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Alexander Lodge

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

Alexander Lodge is a care home service without nursing, and is registered to accommodate up to 12 older people some of whom may be living with dementia. The accommodation is a converted period property; and is arranged over two floors with six bedrooms on each floor. There is a private garden with a patio at the rear of the property. Communal space consists of a lounge area and a small dining room/kitchen. At the time of our inspection seven people lived here.

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 home was decorated and adapted to meet people's needs. Flooring was smooth and uncluttered to aid people's mobility needs. The home had a homely feel and reflected the interests and lives of the people who lived there. Some of the decoration looked tired, such as doors and skirting boards; the management had a plan to address this once building work on a room was completed.

The inspection took place on 14 July 2017 and was unannounced.

There was positive feedback about the home and caring nature of staff from people who live here.

People were safe at Alexander Lodge. There were sufficient staff deployed to meet the needs and preferences of the people that lived there. Staffing levels changed to reflect the support needs of people.

Staff understood their duty should they suspect abuse was taking place, such as notifying the local authority safeguarding team or the police. This would ensure action was taken to protect people.

Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks, without restricting people's freedom. As a result people were able to take part in 'risky' activities that they enjoyed.

The provider had carried out appropriate recruitment checks to ensure staff were suitable to support people in the home. Staff received a comprehensive induction and ongoing training, tailored to the needs of the people they supported.

People received their medicines when they needed them. Staff managed the medicines in a safe way and were trained in the safe administration of medicines.

Staff understood the support that each person would need to get safely out of the building in an emergency. Regular safety checks were completed on fire detection systems, and equipment used to support people.

Staff had regular training to keep their skills up to date. They felt supported in their roles, which enabled them to give effective care to people.

People's rights under the Mental Capacity Act (2005) were met. Assessments of people's ability to make specific decisions had been completed. Staff asked people for their permission before they provided care.

The staff had an understanding of the requirements of the Deprivation of Liberty Safeguards (DoLS). The registered manager had submitted applications in accordance with the act, due to the fact that some people were under constant supervision, and could not leave the home if they wanted to.

People had enough to eat and drink, and received support from staff where a need had been identified.

People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them. People's health was seen to improve due to the care and support staff gave, such as recovering from illness and operations.

The staff were kind and caring and treated people with dignity and respect. Good interactions were seen throughout the day of our inspection, such as staff talking with them and showing interest in what people were doing. People's knowledge and experience were valued by staff. People looked relaxed and happy with the staff. People could have visitors from family and friends whenever they wanted.

Care plans were made with the people. They gave a good level of detail for staff to reference if they needed to know what support was required. People received the care and support as detailed in their care plans. Details such as favourite foods and activities in the care plans matched with what we saw on the day of our inspection, and with what people told us.

People had access to activities that met their needs. Activities were based on people's interests, and made them feel part of the local community. The staff knew the people they cared for as individuals, and had supported them for many years.

People knew how to make a complaint. No complaints had been received since our last inspection. Staff knew how to respond to a complaint should one be received.

Quality assurance records were kept up to date to show that the provider had checked on important aspects of the management of the home. Records for checks on health and safety, infection control, and internal medicines audits were all up to date. This was a small family owned business so the provider visited the home on a daily basis to support people and to ensure a good standard of care was being provided.

People had the opportunity to be involved in how the home was managed. Regular house meetings took place and people felt their ideas and opinions were valued by the management.

People lived in a relaxed and happy home. A person said, "I have been living happily here for 10 years, it says it all. I was lonely and didn't get out to see anyone before I came here. It's all better now."

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 understood their responsibilities around protecting people from harm.

The provider had identified risks to people's health and safety with them, and put guidelines for staff in place to minimise the risk.

People felt safe living at the home. Appropriate checks were completed to ensure staff were safe to work at the home. There were enough staff to meet the needs of the people.

People's medicines were managed in a safe way, and people had their medicines when they needed them.

Is the service effective?

Good

The service was effective

Staff said they felt supported by the manager, and had access to training to enable them to support the people that lived there.

