

Keychange Charity

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Alexander House Care

Home

### Inspection report

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Date of inspection visit:  
25 April 2018  
02 May 2018

Date of publication:  
14 June 2018

### 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

Keychange Alexander House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home can accommodate up to 20 people and there were 19 people using the service at the time of our visits.

At the last inspection in March 2017, the service was rated Requires Improvement. We found two breaches of Regulations relating to medicines management and quality assurance. After the inspection, the provider wrote to us to say what they would do to meet the legal requirements.

At this inspection we found the provider had made the necessary improvements to meet the Regulations and had improved to an overall rating of Good.

Why the service is rated Good.

People felt safe living at Keychange Alexander House and spoke positively about the care provided to them. Staff knew people well and treated them with kindness, dignity and respect. Relatives and other visitors were welcomed and people were supported to maintain relationships with those who matter to them. People and their relatives spoke about the friendly staff and the relaxed and homely atmosphere. This was evident on both days we visited.

There were enough staff to meet people's needs. Some relatives told us they would welcome more permanent staff on duty with the home using less agency staff. Recruitment was on-going at the time of our inspection.

Individual care and support needs were fully assessed, documented and reviewed at regular intervals. A new electronic system for care planning provided an effective tool for staff to do this.

Staff had received training around safeguarding vulnerable people and knew what action to take if they had or received a concern. They were confident that any concerns raised would be taken seriously by senior staff and acted upon.

The service understood and complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff understood the importance of gaining people's consent before assisting them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There was a system in place for dealing effectively with people's concerns and complaints.

An experienced acting manager had been in post since November 2017 and acknowledged the service was undergoing a period of change. This included some changes of staff, procedures and job roles. Care staff spoken with were positive about the improvements made.

There were now effective systems in place to help ensure the safety and quality of the service provided.

## 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.

Suitable numbers of care staff were provided to meet the needs of people who used the service.

Risks to people's health and welfare were identified and steps were taken to minimise these and keep people safe.

Staff were aware of safeguarding adult's procedures and would report all concerns appropriately.

Improvements had been made to help ensure people were supported to take their medicines safely.

### Is the service effective?

Good ●

The service was effective.

Staff were up to date with their training requirements and had the knowledge and skills to meet people's needs.

People were able to choose what they wished to eat and drink.

The service complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff supported people to access healthcare services to help make sure their physical and mental health needs were met.

### Is the service caring?

Good ●

The service was caring.

Relationships between staff and people receiving support were positive and consistent feedback was received about the caring and respectful attitude of the staff.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were up to date and these helped staff meet people's individual needs.

People were supported to take part in activities, be part of the local community and to maintain contact with family and friends.

People felt able to raise any concerns and the home responded promptly to these.

### **Is the service well-led?**

The service was well-led.

Staff were supported by the acting manager who was approachable and listened to their views.

There were improved systems in place to monitor the quality of the service and make changes where needed.

**Good** ●

# Keychange Charity Alexander House Care Home

## **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.

One inspector carried out this comprehensive inspection on 25 April and 2nd May 2018. Our first visit was unannounced.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We spoke with 12 people using the service and three relatives during our visits. We also spoke with the acting manager, two senior staff members and four care staff.

We reviewed three people's care records, looked at three staff files and reviewed records relating to areas such as the management of medicines, any concerns or complaints, staff training and how the organisation monitored the quality of the service.

We received feedback by email following our inspection from 10 relatives or friends of people using the

service.

## Is the service safe?

### Our findings

People told us that they liked living at Keychange Alexander House and felt safe there. Relatives said that they thought the home provided a safe environment for their family members who were well cared for.

One person using the service told us, "I find it very nice." Another person commented, "Generally very good." A third person said, "I'm very well looked after."

A relative commented, "The quality of care and support provided is excellent and, most importantly, my [relative] is very happy there and feels very safe." Another relative said, "I can say without hesitation that we are, as a family, delighted with the care that our [relative] receives at the Alexander Care Home."

