

Bupa Care Homes (BNH) Limited

# Alexandra Care Home

## 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 was unannounced and took place on 16 May 2016. At our last inspection on 20 and 21 April 2015 we asked the provider to make improvements to ensure there were enough staff to meet people's needs. The provider sent us a report explaining the actions they would take to improve. At this inspection, we found improvements had been made. We also asked the provider to make some improvements in other areas of their service. These covered medicine management, the meal experience for people, the responsiveness of staff to support people's needs, the stimulation on offer to people and staff support and the quality monitoring systems in place. At this inspection we saw that improvements had been made in all these areas of concern.

The service was registered to provide accommodation for up to 40 people. People who used the service had physical health needs and some were living with dementia. At the time of our inspection 35 people were using the service.

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.

The provider determined the staffing levels on the number of people living in the home and the level of support they required. Staff had received training in dementia which they told us had increased enhanced the support they were able to offer and increased their knowledge. Other training was on-going and offered as directed from audits or through staff requests. Relatives had told us they felt people who used the service were safe and staff understood their role in ensuring people were protected from abuse or poor practice.

We saw that the provider and manager understood their responsibilities in complying with the requirements of the Mental Capacity Act 2005 (MCA). Where people lacked capacity to make certain decisions, appropriate assessments had been completed and recorded how w how people were supported to make those decisions. Where people were being restricted of their liberty in their best interests, the appropriate authorisations had been applied for.

. Everyone we spoke with felt the changes being made at the home were positive and had improved people's experience of care. We saw that people were responded to in a kind and friendly manner and staff respected their decisions. Risk assessments were in place to ensure people's safety was maintained.

Medicines were managed safely and in accordance with good practice. People received food and drink that met their nutritional needs and had a choice of the foods they liked. Staff made referrals to healthcare professionals in a timely manner to maintain people's health and wellbeing.

Staff were caring in their approach and they created a warm homely environment which people told us they

liked and enjoyed. People felt confident they could raise any concerns with the provider and manager. There were processes in place for people to express their views and opinions about the home. The provider and manager had systems in place to monitor and improve the quality of the service.

## 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 ●

We saw and relatives told us they felt their relations were safe and staff knew how to recognise and report potential abuse. Risks to people's health and welfare were identified and managed to keep them safe. There were enough staff available to meet the needs of people and medicines were managed in a safe way There were recruitment practices in place to checked staff's suitability to work with people.

### Is the service effective?

Good ●

Staff received training and an induction that enabled them to support people effectively. The principles of the Mental Capacity Act 2005 were followed. When people lacked capacity, decisions were made in people's best interests. When people were being restricted this had been considered and the correct authorisations were in place. People were encouraged to make choices about their food and the provider ensured they received a nutritional balanced diet. Referrals were made to health professionals when needed to ensure people maintained good health.

### Is the service caring?

Good ●

Staff knew people well and had positive caring relationships with them. They encouraged people to make choices about their day. Staff ensured people's dignity was respected. People were supported to maintain relationships which were important to them.

### Is the service responsive?

Good ●

People had the opportunity to participate in activities they enjoyed. People received personalised care from staff who knew people's likes and dislikes. There was a system in place to manage concerns or complaints.

### Is the service well-led?

Good ●

People were encouraged to share their opinion about the quality of the service to enable the registered manager to identify where improvements were needed. Staff understood their roles and responsibilities and were given guidance and support by the

management team. Systems were in place to monitor the quality of the service provided and make improvements

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# Alexandra Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection visit 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. Our inspection was unannounced and the team consisted of one inspector and an expert by experience, an expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service and on this occasion our specialist advisor had experience of working with people who have dementia.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

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.

We spoke with two people who used the service and five relatives. Many of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. However, we used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We reviewed four care records to see if the information matched the support they were receiving and to ensure it covered all aspects of their care.

We also spoke with four members of care staff, two team leaders, the housekeeper, activities coordinator, a nurse, the deputy and the registered manager. We reviewed four staff files to see how staff were recruited. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

# Is the service safe?

## Our findings

At our previous inspection in April 2015 we found that the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was not sufficient staff to meet people's individual needs and to keep them safe. At this inspection we saw improvements had been made to the number of staff available to support people's needs.

We spoke with several relatives who all confirmed there had been an improvement in the staffing numbers, they told us, "It used to be quite bad, especially when staff were off sick, but since they got more carers things are very different and my relative gets far more stimulation and attention now. It's great." Another relative said, "There have been changes in staffing and now that there are more of them, things seem to be less stressful and people get the attention they need."

