Roseberry Care Centres GB Limited

# Alexandra View Care Centre

## Inspection report

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Date of inspection visit:
08 October 2018
16 October 2018

Date of publication:
23 November 2018

## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

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|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

The inspection took place on 8 and 16 October 2018 and was unannounced. We last inspected the home between 10 and 15 August 2017 and found the provider had breached the regulation relating to staffing. We rated the home as Requires Improvement. This was because insufficient staff were deployed to enable people's needs to be met in a timely way.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question; is the service safe, to at least good.

During this inspection we noted improvements had been made. There was a visible staff presence with communal lounges supervised most of the time to maintain people's safety. We also noted the provider monitored staffing levels to check they were appropriate for people's needs and dependencies. However, we still continued to receive mixed views about staffing levels.

Alexandra View is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Alexandra View accommodates 68 people across three separate units, each of which have separate adapted facilities. One of the units specialises in providing care to people living with dementia. When we inspected 37 people were living at the home.

The registered manager left their employment at Alexandra View at the end of September 2018. An experienced manager had been recruited and was due to commence their employment on 29 October 2018. 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.

Medicines were not always managed safely. We noted some people had experienced delays in receiving their medicines. Although these issues had been resolved there was no evidence to confirm lessons had been identified and action taken to prevent future occurrences. The recording of medicines given only 'when required' was inconsistent and 'when required' protocols required further detail relating to each person's specific needs. We have made a recommendation about this.

People told us they received good care at Alexandra View. They told us staff were kind and treated them with dignity and respect. We observed many positive interactions between people and staff during our time at the home.

People, relatives and staff felt the home was a safe place. Staff had a good understanding of safeguarding

and the whistle blowing procedure, including how to report concerns. Previous safeguarding concerns had been investigated thoroughly.

Staff were recruited safely with pre-employment checks completed to ensure new staff were suitable to work at the home.

Health and safety checks were up to date. The Fire Risk Assessment was being completed during our inspection. The provider supplied us with an action plan to address the findings from the risk assessment.

Incidents and accidents had been fully investigated. A new system had been implemented which allowed a more thorough analysis to be carried out to help ensure people remained safe and lessons were learnt.

Staff were well supported and received the training they needed for their role. Records confirmed supervisions, appraisals and training were up-to-date.

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.

People gave us mostly good feedback about the meals provided at the home. People received the support they needed to ensure they had enough to eat and drink.

Staff supported people to access external health and social care services when required. Care records showed people had input from a range of health professionals in line with their needs such as GPs and specialist nurses.

People's needs had been assessed and this was used as a baseline for developing their care plans. Most care plans contained the relevant information staff needed to support people effectively. This included information about people's wishes and preferences. However, we noted care plans relating to mental health and wellbeing lacked information about the most effective strategies to support people when they were experiencing low mood or were agitated. Care plans were evaluated regularly to ensure they reflected people's current needs.

People and relatives did not raise any complaints during our inspection but knew how to complain if needed. Previous complaints had been dealt with in line with the provider's procedures. This included a full investigation and a written response to the complainant.

The provider had a comprehensive governance system. Audits and checks were completed consistently in line with the provider's expected timescales. They had usually been effective in identifying and addressing issues. However, medicines audits needed to be more effective in addressing delays with people receiving their medicines. We also noted some supplementary records had not been completed in line with the provider's expectations.

People and staff were happy with the management of the home. They also described the home as having a warm and friendly atmosphere. People and staff had regular opportunities to give feedback about the home.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe.

The management of medicines required further improvement.

Staff knew how to identify and report safeguarding concerns.

There were usually enough staff deployed to meet people's needs. Staff were recruited effectively.

Risk assessments and other checks were completed to maintain a safe environment.

### Is the service effective?

**Good**

The service was effective.

People's needs had been assessed.

Staff were well supported and received the training they needed to support people's needs.

Staff supported people with the nutritional and healthcare needs.

Adaptations had been made to the home to meet the needs of people living with dementia.

### Is the service caring?

**Good**

The service was caring.

People felt well cared for and said the staff were kind.

People were treated with dignity and respect.

Staff supported people to be as independent as possible.

### Is the service responsive?

**Good**

The service was responsive.

Most care plans were detailed and personalised. They had been reviewed regularly to keep them up to date.

People had opportunities to be involved in a range of activities of they wished.

People knew how to complain if they were unhappy with their care. Previous complaints had been fully investigated.

## Is the service well-led?

**Requires Improvement**

The service was not always well led.

A new manager had been appointed and was due to start their employment imminently.