Electronic assessments were carried out which looked at any risks to people's safety and how these could be reduced. These were completed for areas such as risk of falls, moving and handling, nutrition and skin integrity. Care plans were then formulated to help prevent or minimise the risk of harm to people using the service. For example, where a nutritional risk was identified, care plans addressed the support and monitoring required to support the person's changing needs. Staff knew about the risks to people and the action they needed to take to protect and promote their safety.

The service had effective safeguarding processes, policies and procedures and managed any concerns using local safeguarding procedures where necessary. Staff knew how to recognise signs of potential abuse and said they would report any concerns to senior staff on duty. One staff member told us, "I think people are treated well here. I have never seen anyone treated badly." Another staff member said, "The residents are happy and safe."

People using the service told us there were usually enough competent staff on duty. Comments included, "Yes, enough staff generally", "Yes enough staff, I have a bell to ring if I need somebody" and "There can be times when staff are busy."

Some people commented that they would welcome more permanent staff on duty with less reliance on agency staff. The acting manager had reviewed and improved staffing levels to make sure they met people's changing needs. This included now only using one agency to supply staff and trying to make sure that the same members of temporary staff were used whenever possible. Recruitment was on-going but the acting manager acknowledged the current difficulties in finding and retaining staff in social care roles. Staff spoken with acknowledged the improvements in staffing saying, "There are generally enough staff", "We use the same agency people" and "We've recently had more staff."

A robust recruitment and selection process was in place and staff had been subject to criminal record checks before starting work at the service. These checks were carried out by the Disclosure and Barring Service (DBS) and help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

There were arrangements in place to deal with foreseeable emergencies. Personal emergency evacuation plans documented the support people required to evacuate the building safely. The risks associated with the environment and equipment in use were assessed and reviewed. Safety checks were regularly carried out such as those for installed fire, gas and electrical equipment. Work was taking place following a fire officer's visit to make sure the service was fully compliant with their recommendations.

Improvements had been made since our last inspection to help ensure people were supported to take their medicines safely. Medicines were stored safely and securely with the majority of medicines supplied to the home in pharmacy blister packs. Staff received training around medicines administration and their competency to administer medicines was being assessed. We found a small number of discrepancies between the stock levels and records kept of medicines supplied to the home in their original containers. Improved audits had commenced by the second day of inspection in order to address these minor identified shortfalls.

The service managed the control and prevention of infection well. People using the service and their relatives said the home was kept clean and hygienic.

## Is the service effective?

### Our findings

People using the service were supported by staff who had the skills and knowledge to meet their needs

We saw staff completed training relevant to their role and responsibilities. This included mandatory training to keep people safe such as safeguarding adults, moving and handling, infection control and first aid. Staff confirmed that they had regular training and that courses were refreshed as required. All of the staff spoken with said they had sufficient training to undertake their roles and one staff member told us, "I just did dementia training. It has made me more confident." More specialist training was also provided to meet the needs of people staff supported. For example, around responding to distressed behaviour, tissue viability and wound care.

New staff were supported to complete an induction programme which was tailored to the home. The service had implemented the Care Certificate as part of their training for staff. This is a set of standards that have been developed for support workers to demonstrate that they have gained the knowledge, skills and attitudes needed to provide high quality and compassionate care and support. One staff member told us, "I am just finishing my care certificate. I also did three shifts shadowing other staff as part of the induction."

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw people were able to go out in to the local community during both our visits. One person told us, "I can come and go as I please." The acting manager understood how the Deprivation of Liberty Safeguards (DoLS) applied to the people who used the service and had sought DoLS authorisations where required. We saw staff had received training around the MCA and DoLS and the staff we spoke with knew the importance of obtaining people's consent when supporting them. Staff spoke about working in people's best interests and upholding their independence as much as possible.

People were generally positive about the quality and quantity of food. One person said, "On the whole the food is very good." Another person said, "The food is quite good – fresh enough." Other comments included, "On the whole pretty good", "The food is always very nice", "Pretty ordinary" and "The food is excellent."

A relative commented, "The food is excellent, which is particularly important for my [family member] who has a restricted diet." Another relative told us, "The food is good. This encourages [family member] to eat properly." Some relatives said they would welcome more variety in the menu with comments including, "More fresh vegetables and improvement in food presentation would I think be welcome" and "The menu, although offering many options, needs to be varied more frequently."

