# Cherry Garden Properties Limited

## Alexandra - Oldham

### Inspection report

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Date of inspection visit:  
16 March 2017  
17 March 2017  
Date of publication:  
02 June 2017

### Ratings

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

Overall summary

This inspection was carried out on the 16 and 17 March 2017. Our visit on the 16 March 2017 was unannounced.

At the last inspection on the 25, 26, 28 July and the 15 August 2016 we rated the service as 'Inadequate' which meant the service was placed in 'special measures.' At that inspection we identified multiple regulatory breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014, affecting peoples' safety, well-being and the quality of service provided to people living at the home.

Following the inspection the provider sent us information detailing how the identified breaches would be addressed. This inspection was to check improvements had been made and to review the ratings.

At this inspection we found significant improvements and the provider had taken action. As a result of the improvements the service is no longer rated "inadequate" and has moved out of special measures.

Alexandra Nursing Home is situated directly opposite Alexandra Park approximately half a mile from Oldham town centre. Accommodation is provided over three floors which are accessible via a passenger lift. The home has single and double rooms, with some rooms having en-suite facilities. The service is registered to provide the regulated activities, accommodation for persons who require nursing or personal care and the treatment of disease, disorder or injury, for up to 35 people. At the time of our inspection there were 23 people living at the home.

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

Staff had a good understanding of safeguarding procedures and what action they should take if they identified abuse. Recruitment checks had been carried out on all staff to ensure they were suitable to work with vulnerable people in a care setting.

The home was clean and well-maintained and staff had access to personal protective equipment (PPE) to help reduce the risk of cross infection. Environment checks on the building and equipment were up-to-date.

Medicines were safely stored and administered by people who received the appropriate training.

Staff had undertaken a variety of training to ensure they had the correct skills and knowledge required for their roles. Supervision of staff was carried out regularly. This enabled the registered manager to discuss any training and development needs and ensure staff were carrying out their duties safely and effectively.
People were complimentary about the caring nature of the staff and from our observations of staff interactions and conversations with people we saw staff had good relationships with the people they were caring for. A range of activities were available for people to take part in.

People were supported to maintain good health and where needed specialist healthcare professionals were involved with their care.

The service had a complaints procedure in place and people we spoke with felt that any complaints would be dealt with appropriately. People we spoke with made positive comments about the registered manager and about how the home was run.

People living at the home and their relatives were provided with an opportunity to comment on the service through an annual survey. Results of the February 2017 survey were all very positive.

A range of monthly audits were carried out to monitor the service and help maintain and improve the standard of care given at the home.
### The five questions we ask about services and what we found

We always ask the following five questions of services.

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<thead>
<tr>
<th><strong>Is the service safe?</strong></th>
<th><strong>Good</strong></th>
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<tbody>
<tr>
<td>The service was safe.</td>
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<tr>
<td>Recruitment procedures in place helped to make sure new staff were suitable to work with vulnerable adults.</td>
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<tr>
<td>Arrangements were in place to safeguard people from harm or abuse.</td>
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<td>The home was well-maintained and clean. Prevention and control of infection were well managed.</td>
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<td>The management of medicines was carried out safely.</td>
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<tr>
<th><strong>Is the service effective?</strong></th>
<th><strong>Good</strong></th>
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<tr>
<td>The service was effective.</td>
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<tr>
<td>Staff received an employment induction, regular supervision and training to help make sure people were provided with care and support that met their needs.</td>
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<td>People who used the service received the appropriate support from staff to ensure their health and nutritional needs were met.</td>
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<td>The service was working within the guidelines of the Mental Capacity Act (2005).</td>
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<tr>
<th><strong>Is the service caring?</strong></th>
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<tr>
<td>The service was caring.</td>
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<tr>
<td>People were complimentary about the staff and about the care and support they provided. Peoples' dignity and privacy were respected.</td>
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<th><strong>Is the service responsive?</strong></th>
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<td>The service was responsive.</td>
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<td>We saw examples that showed staff had been responsive to the</td>
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individual needs of people who lived at the home. Care plans and risk assessments were detailed and person-centred.