People and staff described management as approachable and supportive.

The provider had a structured approach to quality assurance. Although most audits were effective, medicines checks required further improvement.

People and staff had regular opportunities to provide feedback about the service and the care provided.

# Alexandra View Care Centre

**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 8 and 16 October 2018 and was unannounced. The inspection was carried out by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the home. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We had regular communication with the local authority commissioners of the service, the local authority safeguarding team and the clinical commissioning group (CCG).

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with seven people who used the service. We also spoke with the interim manager, the regional manager, one nurse, one senior care worker, three care staff, the activity co-ordinator and a kitchen assistant. We looked four people's care records, medicines records for all people and five staff files. We also looked at a range of records relating to the management and safety of the service.

We 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.

Requires Improvement

# Is the service safe?

## Our findings

When we last inspected Alexandra View we found the provider had breached the regulation relating to staffing. This was because staffing levels were not sufficient for the number and needs of people living at the home. For example, people were often left unsupervised or did not receive prompts or encouragement to ensure they had enough to eat and drink at lunchtime.

The provider told us they would act to meet the requirements of the regulations. This included assessing people's dependency and staffing levels monthly as a minimum, as well as analysing clinical needs, auditing the response times to call bells and gathering feedback from people about the availability of staff. These were being completed regularly. We noted the findings suggested staffing levels were appropriate to meet people's needs. For example, the provider carried out a weekly call bell audit to measure staff response times when people rang for assistance. The findings from these audits were that response times were usually good. Throughout our time at the home there was a visible staff presence in communal lounges.

Staff told us things had improved since the last inspection. One staff member said, "It is a lot different from when I first came [one year ago]. It is getting better and better. Staffing levels, cleanliness, everything is better. There have been some improvements to make things easier for staff, more help at mealtimes."

However, we still received mixed feedback about staffing levels, especially covering shifts at short notice due to sickness. People and relatives commented, "The staff are alright but always seem so busy, so another member would relieve the pressure especially when people are off on the sick" and "The staffing levels are poor. On a weekend, sometimes there are two cleaners and one carer. That's not to say that they don't do a good job because they do but they are not carers." Staff members commented, "There are generally two [care staff] plus a senior. I would like to see three" and "I think we should have three down here as well as a senior. I find it hard, you need someone in the lounge area. The activity co-ordinator will come on the floor and lend a hand. We all muck in, so needs do get met."

Positive comments included, "I just press my buzzer and they come as soon as they can", "I`m here at all times of the day and night and there is always staff on duty" and "I have no concerns with staffing levels at the moment."

People and staff told us the provider was flexible to provide additional staff when required. One person commented, "It is not safe staffing wise. [Previous registered manager] tried her best to get three staff on the floor." A staff member said, "Depends on the day, it is 50/50 in terms of good and bad days. When it is raised we get a good response, management will try and sort something out."

Despite people's mixed views about staffing levels, they unanimously said they felt safe living at the home. Comments included, "Oh, I feel very safe", "I`m safe here" and "I feel very safe and well looked after." Similarly, staff also told us people were safe. They told us, "It is definitely safe", "I would say they [people] are very safe" and "The care staff do their best to look after everyone. I have never come across anyone who was unprofessional."

Improvements were required to ensure medicines were managed safely. Some people had experienced delays in receiving their medicines. For instance, medicines were not available for two people due to a delay in ordering. The recording of medicines given only 'when required was inconsistent. Sometimes staff would record a code 'N' if these medicines were not needed and other staff left the MAR blank. 'When required' protocols, which are intended to guide staff about when to administer these medicines needed further development. They contained general information rather than specific details relating to each person's individual needs. Staff completed medicines management training and medicines were stored securely. Medicines administration records were accurate for regularly administered medicines. However, the recording of when required medicines was inconsistent. People told us they received their medicines when they were due. One person said, "I get my medication on time."

Staff had a good understanding of safeguarding and how to report concerns. The provider kept a safeguarding log. This showed previous concerns had been dealt with appropriately including making a referral to the local authority safeguarding team and thoroughly investigating concerns. Staff also knew about the whistle blowing procedure. They told us they hadn't previously needed to use it but wouldn't hesitate to do so if required. Staff commented included, "I would most definitely use it [whistle blowing procedure]."

The provider continued to operate effective recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people. Additional checks had been completed to confirm nurses had the correct professional registration to enable them to practice.

Care staff had a good understanding of people's needs and readily described ow they would support people in specific situations. One relative described to us how staff "reassure [family member] by holding their hand, calm them down, speak to them very softly and make them a cup of tea."