The requirements of the Mental Capacity Act were met. Assessments of people's capacity to understand decisions had been recorded in line with the Act. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were met.

People had enough to eat and drink and had specialist diets where a need had been identified.

People had access to health care professionals for routine check-ups, or if they felt unwell. People's health was seen to improve as a result of the care and support they received.

Is the service caring?

Good

The service was caring.

Staff were caring and friendly.

Staff knew the people they cared for as individuals, and valued their knowledge and experience.

People could have visits from friends and family, or go and visit them, whenever they wanted.

Is the service responsive?

Good

The service was responsive.

People were involved in their care plans. These were person centred and gave detail about the support needs of people.

People had access to a range of activities that matched their interests. People had good access to the local community.

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint be received.

Is the service well-led?

Good

The service was well- led.

The registered manager and provider had a clear set of values of the home, and staff provided care and support in a manner that met those values.

People and staff were involved in improving the service. The provider and registered manager regularly spoke to people and staff to make sure they were happy.

Staff felt supported and able to discuss any issues with the manager.

The manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

Alexander Lodge

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 12 July 2017 and was unannounced.

Due to the small size of this home the inspection team consisted of one inspector.

Before the inspection 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.

The provider had 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. This information was reviewed to see if we would need to focus on any particular areas at the home.

We spoke with four people who lived at the home and four staff which included the registered manager and the provider. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how staff cared for people. We also reviewed care and other records within the home. These included four care plans and associated records, three medicine administration records, two staff recruitment files, and the records of quality assurance checks carried out by the staff.

At our previous inspection in April 2015 we had not identified any concerns at the home.

Good

Is the service safe?

Our findings

People told us that they felt safe living at Alexander Lodge. One person said, "Absolutely I feel safe. Staff are always around and I have a panic button, and staff come quickly if I press it. Oh yes, I feel very safe, there is always someone around." Another person said, "I feel there is always someone (staff) around I can ask, and they will help me."

People were protected from the risk of abuse. Staff were knowledgeable about safeguarding and how to keep people safe. Staff were able to describe the signs that abuse may be taking place, such as bruising or a change in a person's behaviour. They knew the reporting procedures to follow if they had witnessed or suspected abuse, and the external agencies that could be contacted. For example, the police and the local authority safeguarding team. Staff knew about whistleblowing and felt confident they would be supported by the provider if they felt the need to raise any concerns.

There were sufficient staffing levels deployed to keep people safe and support the health and welfare needs of people living at the home. The registered manager calculated the number of staff that were required based on the support needs of the people that lived here. One person said, "I feel there are enough staff. There are not many of us here at the moment, and we had more staff when there were more people here." Staff said that they felt there were enough staff for them to support people and meet people's needs. One staff member said, "For now, with the number of people we support, I think there is enough staff. No one (staff) is complaining of being overworked."

Staffing rotas for the last four weeks demonstrated that the number of staff on duty matched with the numbers specified by the registered manager. Our observations on the day showed that staff had the time to spend with people, both to meet their support needs, but to also engage in activities with them.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The provider had obtained appropriate records as required by the regulations to check prospective staff were of good character. These included a full employment history with explanations for any gaps in employment, two written references, proof of the person's identification, and eligibility to work in the UK. Staff told us that their recruitment was thorough and confirmed that they had to submit all the documents as required.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends that may suggest a person's support needs had changed. Records of accidents reviewed during the inspection did not highlight any issues with regards to people's safe care and support. Staff told us that accidents and incidents were discussed during staff meetings. This helped them to minimise the risk of repeated accidents. One staff member said, "We always have to make sure one of us is near people, so we can respond quickly if we need to." During our inspection staff were always present in the communal area,

and able to offer support when needed.