A programme of activities was available for people to take part in and we saw that there was a relaxed atmosphere in the home.

There were systems in place to enable people to make a complaint.

**Is the service well-led?**

The service was well-led.

People who used the service and their families were provided with opportunities to comment on the quality of service delivered and how the service was managed.

There were systems in place to monitor the quality of care provided by staff. We will now monitor the sustainability of these improved systems to ensure good practice continues to be maintained.

Accidents and incidents were monitored. The registered manager understood their legal obligation to inform the Care Quality Commission of any reportable incidents.
Alexandra - Oldham

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.

The inspection took place on the 16 and 17 March, 2017. Our visit on the 16 March was unannounced. The inspection team on the 16 March consisted of two adult social care inspectors. On the 17 March the inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information we held about the service. This included the previous inspection report and the action plans submitted to the Care Quality Commission (CQC) following the last inspection in July 2016. We also reviewed the statutory notifications the CQC had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay.

We sought feedback from Oldham Healthwatch, Oldham’s Local Authority quality assurance and Safeguarding team and Oldham’s Clinical Commissioning Group (CCG). No concerns were raised by them about the service provided by Alexandra Nursing Home.

During our visit we spoke with the registered manager, a nurse, two carers, one person who lived at the home, two relatives and two visiting health care professionals. We looked around the building including some bedrooms, all of the communal areas, toilets, bathrooms, the kitchen, treatment room, laundry and the garden area. We spent time observing a lunchtime meal and watched the administration of medication to check that it was done safely.

As part of the inspection we reviewed the care records of three people living in the home. The records included their care plans and risk assessments. We reviewed other information about the service, including records of training and supervision, three staff personnel files, maintenance and servicing records and quality assurance documents.
Is the service safe?

Our findings

People/relatives we spoke with told us the home was a safe place in which to live. One relative told us "(the person) is safe here". A person living at the home said "I am safe here. I am watched over and mothered. Staff we spoke with were knowledgeable about safeguarding issues and were able to describe types of abuse, such as emotional and physical and what they would do if they had concerns that a person was being abused. One staff member told us "I would report any wrong doing straight away. These people who live here are my friends I would not want anything to happen to them. But I have worked here for ten years and never seen any whistleblowing incident, or seen anyone treating anyone bad. I am proud to work here, we love these people". All safeguarding concerns were reported to the local authority safeguarding team on a monthly basis, in line with their policy.

During our inspection in July 2016 we identified that the provider had not always carried out all the necessary recruitment checks to ensure that staff employed at the service were suitable to work with vulnerable people. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that this concern had been rectified and the requirements of the regulation were being met. We reviewed three staff personnel files and found that they contained evidence that all required pre-employment checks had been completed. These included two references checks and confirmation of identification. Staff had Disclosure and Barring (DBS) criminal record checks in place. These help the service provider to make an informed decision about the person’s suitability to work with vulnerable people, as they identify if a person has had any criminal convictions or cautions. All the registered nurses working at the home had up-to-date Nursing and Midwifery Council (NMC) personal identification numbers (PIN). The NMC is the regulator for all nurses and midwives in the UK. When nurses register with the NMC they are given a PIN, which is renewed every three years.

At our inspection in July 2016 we identified concerns in relation to medicines management. We found this to be a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that improvements had been made and the requirements of the regulation were being met.

The home had a clean and tidy treatment room where the medicines trolley, medicines fridge, controlled drug cupboard and nursing equipment were stored. The glucometer, which is used to check a person’s blood sugar level before the administration of insulin, had been regularly checked to ensure it was giving an accurate reading. A variety of posters were displayed which showed information about ‘sharps’ injuries, the treatment of skin tears, diabetes complications and the correct handwashing technique. These acted as prompts for staff about good practice.