People's individual weight was monitored. Electronic care plans addressed people's nutritional requirements with screening assessments completed to help safeguard people from the risk of malnutrition. Food and fluid recording was used to monitor people's nutritional intake with staff recording on handheld devices during their shift. This helped to ensure the information was detailed and accurate.

People were supported to keep healthy and had access to appropriate health care professionals when needed. People told us they were happy with the support they received in order to keep healthy and said staff arranged visits to and from health care professionals as required. Records seen confirmed this. One relative commented, "This [support with health care] is done professionally and unobtrusively. Their general health is better now than when they arrived."

People and their relatives were happy with the home environment saying it was clean, welcoming and comfortable. One relative commented, "The facilities at Alexander Care Home are good. The general environment is pleasant and welcoming. I find it a pleasure to go there." Another relative said, "Alexander House is clean, light and warm." People using the service also benefited from a very well maintained garden to walk and spend time in. Activities could also take place there in better weather. One relative told us, "Residents even do some gardening and the beautiful well-tended gardens are a real asset."

We saw people using the service were involved in any decision making about changes or decoration of the home environment. For example, the planned redecoration of the bathrooms to make them more homely including the choice of colour.

The service used technology and equipment to meet people's care and support needs. For example, the new electronic care planning system worked in real time with care staff recording information as they worked on handheld devices. The system allowed for a variety of reports to be produced, for example, for handovers, reviews and up to date summary information for a hospital admission. Wi-fi was available to people and their relatives and work was on-going to introduce 'Skype' so people could see and talk to families and friends who lived further away.

## Is the service caring?

### Our findings

Feedback from people using the service was positive about the quality of care and support they received. One person said, "The staff are very kind and helpful if I need anything." Another person told us, "I think it's nice. Very nice and friendly." A third person commented, "The staff are excellent – very considerate."

One relative told us, "I have always found the staff helpful and understanding. One was never made to feel a nuisance, if practical requests were made or questions asked and whatever pressures the staff may have been under, there was a relaxed atmosphere in the Home. They were also very kind in offering cups of tea or coffee to any visitors." Another relative commented, "It [the care home] is small enough for residents to get to know each other and to be treated as individuals. The carers are exemplary, caring, cheerful and practical." A third relative said, "We feel our [family member] is valued and well cared for by all the staff."

Our observations showed staff were kind, caring and compassionate. It was evident they knew people well, speaking to them in a kind and caring manner and made sure their privacy and dignity was respected. Staff spoke to people respectfully and gave them choice when making everyday decisions such as what they wanted to do, eat or drink. All of the people we spoke with said that staff treated them politely and with dignity.

Staff spoke positively about the service provided and gave us examples of how they ensured the privacy and dignity of people using the service including knocking on doors and making sure the person received personal care in private. One staff member said, "It is good care here." All of the staff spoken with said that they felt able to recommend the home to their own family and friends. Another staff member said, "I like the atmosphere here. It's homely and friendly. We do the little things for people." A third staff member told us, "A lot of people are independent. They make their own choices."

Staff knew the people they cared for and were able to tell us about individual's likes and dislikes, which matched what was recorded in individual care records. The acting manager talked about their ethos around person centred care and how they wanted the service to be led by and personalised to the people using the service. For example, developing the staff keyworker role with input from people and developing life stories.

The electronic care planning system recorded information about each person's family, social history, likes and dislikes and preferences for support in their daily life. This was written in the first person and provided good information quickly for staff working with the person. For example, statements such as 'I like to be independent in the community', 'I enjoy documentaries about history' and 'I dislike fish and sea food'.

Minutes of recent meetings held with people using the service included discussion about activities, food, the home environment and any concerns or suggestions. The monthly newsletter contained a 'you said, we did' page following up on issues and suggestions raised. For example, people had asked for pastries to be made available at breakfast and these were now provided following a successful trial.

Activities were also used to help keep people connected to the local community and their family and

friends. For example, visits from the local High School and the library service. Further links with a local art centre were also being explored.