We saw that people had their needs met and were supported by staff in a timely manner. One relative told us, "In the past, my relative had sat for some time before being supported with personal needs, but that doesn't happen anymore."

Staff we spoke with also confirmed there had been an improvement in the number of staff. They told us, "Since the increase in staffing, it has been a much more pleasant place to work. I was offered this post and was dubious at first, but I love it now." Another staff member added, "There are enough staff, it has got better recently because we have got more reliable staff." We spoke with the manager, who told us they had increased the staffing hours after the last inspection. They said, "We are in a better place now, with the investment in staffing and the re-decoration of the home." We saw throughout the day there was enough staff to support people's needs and staff had time to offer social interactions. This demonstrated that the provider had responded to meet the identified needs of people who used the service.

At our last inspection in April 2015 we asked the provider to make improvements in their medicine managements. We found that the required improvements had been made. We observed people received their medicines correctly. People were supported by staff to receive their medicine. Staff explained what they were doing and gave guidance to help the person understand. Some medicine was given on an as and when required basis. We saw the provider had protocols in place to explain the reason for the medicine to protect people from receiving too little, or too much medicine. Some people received their medicine concealed in their food and were unaware they were taking them. This is known as covert administration. We saw that when this practice was used an assessment had been completed with health care professionals to ensure the decision was in the person's best interest.

The provider carried out medicines audits to ensure people's medicines were stored, recorded and administered correctly. We saw that any areas requiring improvement had been addressed.

We observed that people who used the service were safe from avoidable harm or abuse. This was supported by relatives who told us, "I have no worries about my relative as everywhere is locked and if I want to take [name] out of the home, there is a procedure to follow so they know where everyone is." Another relative told us, "I come and take my relative out sometimes, we never mind bringing them back as we know they are safer here than at home." The staff we spoke with knew and understood their responsibilities to keep

people safe and protect them from harm. Staff we spoke with told us, "We need to make sure the person is safe." They added, "We had training to know what to do if something happens." We saw that when required referrals had been made to the local safeguarding authority and investigations were completed to keep people safe from harm. This showed the provider considered people's safety and responded accordingly.

The care plans we looked at demonstrated that risks to people's health and wellbeing had been assessed. Where risks were identified, care plans described how staff should minimise the identified risk. For example we saw that where people had behaviours that challenged, their assessments described possible triggers to their behaviour and the techniques staff should use to distract or defuse a situation. The information also reflected how a change in the person's health could impact and contribute to their behaviour and how these changes needed to be recorded and monitored.

We saw that other risk assessments covered all aspects of the person's daily living and their environment. This included the use of equipment to maintain people's safety or to support them to be moved safely. We observed on several occasions people being moved. On each occasion two carers were in attendance and they spoke gently and reassured the person throughout to explain what was happening. On one occasion the person expressed they were not comfortable. A pillow was found to support the person; the staff did not leave the person until they confirmed they were comfortable and needed no further assistance.

Plans were in place to provide staff with information on how to support people in the event of an emergency such as a fire or any other incident that required the home to be evacuated. We saw that the information recorded was specific to each person's individual needs and was easily accessible in the event of an emergency was to occur.

We saw that checks had been carried out to ensure that the staff who worked at the home were suitable to work with people. These included requesting references and checking the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. One member of staff told us, "I provided three references as one of mine was slow to respond and the home needed two before I could start." This demonstrated that the provider followed procedures to ensure staff were suitable to work with people.

## Is the service effective?

### Our findings

At our last inspection in April 2015 we asked the provider to make improvements in relation to the meal experience for people. At this inspection we saw improvements had been made.

People told us they enjoyed the food. One person said "I really like the food. The wait is certainly worth it." Relatives we spoke with felt the food was of good quality and people had a choice. One relative said, "The food here is very good and my relative always gets a choice. I don't think [name] she would ever go hungry." Several relatives joined family members and had a lunch provided.

People had been given a choice from the menu and we saw preferences were noted in their care plans. We saw when people requested something different from the menu this was provided. People were encouraged to eat and drink and when required support was available, with an emphasis on encouraging the person to be independent.

We saw records which showed people's weight was monitored and specialist diets had been catered for. Where a concern had been raised with regard to the person's weight referrals had been made to health care professionals and we saw the guidance provided was followed. This showed the provider supported people to maintain their nutritional needs.