We inspected the systems in place for the storage and management of medicines. Some prescription medicines are controlled under the Misuse of Drugs legislation e.g. morphine, which means that stricter controls need to be applied to prevent them from being misused, obtained illegally and causing harm. We saw controlled drugs were appropriately and securely stored. Fridge and room temperatures were recorded daily to ensure medicines were stored at the correct temperature to maintain their efficacy.
We looked at the medicines files and saw that the Medication Administration Records (MARs) were clearly printed and contained information necessary for the safe administration of medicines, such as photographs of people living at the home, information about allergies and medication care plans, which described how each person took their medicines. MARs were colour coded for different times of the day, and matched the colour coded dosage administration system. In addition to the MARs each person had a sheet which showed a picture of each tablet they were prescribed, along with the dose and the remaining balance of tablets. These precautions helped to minimize the risk of drug administration errors.

We reviewed the use of medicines that were given 'as and when required' (PRN), such as painkillers and laxatives. We found there to be the correct protocols in place which explained the reason for the medicine and the maximum dose allowed in 24 hours. This meant staff had sufficient information to ensure people were given these medicines safely and consistently.

One person was receiving their medicines covertly. This means giving medicines in a disguised form, for example in food or drink, when a person refuses the treatment necessary for their physical or mental health. The use of covert medicine administration should only be considered where a person lacks capacity and is unable to make their own decisions about the treatment they receive and where a best interest decision has been made to show the reasons for the decision and why it is necessary. We saw evidence that the correct procedure had been followed to authorise staff to give the person their medicines covertly. Medicines were administered by the registered nurses, who had received a refresher training course in medicines administration in October 2016. Competency checks on the administration of medicines had been carried out by an external care home quality compliance company in November 2016.

We looked around all areas of the home to check on the standard of maintenance and cleanliness. We found that it was well-maintained, clean and free from any malodours. One relative told us "It's always clean; there's no smell". Records of the cleaning schedules showed they were all complete. Several communal rooms had been redecorated since our inspection in July 2016 and the downstairs corridor was scheduled to be painted the week following this inspection. Toilets and bathrooms contained adequate supplies of soap and paper towels, and posters showing the correct handwashing procedure were prominently displayed. We found three toilets contained swing bins rather than foot-operated bins. This meant staff risked contaminating their hands when disposing of soiled items. We brought this to the attention of the registered manager, and subsequent to the inspection the registered manager informed us she had replaced them. Staff understood the importance of infection control measures, such as the use of personal protective equipment (PPE) including disposable vinyl gloves and plastic aprons and we observed staff using these appropriately.

The kitchen was clean, tidy and well-organised and cleaning records were up-to-date. We saw food was stored safely and the fridge and freezer temperatures monitored daily. These procedures helped to minimise the risk of food contamination. A ‘Food Standards Agency’ inspection had been carried out in August 2015 and the home had been awarded the highest rating of 5 stars.

We looked at how the service managed risks to people’s health. We found a range of risk assessments in place, such as risk of falls, poor nutrition and risk of pressure sores. Where a risk had been identified there was a corresponding care plan which showed ways in which staff could work to mitigate the risk. Where a specific risk had been identified, there was an individualised risk assessment in place. For example, one person who had the capacity to choose to shave but sometimes cut themselves while shaving, had a specific ‘shaving’ risk assessment. People had been correctly assessed for the use of bed rails. One person’s bed rail risk assessment identified the potential risk of injury to them caused by bedrails. This meant it would not be safe to use them. Staff had therefore taken a different approach to minimising the risk of the person falling...
out of bed.

Safety checks for the building and equipment, such as for the passenger lift, hoists, mobile weighing chair and gas and electricity appliances were up-to-date. The provider had a contract with a private company to check on the safety of the beds and mattresses and this was done every three months. There was an up-to-date legionella risk assessment. Legionella is a bacteria that can result in serious illnesses, to which people living in care home can be particularly susceptible.