When we last inspected the home, we considered positive behaviour care plans required more detailed and person-centred information. We found this was an area that still needed further development. For example, one person's care plan stated that when the person was experiencing low mood staff should encourage the person to participate in meaningful activities and ensure independence. However, it did not describe which activities the person enjoyed. For another person, care plan evaluations described how staff had supported the people during specific incidents using various strategies such as chatting about their earlier life and reminiscing. These had a positive impact on the person but had not been included in their care plan for other staff to follow.

The provider continued to carry out health and safety checks and risk assessments to ensure the building and equipment were safe. A Fire Risk Assessment was being carried out at the same time as this inspection. Recommendations had been made to improve fire safety at the home. We asked the provider to send us their action plan which we received shortly after completing our visits to the home. People had personal emergency evacuation plans (PEEPs) which described the support they needed to remain safe in an emergency. A regular health and safety meeting took place covering topics including training, learning from accidents and incidents and infection control. Actions were identified which were followed up at subsequent meetings.

Since our last inspection, the process for analysing incidents and accidents had been improved to help identify trends and ensure action was taken to help keep people safe. More meaningful data was being collected to show when and where accidents took place, whether they were witnessed and what action had

been taken. Action taken following accidents included a physical check to ascertain whether the person had been injured, admission to hospital and referrals to specialist services such as the behavioural support team and the falls team.

People and relatives felt the home was clean. One person said, "The cleaners are excellent and the laundry is very good as nothing ever goes missing." One relative said, "It's more like a holiday home than a home, everywhere is clean and tidy, although some of the rooms could do with a lick of paint."

The provider completed a monthly infection prevention and control audit to help ensure good practice was followed. This included checks of the cleanliness of the environment, training and to check staff followed good hygiene practices such as hand washing and wearing protective equipment where required. We noted the provider usually had a high level of compliance for infection control.

Good

# Is the service effective?

## Our findings

When we last inspected Alexandra View, we found the provider had breached the regulation relating to staffing. This was because we had concerns staffing levels and staff deployment on the top floor did not ensure people were supported, prompted and encouraged to have enough to eat and drink.

We found at this inspection the situation had improved. People living on the top floor of the home were now supported much better. Where people required one to one support with the practical aspects of eating and drinking, this was provided without interruptions. Other staff were on hand to offer prompts and encouragement to other people as required.

We noted there were ten people in the dining room with four staff on duty to provide support. Two people had chosen to have their meal in their room. People had plenty to eat and drink. Tables were set with cutlery, crockery and condiments. People were offered a dignity apron to keep their clothes clean. There was a relaxing atmosphere with lots of chatting and background music playing.

The chef went around each table to chat to people. They also offered encouragement to people and made adjustments to make it easier for people to enjoy their meal. For instance, moving people's chairs for them or moving their plate nearer. People were enabled to eat at their own pace with nobody being rushed.

We noted drinks were available in communal areas for people and relatives to help themselves to. Staff also offered people drinks and snacks throughout the day.

Kitchen staff consulted with people and relatives when reviewing menus. A member of kitchen staff told us that if people did not want what was on the menu, alternatives were available. This included sandwiches, soup, jacket potatoes and salads. The provider was able to adapt the menu to meet people's religious and cultural needs. Although this was not required at the moment, staff told us how Chinese meals were offered to one person who used to live at the home.

Dining audits were carried out periodically to check whether people had a positive experience. The findings from previous audits had usually been positive. Other checks were completed to ensure people's weight was monitored regularly and referrals made the GP or dietitian as needed.

People's needs had been assessed both before and admission to the home. This was used as a way of identifying what care people needed. It was also used to discuss whether people had any specific requirements relating to culture, religion and lifestyle. One person commented, "They have even ordered me salmon on a Friday." One relative commented, "[Family member] is a catholic but not practising, however a priest comes around every Friday for holy communion."

Relatives felt staff were trained well and had the required skills to care for their family members. One relative said, "They are very well trained. This is my [family member] and they wouldn't be here otherwise." Another relative commented, "They are very well trained. I have been impressed with them. Their teamwork is

excellent, everyone is smiling and pleasant."

Staff were well supported and received the training they needed for their role. Staff commented, "I get good support, loads of support. I have done a lot of training", "We do training quite regularly" and "I am very supported." The provider deemed some training as essential for staff such as fire safety, first aid and moving and handling. Records showed this supervisions, appraisals and training were up to date.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. DoLS authorisations were in place as expected. People had the required MCA assessments and best interests decisions in place where they were unable to give consent. For example, where people lacked capacity to consent to their stay at the home or had restrictions placed on them through using bedrails.