## Is the service responsive?

### Our findings

People's needs were met through the way the service was organised and delivered. One relative told us, "My feeling is that the quality of care and support provided to my [relative] at Alexander House is very good." Another relative said, "We are impressed by the attention to detail, reporting to us on the rare mistakes, organised activities, general feedback, cheerfulness, patience and periodic parties." A third relative commented, "I find the staff always polite and friendly and my relative likes Alexander House."

People's individual needs were regularly assessed and responded to. A pre-admission assessment was completed that staff used to discuss with the person and/or their representatives about the support they required. Electronic assessments and care plans were then written and developed as the staff got to know people and their support needs better.

The new electronic care planning system allowed for easy interrogation, enabling managers and staff to access a variety of useful reports such as summaries for hospital admissions, food and fluid intake and a person's daily health and wellbeing. Staff maintained records on handheld devices documenting the care and support delivered and this information was uploaded to the main care planning system in real time. This allowed the information to be shared with the staff team quickly and easily to ensure continuity of care and that no important information was missed.

The service enabled people to take part in activities and encouraged them to maintain their hobbies and interests. A part-time activities organiser co-ordinated a regular programme of activities and events. An armchair safari was taking place on one of the days we visited and a trip to Richmond Park was due to take place the week after. A further excursion was also planned to the Victoria and Albert museum. A monthly Alexander House magazine documented many of these activities and events including a recent history workshop with guest speaker, the regular gardening group, yoga sessions and knitting club.

One relative commented, "I think the number of activities held for the residents has improved, and the fete and Pantomime last year were enjoyed by everyone." People using the service told us, "The activities organiser is very good", "Amazing when the activities lady is in" and "Quite a lot of activities are put on."

People's beliefs, religion and diverse backgrounds were respected. A regular Church service was held in the home and dietary changes made where required respecting culture and religion.

People using the service and their relatives felt confident that, if they complained, they would be taken seriously, and their complaint or concern would be listened to. One person said, "I have no complaints. Honestly I haven't." Another person told us, "The manager listens and takes it on board." A third person commented, "I go to the top but have seldom had the need to."

## Is the service well-led?

### Our findings

The majority of people using the service said they would recommend the service to other people. This view was echoed by some of the relatives we received feedback from. One relative told us, "[My family member] is very comfortable and happy with her surroundings and the caring staff." Another relative said, "As a qualified [health professional] of many years, I have accessed lots of different services, in differing capacities, and I would recommend this service to other families and service users." A third relative said, "I started out expecting the worst and have ended up concluding that the choice made for [family member] has been an excellent one."

The leadership of the home had changed since our last inspection in March 2017. Keychange Alexander House was now led by an experienced acting manager who had previously been registered with CQC for another care home run by the same organisation. Their application to be registered with CQC for this service was accepted following this inspection visit. A deputy manager from another home run by the organisation was also providing part-time support to the acting manager at the time of this inspection. A new 'head of care' had been appointed and commenced this role on the second day of our inspection.

The acting manager acknowledged that a process of change was on-going at Keychange Alexander House including some changes of staff, procedures and job roles. These changes were commented on by some people using the service and their relatives. One person said, "The change [of staff] has been upsetting." A relative commented, "Recently, we have also noticed significant improvements in terms of safeguarding, leadership, the handling of medication and an increase in organised activities." Other relatives commented on the change in senior staff and said that they would have liked more information provided about this.

One staff member said, "Morale has got better. I feel able to talk. I have a voice now." Another staff member told us, "We get more encouragement." A third staff member said, "There are lots of improvements. Things are getting done."

Staff felt well supported by the acting manager. One staff member said, "I can go and talk to her. She will help us." Another staff member commented, "She is very supportive." A third staff member told us, "She is definitely supportive. She comes and helps us." Staff told us that they worked well as a team and expressed confidence in the high quality of care provided to people staying at Keychange Alexander House.

There were systems in place to monitor the quality of the service being provided. There was an improved quality assurance system in place that included regular audits of care records, medicine administration and health and safety. These documented where any action was required and we saw they were then monitored to make sure improvements had been made.