People were kept safe because the risk of harm from their health and support needs had been assessed. People were not restricted from doing things they liked because it was too 'risky'. One person said, "I have back problems and I know how much I can do for myself. Staff watch me and we have checked with the GP that what I do is okay." Assessments had been carried out in areas such as mobility, choking, pressure sores and behaviour management. Measures had been put in place to reduce these risks, such as clear guidelines for staff on reducing risks of choking. Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs. Support given by staff was seen to match the guidelines given, such as reminding people to eat slowly when they ate.

People were cared for in a clean and safe environment. The home was well maintained, but showed some signs of age in some of the decoration, such as doors and skirting boards being scuffed. The registered manager and provider were working on updating one room, to make it more accessible for people, and had a plan to address the tired décor once this had been completed.

The risk of trips and falls was reduced as flooring was in good condition. Assessments had been completed to identify and manage any risks of harm to people around the home. Areas covered included infection control, and fire safety. Staff understood their responsibilities around keeping a safe environment for people. One said, "We have be aware of fire safety, such as making sure the alarms work and exits are clear. We have to make sure the equipment we use is safe and in good condition, like walking frames." Fire safety equipment and alarms were regularly checked to ensure they would activate and be effective in the event of a fire.

People's care and support would not be compromised in the event of an emergency. Information on what to do in an emergency, such as fire, were clearly displayed around the home. People's individual support needs in the event of an emergency had been identified and were known by staff. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely.

People's medicines were managed and given safely. People received their medicines when required and as they were prescribed by their GP. People told us they always received their medicines on time and they knew what their medicines were for. One person said, "I have a whole list of medicines which my GP has prescribed. I know what each of them is for."

Staff that administered medicines to people received appropriate training, which was regularly updated. For 'as required' medicine, such as paracetamol, and 'homely remedies (medicines that you can buy from a chemist without a prescription) there are guidelines in place which told staff when and how to administer the medicine in a safe way.

The ordering, storage, recording and disposal of medicines were safe and well managed. There were no gaps in the medicine administration records (MARs) so it was clear when people had been given their medicines. Medicines were stored in locked cabinets to keep them safe when not in use.

Good

Is the service effective?

Our findings

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. A person said, "When staff have trainers in they do it properly. I have learnt a lot living here from watching staff, such as how people should be lifted safely." Another person said, "Oh yes, staff know what they are doing. They look after people of different ages and abilities and I think they do this well."

Staff had training to undertake their roles and responsibilities to care and support people. Staff had the training they needed when they started working at the home, and were supported to refresh their training each year. Staff completed all the mandatory training which included safeguarding, fire safety and infection control. Training records maintained at the home confirmed that staff received regular training to help them meet people's assessed needs.

Staff were effectively supported. Staff had regular one to one meetings (sometimes called supervisions) with the manager, as well as group team meetings. This enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people. Observations were also made by the registered manager and provider on how staff supported people. One staff member said, "They also watch what I do and direct me if I need to change something. I find this very useful."

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 had varying capacity to make decisions for themselves and were not able to go out on their own if they wished.

Management had an understanding of the Mental Capacity Act (2005) including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. Staff were knowledgeable about the MCA and the processes to be followed. They were aware that they had to assume that people had the capacity to make their own decisions unless it was otherwise proven. Staff were seen to ask for people's consent before giving care and support throughout the inspection. One staff member said, "We have to ask before we do things for them. If they can't decide at that time, we leave them for a while and try again later."

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 are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had completed applications for people whose freedom was restricted, or who were under constant supervision. This met the requirements of the act. Where staff had restricted people's freedom to keep them safe, this was done in accordance with the details recorded on the DoLS application.

People had enough to eat and drink to keep them healthy. They had good quality, quantity and choice of

food and drinks available to them. A person said, "The food is excellent, if I don't like it I tell them and they do me something else." They went onto say, "They always tell us what is on the menu, and ask if there is anything special we would like to add to it." Another person said, "The food is fine, if a bit ordinary. It's cooked well and I'm never hungry. I like things like casseroles and I do get them here." People were able to choose where they wanted to eat their meals. Lunch time was relaxed and unhurried with members of staff available to provide support as and when required. Tables were nicely laid out and condiments were available for people to use. Staff had friendly interaction with people during the meal and made it an interactive and positive experience for everyone involved.