There were systems in place to protect staff and people who used the service from the risk of fire. Records showed that regular checks had been made on the firefighting equipment and a weekly fire drill was carried out. At our inspection in July 2016 we found some people did not have a personal evacuation escape plan (PEEP) and other PEEPs were not up-to-date. A PEEP explains how each person would be evacuated from the building in the event of an emergency and includes information about their mobility and any communication difficulties. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found this concern had been rectified and everyone living at the home had an up-to-date PEEP, which was stored in a file in the office where it was accessible in the event of an emergency. This meant the provider was no longer in breach of this regulation.

 Relatives we spoke with felt there were enough staff to meet the needs of people living at the home, and our observations during the inspection confirmed this. One person living at the home told us “They come at every beck and call” and a relative told us that they had always found there were enough staff on duty. The home did not use agency staff as their own staff were able to work extra shifts to cover sickness and absence.
Is the service effective?

Our findings

At our last inspection in July 2016, we found a breach of the Health and Social Care Act 2008 (regulated activities) Regulations (2014) in relation to training and supervision of staff. At this inspection, we found improvements had been made and the requirements of the regulation were being met.

Staff had received a variety of training which enabled them to carry out their roles effectively. Recent training included moving and handling, first aid, safeguarding children, infection control, medicines management and fire safety. All the registered nurses had completed a 'Best Practice for Care Homes' study day, run by the local NHS Clinical Commissioning Group (CCG). This course provided refresher training in a number of areas, including pressure area care, wound care, catheter care, mental health awareness and falls prevention. Staff had use of a computer for e-learning and each staff member had their own electronic training file.

We saw that since our last inspection staff had received supervision at regular intervals and a yearly appraisal. Supervision and appraisals provide staff with the opportunity to talk about their training and support needs and to discuss any issues in relation to their work. The registered manager told us some supervision sessions were held in groups. On these occasions a particular topic was chosen, for example nutrition, and discussions were held between staff around best practice. We were shown a comprehensive training and supervision planner for 2017 and staff we spoke with told us they understood their responsibility in ensuring they attended regular supervision. One staff member told us supervision had been a very positive experience as it had helped them with their professional development. They went on to say they had been supported to attend a local college to improve their maths and written English.

All newly recruited staff received an induction that was spread over the first three months of their employment, which was their probationary period. Some parts of the induction were completed during the first week, such as moving and handling, fire procedures and health and safety. Other areas had to be completed by the end of the first month. All staff had a period of 'shadowing' where they worked alongside other more senior staff in order to gain experience and become familiar with their role. The registered manager or senior nurse observed new staff during their shadowing period and when they were deemed competent they were allowed to work unsupervised.

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 made in their best interests and as least restrictive as possible.

During our inspection in July 2016 we saw that staff did not always give people the opportunity to make choices, such as what drink they would like or whether or not they would like to wear a clothes protector while they were eating a meal. During this inspection we saw that staff sought peoples’ consent before undertaking any care or support task.
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 Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

At our inspection in July 2016 we found a breach of Regulation 13 of the Health and Social Care Act 2008 (regulated activities) Regulations (2014) as four DoLS authorisations were out of date. This meant the required legal safeguards were not in place.

At this inspection we found that where people lacked capacity and were subject to continuous supervision the home had and were in the process of submitting DoLS applications to the local authority for authorisation. This meant the service was no longer in breach of Regulation 13 of the Health and Social Care Act 2008 (regulated activities) Regulations (2014).

People’s nutritional requirements were assessed on admission to the home and their weight was monitored on a monthly basis, or more frequently if needed. Those people who had been identified as being nutritionally at risk had been referred to a dietician and a nutrition support plan implemented. People who had swallowing problems were under the care of the Speech and Language Therapy (SALT) team. In the dining room we saw a list which detailed those people who required a specialist diet due to swallowing problems. The list identified the type of diet and consistency of fluid required for each person. This provided a useful ‘aide memoire’ for staff.