One relative told us about how staff supported their family member with communication and choices. They said, "They [staff] seem to have a sixth sense when [family member] needs things." People had detailed care plans which described the support they needed with making decisions and choices. For example, one person was unable to make meal choices Their care plan stated how the person would react if they didn't like the choice and that an alternative should be offered. The care plan described what the person liked and disliked helping staff make informed choices about what to offer the person first.

Staff supported people to access health care services when required. Records showed people had input from a range of health professionals such as GPs, specialist nurses and community nurses. Where specific recommendations had been made these were incorporated into people's care plans to help ensure they received the care they needed.

The refurbishment we made recommendations about in the last report was still on-going. The regional manager told us the provider was investing significant resources into the home. This included making adaptations to meet the needs of people living with dementia. One staff member said, "There is new furniture and stuff like that. New flooring for the rooms looks much better. The home is more welcoming than before."

Good

# Is the service caring?

## Our findings

When we last inspected Alexandra View we considered improvements were needed to the top floor to ensure people had meaningful interaction with staff.

During this inspection people told us staff made time for them as much as they were able. People's comments included, "We do bingo, quiz nights, sitting exercises and we have our own chickens, which we all love. They [staff} really make time to socialize with you if they can in their busy schedule" and "They help me with my word search and chat when they can but they always seem to be taking people to the toilet." One person joked, "[Staff] keep me up to date with the gossip."

People told us they were well cared for. One person said, "They are kind and caring, they make everything light and cheerful." Another person commented, "the staff are exceptional and kind." A third person told us, "Well, they treat us like their own family and to be honest I think of them as my family." One relative said, "I`m here to see [family member] and they seem content, clean and happy. So, I`m content and happy." Another relative commented, "To be honest … you don't really know what a comfort this is [family member living at the home]."

People said the staff team were kind and caring. One person said, "They are very kind and patient." Another person commented, "The carers are lovely." A third person told us, "I can't think of anything that they wouldn't try to do for you and the care is excellent. Especially if you are poorly, feeling weepy and sad. They cheer you up by giving you a cuddle, that's a motherly touch."

People were treated with dignity and respect. People commented, "They chat away when changing me and put my mind at rest as I sometimes feel a bother", "They keep my dignity and lock the door when I`m having a bath, but keep me independent by encouraging me to do what I can" and "They take me to the shower, toilet and keep my dignity, as well as assist me in my walking." One relative said, "I never have to point anything out. I came one day unexpectedly. [Family member] is very proud of her appearance, always has been. Although [family member] can't communicate, their eyes shone. [Family member] was clean and everyone remarked on how pretty their hair was. You can't buy that care and I leave here with the knowledge and peace of mind that all is well, that is wonderful".

Care records were personalised to enable staff to gain a better insight into people's interests and aspirations. This also allowed a clear understanding of how people wanted their care provided. For example, this included information about whether people preferred a bath or shower, which toiletries they liked and whether there were any routines they wanted to follow.

Good

# Is the service responsive?

## Our findings

People and relatives told us staff responded well to meet people's needs. One person told us about a time when they needed medical assistance and had to wait for an ambulance to arrive. They said, "Despite waiting for an ambulance for 4 hours, the carers sat with me, comforting me for the whole period." One relative told us, "They seem to know what to look for and recognise things and sort them out before it becomes a problem. For example, [family member] is a picky eater and sometimes the staff buy her [a favourite snack]. How good is that."

Most people told us the staff knew their needs well so they felt they did not need to be involved in their care planning or reviews. However, this was their choice. Relatives, on the other hand, had been involved. One relative said, "I have recently seen [family member's] care plan and had it updated. Another relative told us, "I`m involved in [family member's] care planning and check it every two to three months.

Most care plans were detailed and personalised care plans, clearly describing the care each person needed. They covered a range of needs including nutrition and communication. Care plans were evaluated monthly so that they remained relevant to people's current circumstances. We noted records of monthly evaluations were meaningful and described people's changing needs.

People had the opportunity to discuss their end of life wishes and these were included in their care plan. Where people did not wish to discuss this area of their care, their right to refuse was respected and recorded in their care file.

People told us they could take part in activities within the home, if they chose to. One person said, "I don't do activities but that is my choice … however they still encourage me to join in". People commented, "We do exercises every Monday", "We go out in the garden. "We do bingo, community singing, crafts and a movies night", "I like the quizzes to keep our minds active" and "We went out recently, they were marvellous and so patient." Throughout our visits to the home we observed activities were on-going. For instance, card games, chair exercises and the hairdresser. One person told us about how the exercises had benefitted them. They said, "With the keep fit I can now lift my arm … I couldn't before."