People's special dietary needs were met. People's preferences for food were identified in their support plans. Where a specific need had been identified, such as food presented in a particular way to aid swallowing this was done. People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy.

People received support to keep them healthy. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People's health was seen to improve due to the effective care given by staff, for example overcoming colds and flu, or recovering from operations. Where people's health had changed appropriate referrals were made to specialists to help them get better, for example speech and language therapists if people's eating habits changed.

Good

Is the service caring?

Our findings

We had positive feedback about the caring nature of the staff. One person said, "If I feel miserable they really cheer me up." Another person said, "Staff are very polite and caring. We can have a joke with them."

People were treated with kindness and compassion in their day-to-day care. People were relaxed throughout our visit and conversing with each other and staff in a friendly manner. People looked well cared for, with clean clothes, tidy hair and appropriately dressed for the activities they were doing. When providing support staff checked with the person to see what they wanted. Staff spoke to people in a manner and pace which was appropriate to their levels of understanding and communication needs. Staff communicated effectively with people.

Staff were very caring and attentive with people. They knew the people they looked after and involved them in making decisions about their life. Staff called people by their preferred names, as recorded in their care plans, and the interaction was relaxed and unhurried. Staff interacted with people in a caring and respectful manner. Conversations were polite and humorous and staff always waited for people to respond to any questions they asked. Throughout our inspection staff had positive, warm and professional interactions with people.

People's independence was promoted by staff. One person said, "I have always been independent, and they know and respect this." This person told us how they carried out tasks around the home, such as mowing the lawn, and offered advice and guidance to the staff on gardening. Peoples knowledge and experienced were valued by staff. People had been consulted about how they liked their care undertaken and what mattered to them.

Staff were knowledgeable about people and their histories. Throughout the inspection it was evident the staff knew the people they supported well. Staff were able to tell us about people's hobbies and interests, as well as their family life. Care records recorded personal histories, likes and dislikes, and matched with what people and staff told us on the day.

Staff treated people with dignity and respect. One person said, "I feel they do respect my privacy and dignity. They always knock on my door and wait for me to answer, and they always say things like 'is it alright if we do such and such for you." Staff were attentive throughout the inspection, and involved people in their support. When giving personal care staff ensured doors and curtains were closed to protect the person's dignity and privacy. Staff also understood that some people who needed support to use the toilet preferred to do this alone. They respected this by supporting the people into the toilet, and then left them to respect their privacy and dignity. When asking people if they needed to use the toilet, staff did this discreetly and quietly.

People's needs with respect to their religion or cultural beliefs were met. One person said, "I go out to my local church, they come and collect me." Staff understood those needs and people had access to services so they could practice their faith. People were also supported in civic duties such as voting in local and national

elections. In the recent elections people confirmed they had voted. One person said, "I did vote recently, I sent it in by post."

People were supported to keep in touch with relatives and friends. People told us they could have relatives visit when they wanted.

Good

Is the service responsive?

Our findings

People's needs had been assessed before they moved into the service. Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility. They had been used to ensure people's individual support needs could be met by the service before they moved into the home.

People were involved in their care and support planning, as much as possible. One person said, "I do have a care plan, yes. We went through it a few weeks ago to see if I wanted anything revised." Care plans were personalised and detailed daily routines specific to each person. Care plans included information about people's preferences and interests, their likes, dislikes and the contact details of family and people that were important to them.

Guidance about how people preferred their care needs met was recorded for staff to follow. People received support that matched with the preferences record in their care file, for example being supported to do activities they enjoyed, or helping them to have food and drink in a format to reduce the risk of choking.

Family members, health or social care professionals were also involved to ensure that the person's choices and support were covered for all aspects of their life. Reviews of the care plans were completed regularly with people so they reflected the person's current support needs. The files were well organised so information about people and their support needs were easy to find. The files gave a clear and detailed overview of the person, their life, preferences and support needs.