We observed a lunchtime meal and saw the atmosphere was relaxed and unhurried and there were sufficient staff to help people who needed assistance with eating. Tables were set with mats, napkins, condiments and a table decoration. There was a choice of food and people were offered sauces and gravy to accompany their meal. People appeared to enjoy their meal which was hot and served promptly. A choice of cold drink was offered. There were no menus on display during our inspection. The registered manager told us they had recently revised the menu and they were in the process of having pictorial menus made, which would be clearer and easier to understand for those people who had dementia.

During our inspection we observed people sitting in the communal lounges had access to jugs of fruit squash and everyone was provided with a cold drink. Between meals people where offered a choice of hot drinks and biscuits and on the second day of our inspection we saw fresh fruit was provided as a snack. Two relatives we spoke with were happy with the quality and choice of food. However, one person told us that the food was not to their taste and lacked variety.

People living at the Alexandra Nursing Home had access to a range of healthcare professionals, such as dieticians, speech and language therapists, care home liaison nurse and district nurses. Where people needed specialist help we saw evidence this had been sought promptly. For example a person whose catheter was not functioning correctly was referred promptly to the district nursing service. One visiting healthcare professional told us they received appropriate and timely referrals when their advice was needed.

The home had two attractively decorated lounges, which were light and airy and contained comfortable chairs and cushions, televisions, books and games. The first floor lounge overlooked a large well-maintained park. The home had gone some way to make its environment suitable for people living with dementia by the use of picture signage and brightly coloured grab rails in the toilets. At the rear of the property there was an on-going project to create a ‘dementia garden’, with brightly coloured garden furniture, a fountain, and wall murals.
Is the service caring?

Our findings

People we spoke to were very complimentary about the staff. One person told us "The nurses have been brilliant". We saw many 'thank you' cards which contained positive comments about the home and the caring nature of those who worked there. One card said "The atmosphere at the home is relaxed, pleasant and caring" and another said "we cannot thank you enough for the wonderful way you looked after (name). It was so reassuring to know that (name) was so well looked after and loved whilst we weren’t with them".

We observed how staff interacted with people and saw they showed warmth and empathy. During our observation of the lunchtime meal we heard staff asking people if they were enjoying their meal and if they had eaten enough. Where people needed assistance this was done with patience and kindness: for example we heard one carer say "Would you like me to cut your food up, or can you manage now?". We heard staff laughing and joking with people and saw them using touch in an appropriate way. The atmosphere in the home appeared relaxed and happy.

People in the home looked cared for: their clothes and appearance were clean. People were appropriately and warmly dressed and wore slippers or shoes. Staff had paid attention to the finer details of people's appearance, for example by encouraging women to carry handbags, if they wished.

Staff we spoke with understood the importance of treating people with dignity and respect and of offering people the opportunity to make their own choices. For example, during our inspection one person did not want to get up, so they were offered the choice of having their breakfast brought to them in bed. We observed one person being asked if they would like to have a shower. When the person declined the carer asked them if they would like to go to their bedroom to get dressed. They again refused, to which the carer replied "OK, I'll come back in a minute then". We looked at the responses people had made in the recent residents/relatives survey and saw that 100% of people had responded 'yes' to the question 'Do the staff respect your dignity and privacy'?

Care files we reviewed contained a document entitled "Looking and thinking ahead" which detailed information about the person's wishes for their future care. This information helped staff plan a dignified death, in accordance with the person's wishes. The district nursing service provided support for those people approaching the end of their lives who were in receipt of residential care at the home. Nursing staff provided end of life care for those people who had a nursing placement at the home. The registered nurses had received recent training in syringe driver management. A syringe driver is a small infusion pump which is used to gradually administer small amounts medication. It is frequently used to administer 'end of life' drugs. The home had continued involvement with a European-side research project run by the University of Lancaster which was looking at ways in which end of life care could be improved for people living in residential care.
Is the service responsive?

