.

Staff received regular supervision and annual appraisals to ensure that they were effective in their roles and to highlight any training needs. One staff member told us, "We talk about training but also talk about our clients and anything important for them like choices and care plans." Records of discussion showed they were used to discuss best practice. One staff member had recently discussed DoLS and how it applied to people living at the home. They had also discussed plans to carry out gardening to improve people's living environment. Supervision happened regularly which ensured that staff had regular opportunities to discuss the care that they carried out and how they could improve and develop.

Good

Is the service caring?

Our findings

After our inspection in October 2015, we recommended that the provider ensure staff treat people with respect and dignity after we observed staff speaking about people in front of them. At this inspection we found the provider had made the required improvements.

Staff introduced us to people and all observations of caring interactions throughout the day were positive. Staff involved people when talking to us about them and demonstrated kindness and compassion in how they spoke to people. When introducing us to one person staff said, "You really like meeting new people, don't you (person)?" Staff spoke clearly and softly and came down to people's eye line when addressing them. One person walked around the home a lot and staff placed a gentle hand on their arm to bring them to an activity to see if they wished to join in. Staff supervision records showed that the registered manager had discussed staff approach and our observations made it clear that staff were more aware of how to support people in a respectful way.

People's care records contained detailed information on people's needs and backgrounds and staff demonstrated a good understanding of these. People's records contained detailed life stories and staff demonstrated a good understanding of these. One person liked to hold particular objects. Staff had an understanding of the history of why this person liked these objects, even though it was not in their records. This showed that staff took an interest in people and knew them well. Some staff had worked with people for a very long time, having worked at their previous placements. Staff demonstrated an excellent understanding of people's needs and backgrounds. Some people no longer had relatives and staff had become the most constant feature in their lives.

People lived in an inclusive atmosphere. The registered manager told us that it was very important to them to create an inclusive home in which people felt comfortable with each other. People living at the home were of older age. The registered manager had a vacant room which they did not intend on filling until they had a person of an appropriate age to move in. People had lived together for a long time and grown into old age together. This showed that the registered manager understood that people's home was important to them and careful consideration should be given to who they shared it with. People were involved in decisions regarding the home. People were kept updated through meetings on recent refurbishment to the home. People were consulted on colour schemes for the new kitchen and bathroom.

Staff encouraged people to maintain their independence through providing appropriate levels of support so that people could manage their own needs. Though people's needs were high, they were encouraged by staff to assist with domestic tasks. One person's records stated that it was important to them to, 'participate in the life of the home'. This person was observed assisting with moving plates and cups from the table. There were aspects of personal care that this person could do themselves. This was clear in their records and staff were aware of them.

People's privacy was respected by staff. Staff demonstrated a good understanding of how to support people in a way that promoted their privacy. Where people needed support with personal care, staff did this

discreetly. Staff noticed one person needed support with changing during our inspection. Staff discreetly asked them to come to their room which they did quietly and patiently. One staff member told us, "Privacy is important especially in bedrooms and bathrooms. (When supporting people) I close the door and curtains. If going in rooms I always knock."

Good

Is the service responsive?

Our findings

People were supported to take part in activities that suited their needs and interests. After our last inspection, we recommended that the provider ensured people were offered the opportunity to access community facilities on a daily basis. At this inspection, people were supported to access the community most days and everybody had an activity timetable that reflected their preferences. The home had vehicles to take people out which they used frequently. One person was very interested in trains. They were taken out regularly to the local train station to look at trains. Whenever trips and holidays were arranged, staff ensured this person could go to a train station to fulfil their hobby. Care records reflected this interest in trains and stated the person should go train spotting at least once a week. Daily notes confirmed staff supported them to do this weekly.

People went out most days of the week. Another person enjoyed going to the shop and did this four or five times each week. Staff asked on a daily basis what people wished to do. This suited their needs as people increasingly wished to stay indoors. Activities were on offer for when people stayed at home, people had access to films and television as well as puzzles and games. We observed a game taking place during our inspection and staff involved people in it and people looked as if they were enjoying it. One person was not feeling well and was being cared for in bed. We observed staff spending time with them one to one to provide social interaction and stimulation.