Staff told us they received the training they required to meet people's needs. One staff member told us, "We have more time to do training. I am currently completing the Dementia Champion training and I think everyone should do it because it has helped me do a better job of caring for people." We saw that the provider had a programme of training in addition staff received support from , external training opportunities. For example, the staff had been supported by the Nottingham outreach dementia team. One staff member said, "Since we had the Dementia Outreach Team's input, we have accessed all sorts of services and outside training we never even knew about before." This meant staff could offer more specific skills to support people.

We saw that when new staff commenced with the service they were provided with a package of training and support. One staff member told us, "I had a week's induction training then I did some shadowing with an experienced member of staff." They also added, "All the staff are brilliant, they are never too busy to help me, the shadowing is really useful." This showed us the provider supported staff to gain the skills and knowledge to meet people's needs.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and 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 Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met. We saw when people were restricted a referral to the local authority had been made and any confirmed authorisations had been recorded reflecting any conditions for that person.

We saw that where people lacked the capacity to make their own decisions, assessments were in place to identify how should be supported and any decisions made in their best interest were clearly documented. Staff had received training in the Act. One staff member told us, "The Act is there to protect people and to make sure decisions are made in their best interest. If needed we involve families and professionals it's important to record how the decisions are made." This showed the staff were following the legal requirements of the MCA.

We saw that staff gave people choices throughout the day and where people were unable to verbalise their choice, visual prompts were used. Staff told us, "It's all about knowing the person." This showed us that staff respected people's wishes and understood the importance of gaining people's consent.

People were supported to maintain their health and wellbeing. We saw that referrals had been made to healthcare professionals when needed across a range of health needs. A GP told us, "Staff interact with people well and are responsive when information about the person is required." Relatives confirmed they were kept informed of any changes in their family member's health or other matters which they required their support for. This demonstrated that people's health care needs were monitored and met as referrals were made to the appropriate health care professionals when needed.

## Is the service caring?

### Our findings

At our last inspection in April 2015 we asked the provider to make improvements to the way in which staff responded to meet people's needs. We saw at this inspection improvements had been made. Relatives we spoke with felt people had a positive relationship with staff. One relative told us, "I have always found the carers extremely caring. I doubt if I could do better with how things are now for my relative." Another relative said, "Since the redecoration and new furniture it is a nicer place to live. The staff aren't so stressed now that there are more of them and I have seen a change in [Name] with more 1:1 attention."

We saw that staff knew people well and had developed positive relationships. One relative we spoke with said, "They all love [name]. I think they know more about him now than I do." We saw how the staff were open to continued learning about the person for example one person was being encouraged to stroke a toy cat but showed no interest until another carer pointed out that the person used to own a dog. The toy animal was changed and the person then showed an interest. We saw staff sitting with people and chatting and heard laughter between them. One staff member told us, "I have just discovered one person used to play the piano, I will look into the possibilities of a key board to see if they are still able to play."

Relationships that mattered to people were encouraged. We saw many visitors and staff made people welcome and offered chairs, refreshments or a change of location to enable the visit to be a positive experience for the person. One relative told us, "We can visit anytime which is great as my daughter can come after work and my grandchildren can come at weekends."

People made decisions about their daily routine such as what time they got up and went to bed, and what they wanted to wear. One person told us, "I like my bubble bath. I had one this morning and stayed in it until the water went cold. Great." We saw one person had chosen to get up after 11.00am; they sat in the dining area in their nightwear. Staff offered support for the person to get dressed. When they declined the staff respected that decision and offered again later. One relative told us, "'I have never seen a carer shout or be angry at anyone." We observed staff respected people's dignity throughout the day and asked the person's permission before supporting them. This showed that the staff respected people and their decisions.

## Is the service responsive?

### Our findings

At our last inspection in April 2015 we asked the provider to make improvements in the stimulation on offer to people. We saw at this inspection improvements had been made. There were activities planned to stimulate people within the home on both floors. We observed on the first floor a singing activity which involved the residents using musical instruments. At first some people were not interested but with encouragement and some old songs being played, they became more involved. One person who had been walking about joined the group. The staff member heard the person talking about Glasgow, and found a bagpipes song, this really got the person's attention and they stayed in the room for some time.

The activities coordinator told us they were able to purchase any equipment or resources they needed to support the stimulation of people. We saw that equipment had been purchased recently and they had been incorporated in to the activity plans.