Our findings

At our inspection in July 2016 we found the provider to be in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found that staff did not always provide care that was person-centred and responsive to peoples’ individual needs. At this inspection we found improvements had been made and the requirements of the regulation were being met.

People’s needs had been assessed before they moved into the Alexandra Nursing Home. The assessment was used to develop detailed care plans which enabled them to be cared for in a person centred way. We reviewed three care records and found they contained enough information to guide staff on how to support people whilst encouraging them to do as much for themselves as they were able. For example care plans about how a person liked to be supported at night contained details about their preferred bed time, how many pillows they liked, if they liked their door open or closed and their light on or off.

Where people required specific nursing care, for example for a catheter or nephrostomy tube, detailed instructions were provided in the care plans. We looked at the care records for a person who had a percutaneous endoscopic gastrostomy (PEG) in place. A PEG is a tube that is inserted into the stomach, often to provide food, fluids or medicines to people who are not able to take them orally. We found there was detailed information about the type of tube and adaptor fitted and telephone numbers of who to contact if specialist advice was needed. There was also information about how to clean and rotate the tube, which had been done regularly in line with best practice guidance.

Daily records, where staff recorded the care they had carried out, were stored in each person’s room. Those we looked at were legible, well written and informative. A range of charts, such as for food and fluid intake and position change were also kept in individual rooms. Those we reviewed were completed correctly.

From our conversations with relatives and through our observations we saw that staff responded well to the needs of people living at the Alexandra Nursing Home. One member of staff told us “I love my job. The residents know me, and know my name. I get on well with all of them. They all have their own ways, but we have got to know them and know how best to respond to them”. Another staff member described how she responded to a particular person when they became agitated. She told us “I will offer to take her on a walk round the block. We wander around and she will generally calm down by the time we get back”. One person told us how their relative’s health had improved through the care they had received at the home. They told us “They’ve turned (name) around. Physically they’ve really improved”.

Since our last inspection the provider had increased the number of hours worked by the activities coordinator, and activities were provided on five days per week, rather than three. A range of activities such as arts and crafts, film sessions, bingo and quizzes were provided. During our inspection we observed activities on both days. These included an exercise session provided by an outside agency and a ‘sing-a-long’ and dancing session, which people appeared to enjoy. Staff we spoke with told us they had time to spend individually with people in order to provide them with company and prevent them feeling socially isolated. For example, one carer told us when the weather was fine she took one person who was keen to
remain independent for a walk in the local park. The registered manager told us they were in the process of introducing a new initiative to promote conversation between people who used the service. They planned to serve tea and coffee at the end of each meal and during this time a member of staff would sit at each table and join in and encourage discussion and conversation. People who wanted to continue practising their faith were able to take part in a religious service which was held several times a month.

Handover meetings between staff were held on a daily basis and information about changes to the health or care needs of people who lived at the home were discussed and recorded in a handover book. This helped to ensure that any alterations in a person's health or care needs were communicated between staff.

The home had a complaints policy which was on display in the reception area. Relatives we spoke with were aware of how to make a complaint, although they told us they had never had to complain about the service. We looked at the complaints file and saw that there were two complaints which had been handled appropriately. One was a complaint about food and evidence showed the registered manager had discussed the issue with the complainant and devised an action plan. The second complaint was about a staff member. We saw the registered manager had carried out an investigation and reported their findings in a letter to the complainant.