Care plans were personalised and information on what was important to people was clear. Care plans contained pictures of what was important to people and clear instructions for staff. One person's records stated, 'Please offer me a cuppa before personal care.' We observed staff having tea with this person before helping them to get ready for the day. Another person liked to help with the recycling, this was in their records and staff told us that they assisted with this. One person's records contained clear verbal cues for staff to give to prompt them. Staff said '(Person), time for your shower.' This person was able to get ready for their shower with prompting and supervision from staff. Records said staff should use, 'soft tone of voice and short sentences' with one person. We observed staff doing this which demonstrated that they had read and understood people's care plans.

People's care plans were kept up to date and adjusted when things changed. Regular reviews were documented in people's care records. In their PIR, the provider told us, 'our Key Workers are involved in monthly reviews of service user's care plans to identify any changing needs for action.' Our evidence supported this. One person had been doing more walking to improve their mobility and as exercise. At a review, staff noted that they seemed to be enjoying it and this would continue. A review also noted that they needed to see the chiropodist and this had been arranged. This demonstrated that reviews were used as an opportunity to identify changes and any actions that needed to be taken.

Staff ensured people knew how to make a complaint or raise a concern if they were unhappy about any aspect of their care. There was a complaints procedure in place and staff worked closely with people in order to establish if they were unhappy. Staff had supported some people to access advocates to speak up for them if they needed to complain. There had been no complaints at the time of our inspection.

Good

Is the service well-led?

Our findings

At our inspection in October 2015, we found a lack of effective quality assurance systems to ensure people received good quality care. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found the provider had made the required improvements

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. The registered manager carried out regular audits and kept a record of any issues identified. Where issues were identified, these were actioned by the registered manager. A recent audit had identified that some light bulbs needed replacing, this had been actioned. Another audit identified that a food processor was not working correctly. The registered manager had replaced this. Audits were also carried out in areas such as health and safety, fire safety and equipment to ensure that people lived in a safe environment.

Following our last inspection, the registered managers had written an action plan which included breaches of regulations that we identified, as well as our recommendations. The plan was implemented quickly and changes were made to ensure that breaches in regulation were met and improvements were made to ensure people received a good quality service. Following this, the manager had an ongoing quality assurance system to ensure that improvements were sustained.

Staff told us the support they received from management was good. One member of staff said, "It's nice to work here, I feel confident and comfortable. The managers give me support." In their PIR, the provider told us, 'We have a supportive management style giving the opportunity to staff
and our service users to meet with the registered managers who are approachable and accessible.' Our evidence supported this. Staff said team meetings took place regularly and they were encouraged to have their say about how the home could be improved. Minutes of meetings were recorded and these demonstrated that staff had input into making decisions about how the home was run. At the last meeting, staff had suggested places that people would like to go as there was a period of hot weather they wanted to make the most of.

People benefitted from regular meetings to inform them and to give them input into decisions about their home and the care that they received. A recent residents meeting had been used to discuss Christmas outings and activities. Although people could not contribute verbally, staff recorded people's reactions to different ideas to establish whether they were in favour of them. This showed that people were given the right support to make decisions and their opinions were used to direct staff.

The registered manager understood the challenges facing the home and had taken steps to address them. The registered manager identified that completing refurbishment works on the home had been their biggest challenge. Most work was completed at the time of our inspection, and the registered manager told us they had learnt a lot about finding the right contractors to get work completed within an appropriate timescale to ensure minimum disruption to people.

The registered managers were aware of their responsibilities. Registered bodies are required to notify us of specific incidents relating to the home. There had been no recent notifiable incidents, but the registered manager demonstrated a good understanding of when it was appropriate to notify CQC. For example, in relation to any serious accidents or incidents concerning people which had resulted in an injury.