The provider had recently introduced hens to the home as part of a 'hen power' project. The aim was for older people to help care for the hens to try and tackle loneliness. One person said, "We do bingo, quiz nights, sitting exercises and we have our own chickens, which we all love." The activity co-ordinator told us about how they adapted the activity programme to suit the needs of people living with dementia. This included offering one to one activities such as reading the paper to one person and looking at old photographs.

Most people and relatives gave positive feedback about the home. One relative commented, "Complaints, it's the opposite in fact." Another relative told us about one issue they had which they had raised with management. They said, "Other than that no one has anything to complain about." A third relative said, "The new manager would sort out any problems, not that we have any as everyone looks after you."

Previous complaints had been fully investigated and a written response given to the complainant. These related to care practice, poor communication, staffing and record keeping. An independent advocate had been involved in one person's complaint.

Requires Improvement

# Is the service well-led?

## Our findings

When we last inspected Alexandra View a registered manager was not in place. A manager was appointed shortly after who subsequently registered with the Commission. The registered manager left their employment at the end of September. A new manager had been appointed and was due to start imminently. At the time of this inspection, a regional support manager was managing the home with support from the regional manager and deputy manager.

Staff told us the interim manager was approachable. They commented, "[The interim manager] seems very approachable", "Management are approachable" and "Morale is good at the moment. We all get on and help each other."

The provider operated a comprehensive quality assurance programme which included a range of checks completed at various intervals. However, we found the systems for auditing medicines administration were not always effective to ensure people received the medicines they needed on time and lessons were learnt. For example, one person did not receive one medicine between 3 to 15 October 2018. On 3 October 2018 staff noted on the reverse of the MAR 'none left from supply brought in by family, none given'. However, arrangements were not immediately put in place to re-order this medicine. Staff again recorded on 12, 13 and 14 October 2018 that this medicine was not available and needed to be re-ordered. Although, this medicine was now in stock, there was also no evidence to show this issue had been reviewed during medicines audits to ensure lesson were learnt to prevent a similar occurrence in the future. We found two further occasions when people had experienced a delay in receiving medicines which had not been identified and reviewed during medicines audits.

We recommend the provider reviews the systems currently in place for auditing medicines in line with current practice and acts to update its practice accordingly.

Other audits were effective and included monthly health and safety checks and clinical audits. For instance, a clinical audit was completed which helped ensure people with specific nursing needs, such as skin damage, received the care they needed. For instance, checking whether specialist equipment was set correctly, whether they had input from healthcare professionals and whether care and risk assessments were up to date.

Records were stored securely and readily available to us on request. Most records were completed accurately including records to show what care people had received. Although charts were completed each day, evidence was not always available to show a senior staff member had reviewed them to ensure people had achieved their daily fluid target.

A daily 'manager's walkabout' was carried out most days. This included checks of the environment, people's wellbeing and observations of care practice. Direct feedback was also gathered from people, relatives and visiting professionals. Where required action plans were developed covering things such as identifying areas of the home that needed additional cleaning and repairs. We observed the daily heads of department

huddle. This was an opportunity for staff to update management about their priorities for the day or any concerns they might have.

The provider operated systems so that staff external to the home completed additional quality checks. The regional manager carried out a monthly check. The provider's quality team had also done an inspection of the home in June 2018. A robust action plan had been developed which was being progressed when we inspected.

The home had a warm and friendly atmosphere. One person said, "It's a very good, friendly atmosphere here … the staff have a calming effect on you, they respect you and that's very important. They are very caring and worried about your safety". One relative told us, "The atmosphere here is excellent and I have full confidence in everyone from the cleaners to the manager. It doesn't feel like a home, it doesn't look or smell like a home. This is a home from home." Another relative commented, "Everyone knows my name and says hi. They make me feel welcome and offer me a drink." One staff member said, "There is a family atmosphere. Overall, it is a nice home."

People had opportunities to give feedback about their care. Some people told us they had been to the 'residents' and relatives' meeting'. They said they found these useful to find out about what was happening in the home. For example, they told us the chef had been to a recent meeting to talk about the new range of food that was to be made available.

People and relatives had been consulted about their views of the care they received and the home. The survey covered areas such as the quality of care, the meals provided, the environment and the management of the home. Most responses were positive with some areas for improvement suggested. These related to areas such the environment, furnishings and taking people on outings. Survey results were displayed on the notice board, along with the action taken in response to feedback.