In the PIR the provider told us they had purchased a rabbit for the people upstairs in the home. This had been to provide a focus for one person who used to have rabbits in their own home. We saw this had happened. There were photos displayed on the wall of several people holding the rabbit and during the inspection one person had the rabbit on their knee and told us all about it. Staff told us the rabbit had made a lovely addition to the home and that people had responded well. They also added that one person's anxiety which had previously caused some behaviour that challenged had been reduced by the rabbit's presence. One staff member said, "We have quite a few people who like animals so now we have the rabbit upstairs, some birds in an aviary in the garden and the PAT dogs visit each month. The residents love it." This showed us that the provider responded to people's interests and hobbies and offered a range of stimulation.

People were supported to choose how they spent their time. One person told us, "I really don't like to mix with the other people. Staff often try to encourage me to get out more, but I am happy here and so they come and check on me instead." They added "They are always asking me if I want to join in. I don't often, but I did enjoy the Queen's birthday tea until it got a bit noisy then the carer knew to bring me up to my room again."

We saw that people's care was planned to reflect the individual's needs. One relative told us, "They really do know what my relative's needs." The care plans provided details about the person's previous lives, interests, family and likes/dislikes. Staff told us they read the care plans, they said, "You need to know the person, their capabilities and interest so you know how to support them." We saw the care plans had been reviewed regularly and were updated when any changes occurred. The updates were shared with the staff during a daily handover which ensured that staff had the up to date information they needed to care for people appropriately.

People's care records showed that pre admission assessments had been completed before they used the service. This had been done by gathering information from people and their relatives. This demonstrated that the provider had assured themselves they were able to meet people's needs before they used the

service.

People and their relatives told us they felt able to raise any concerns and if they had a complaint, it would be dealt with. One relative told us, "I would feel fine about complaining if I had to, but they look after my husband so well. Better than I could now I think, and that is hard to say." We saw that any complaints had been recorded and responded to in line with the provider's policies and timeframe.

## Is the service well-led?

### Our findings

At our last inspection in April 2015 we asked the provider to make improvements in the support available to staff and the culture of the service. At this inspection we saw that improvements had been made. There was an open and friendly atmosphere and relatives told us there had been a lot of improvements. They told us "It's been nice to see the upgrading here." Another relative told us, "There have been lots of changes here over the 5 years that my relative has been here and I think I can honestly say that all of them have been good, if a little slow in happening sometimes." The manager shared with us the ongoing improvement planned for the home, some of which were in response to people's feedback about the service. These included the changing of the windows to a patio opening to enable better access to the garden and the development of a dementia friendly garden.

The provider had completed a survey in relation to people's feedback on the service. The survey had identified that the dining area required redecoration. We saw that this area had been decorated and had new flooring laid. The manager told us they were sending out the survey again this month and any areas which required development would be added to their ongoing improvement plan.

Staff we spoke with all said they enjoyed working in the home. One staff member said, "I like working here. We get praise all the time which makes all the difference to how you feel about coming to work." Another commented on the changes in the management structure which had which had improvements. They told us, "Since we have had the Team Leaders, things work more smoothly. Problems get nipped in the bud."

Staff told us they felt supported by the provider and the manager One staff member told us, "I think they are really fair." Another staff member said, "The manager's door is always open and I feel that she listens to what we have to say" Staff told us and records confirmed that they received regular supervision and an annual appraisal which gave them an opportunity to discuss their performance and agree any training needs. Staff also attended staff meetings, one staff member told us, "They are useful and a chance to get together"

The manager told us they were supported by the provider, through regular monthly meetings and regional links with other managers in the provider group. The manager told us, "I feel supported, and would say if I wasn't."

In the PIR the provider told us they welcomed nursing students from the Derby University and hospital. We saw on the day of the inspection a radiography nurse was visiting the home. They told us, "I wasn't sure how being here would help me with my job at the hospital, but I can already see the difficulties those with Dementia face and I am sure it will help me in my work." The manager told us this link enables the pooling of ideas and the different perspectives which enhance learning.

The manager carried out checks to monitor the quality and safety of the service and used the information to make improvements to people's care. We saw that audits had been completed and where they required action this had been taken. For example the falls audit identified a person required a different mattress and sensor mat and we saw these had been provided.

In the PIR the provider told us they collect monthly quality information from each department which was used to produce a monthly audit for the whole home. We saw that regular meetings were held with the heads of departments and actions had been raised from the audits and recorded when they had been completed.

We saw that the previous rating was displayed in the reception of the home as required. The manager understood their responsibility of registration with us and notified us of important events that occurred at the service; this meant we could check appropriate action had been taken.