At our inspection in July 2016 we found that the home's Statement of Purpose was incorrect. At this inspection we found that this had been reviewed and updated.
Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post, who had registered with the CQC in February 2013. She was a registered nurse. People/relatives we spoke with made positive comments about the registered manager and about how the home was run. We saw a comment made in a letter which said "I find the care home very well organised. "Manager is approachable and accessible". "If we have any concerns they are responded to quickly". The registered manager was supported in their role through regular visits from the group operations compliance manager who reviewed sickness and performance issues, audits and general maintenance and discussed any concerns the registered manager had at that time. The registered manager told us "It's good for us knowing we have somebody".

During our inspection we saw the registered manager spent time with staff and with people who used the service. This helped her to have good oversight of the service. When we spoke with the registered manager we found her to be knowledgeable about the staff, people who used the service and the running of the home.

At our last inspection in July 2016 we found short falls in the management and governance of the home and rated the 'well-led' domain of our report 'inadequate'. We identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that significant improvements had been made and the requirements of the regulation were being met.

We saw evidence in the form of a letter which the registered manager had submitted to the Nursing and Midwifery Council (NMC) as part of her revalidation process. Revalidation is the new process that all nurses and midwives in the UK must follow in order to maintain their registration with the NMC. The letter, which was from a health care professional who regularly visited the home, praised the registered manager for her skills as a registered nurse, saying 'she has consistently demonstrated professional competencies in line with the NMC Code of Conduct….she is a highly skilled nurse practitioner and manager'.

Staff we spoke with told us everyone worked well together as a team and our observations during the inspection confirmed this. One carer told us staff supported each other and if someone needed to change a shift others accommodated this, so that everyone's work/life balance was respected. They said "we sometimes go out together for a night out. They are my colleagues, we all get on and they have helped and empowered me. They give me courage".

People living at the home and their relatives were provided with an opportunity to comment on the service through an annual survey. Questions covered a number of areas, including comfort and cleanliness of the home, range of activities available and dignity and respect. We saw the results of the February 2017 survey were all very positive.

The registered manager held meetings with staff and people/relatives who used the service several times a year. This ensured vital information about the service was communicated and gave people the opportunity to discuss what worked well at the home and what changes could be made to improve the service provided.
Topics covered at a recent meeting for people who used the service included meal choices, decoration and environment, plans for the garden and activities.

The registered manager reviewed accidents and incidents to make sure risks to people were minimised. All accidents and incidents were logged on a specific form and those we checked contained detailed information about the nature of the incident and what actions had been taken subsequently. For example, we saw the report of an incident where a person had fallen out of bed. The report showed that after the fall a bed rail assessment had been carried out to see if the person might be suitable to use bed rails in order to prevent further falls. However the assessment had shown them not to be suitable, so a different preventative strategy had been adopted. At the end of each month the registered manager carried out an analysis of all accidents, which looked at the location, cause, date and time and action taken. This analysis was submitted to the registered provider. We saw a letter from the local NHS Continence and Stoma Care Service to the registered manager following their record keeping audit. Comments made included ‘following our recent visit to your establishment to carry out a record keeping audit, we were delighted to find our service notes were in perfect order. Assessments and care plans were facilitated and followed as best practice’. The registered manager had recently introduced a monthly ‘dining room observation’ where a member of staff observed the dining experience looking at the atmosphere and staff approach. This provided information which ensured that mealtimes at Alexandra were a pleasant experience for those living at the home.

Systems were in place to monitor and improve the quality of care provided through the use of audits and checks. Monthly and three monthly audits were completed on a range of areas, such as care records, medicines management, cleanliness, equipment and recruitment files. However, regular auditing had not identified that two people did not have the required Deprivation of Liberty Safeguard in place.

The registered provider carried out their own audit of the service every six months.

At our inspection in July 2016 we found the provider was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 as they had not always submitted notifications to the CQC as is a requirement of their registration. At this inspection we found this concern had been rectified and the requirements of the regulation were now being met.

At the last inspection in July 2016 we rated the well-led domain as ‘inadequate’ as we found the management of the service was not, at that time, well-led. At this inspection we found the provider had taken action to address breaches identified and the service was now well-led.