Care plans were comprehensive and were focused on the individual needs of people. Care plans addressed areas such as how people communicated, and what staff needed to know to communicate with them. Other areas covered included keeping safe in the environment, personal care, mobility support needs, behaviour and emotional needs.

People had access to a range of activities, based on their interests and abilities. One person said, "I do the gardening, and I go to church and also out to an over '60's club. I enjoy knitting as well, and have taught some of the carers how to crochet." These activities gave this person great satisfaction and self-worth. They explained how they knitted tiny teddies for the local hospital antenatal ward, for babies that had sadly passed away. The sister from the ward had come to visit her to thank her for all she did for them. Another person explained how they never felt bored and people came in to give entertainment, or help them with exercising. They also talked about going out to the local pub or racecourse with relatives, which they enjoyed.

Staff provided activities to stimulate and interest people. Two people were encouraged to have a game of scrabble together, while another person talked through a book with a member of staff. No one was left for long periods of time without some form of positive interaction from the staff during our inspection.

People were supported by staff that listened to and would respond to complaints or comments. One person

said, "We have a book (service user guide in their room) telling us what to do if we are unhappy. I would go to (the registered manager) and yes, she would listen to me. I have never needed to complain, I have had some grumbles in the past, but they had been put right."

There was a complaints policy in place. The policy included clear guidelines, in an easy to read format, on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission. Staff had a clear understanding of the complaints procedure and understood that they had a duty of care to report any complaints to the registered manager so they could put things right. There had been no complaints received at the home since our last visit.

Good

Is the service well-led?

Our findings

There was a positive culture within the home between the people that lived here, the staff and the manager. One person said, "I just feel like I am being looked after." Another person said, "The managers are very helpful and they both try to do their best by us." Staff understood that this was the people's home, and not just a place they stayed to get support.

The registered manager and provider were clear on the values of the home – to achieve the best we can for the residents, giving a high standard of care so that people are satisfied. Staff understood these values, and they were confirmed by the people we spoke with. The values were also seen displayed by staff during our inspection, as they were all friendly, caring and attentive to the people they supported.

People lived in a home where the senior managers constantly checked if a good standard of care was given. It was a small family run business and the registered manager and the provider had a hands on approach to care and support. Both were in the home on a daily basis. They were in constant contact with the people and the staff, so could see that peoples support needs were met by staff in a safe environment.

Regular checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the home. These covered areas such as infection control, health and safety, and medicines. The audits generated improvement plans, if needed, which recorded the action needed, by whom and by when.

People were included in how the service was managed. People had access to regular house meetings where they could discuss items they would like to buy, any issues they wanted to raise, and what activities they would like to take part in. One person said, "We had a residents meeting a fortnight ago. They (management) ask us about everything that goes on here, and we can ask questions as well." Another person said, "I feel my opinion is valued about how the home is run. I tell them if I think things need to change." Minutes of the meetings showed that people had the opportunity to raise any concerns. They also recorded information that had been shared with people, such as new staff, or the progress of people who were in hospital. The registered manager also ensured that various groups of people were consulted for feedback to see if the service had met people's needs. This was done annually by the use of a questionnaire. All the responses from the last survey were positive about the home and staff. People who lived here and their families were involved in these questionnaires, which covered all aspects of care and support provided at the home.

Staff felt supported and able to raise any concerns with the registered manager, or the provider. Staff understood what whistle blowing was and that this needed to be reported. They knew how to raise concerns they may have about their colleague's practices. Staff told us they had not needed to do this, but felt confident to do so.

Staff were involved in how the service was run and improving it. Staff meetings discussed any issues or updates that might have been received to improve care practice, for example the last meeting had

discussed cleaning schedules and responsibilities, completing records and promoting activities for people. Our observations during the inspection confirmed that staff had followed the guidance covered in the meeting for all three of these areas.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns. The information that the manager provided on the Provider Information Report (PIR) matched with what we found and saw on the day of our inspection.

Records management was good and showed the home and staff practice was regularly checked to ensure it was of a good standard.