

Earlybirdcare Ltd

# Alexandra Park Home

## Inspection report

2 Methuen Park  
London  
N10 2JS

Tel: 02088835212

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13 May 2019

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22 July 2019

### Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

### About the service:

Alexandra Park Home is a residential care home that was providing personal care to 13 people at the time of the inspection. Care is provided across two floors with a communal area on the ground floor. The service specialises in providing care to older people who are living with dementia and mental health conditions.

### People's experience of using this service:

Management oversight processes in place were ineffective and did not identify any of the issues we found as part of this inspection.

Policies and procedures were generic and had not been modified to be specific to this home.

Medicines management and administration was unsafe.

Risks associated with people's individual health and care needs were not always assessed and guidance was not available to staff on how to minimise known risks to keep people safe.

Appropriate measures were not being taken to prevent or control the risk of infection.

People told us that they felt safe living at Alexandra Park Home.

People were generally positive about the home and the staff. One person told us the food, activities and interaction with staff could be better.

Staff demonstrated a good understanding of the needs of people using the service.

We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around safe care and treatment and governance. Please see the 'action we have told the provide to take' section towards the end of the report.

### Rating at last inspection:

At the last inspection the service was rated Good (the report was published on 13 June 2018). As a result of this inspection the overall rating has dropped to Requires Improvement.

### Why we inspected:

This was a focused inspection where we looked at the key questions of Safe and Well Led. The inspection was prompted by information of concern.

### Follow up:

The service is required to provide an action plan to us because there were two breaches of the regulations.

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

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

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Alexandra Park Home

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by two inspectors.

**Service and service type:** Alexandra Park Home 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

Our inspection was informed by information we had received about the service.

During the inspection we spoke with three people using the service, two care staff, the deputy and the registered manager. We reviewed three care records, five staff records including recruitment, training and supervision, medicine records and other records about the management of the service.

After the inspection the provider sent us some additional information.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

### Assessing risk, safety monitoring and management

- Risk assessments were not detailed enough to ensure mitigation of risk.
- Risks were not being updated in care plans when people's risk changed.
- The fire risk assessment and parts of the building risk assessment were not completed.

Following the inspection, the provider told us that a fire risk assessment had been completed and all carers had received fire warden training.

- One person's care plan stated they could drink independently. However, this person was very frail and bedbound and staff told us they were unable to drink without assistance.
- Another person's care plan stated 'due to my dementia I use body language to let staff know if I am in pain.' Staff were aware of this, but the care plan did not contain any further details to inform them how they were to manage this pain.
- In the care plan for a third person, under the heading of 'Nutrition and hydration', it was recorded that the person had no problems with eating or drinking. However, this person's care records also contained a risk assessment for choking, which said the person needed a soft diet and that thickener needed to be added to drinks. We observed this person being given an unthickened drink during lunch. This was immediately rectified when we notified the deputy manager.
- Two of the care plans we reviewed contained a Waterlow risk score. Waterlow is a recognised pressure area risk assessment tool which indicates when people are at risk. However, neither plan contained details to advise staff on how to reduce this risk.
- One person told us that their call bell did not work and although reported to staff it had not been repaired.

### Using medicines safely

- Medicine administration records (MAR) were inconsistently completed.
- We saw one person had an allergy to penicillin however this was not recorded on their MAR.
- One person received medicine as and when required. There was no information for staff to indicate why or when this medicine might be needed.

### Preventing and controlling infection

- Appropriate measures were not being taken to prevent or control the risk of infection.
- Not all of the toilets in the home contained soap or paper towels.
- We saw one toilet had a cotton hand towel which we were told was changed daily. This notwithstanding, there remained a risk of cross contamination.
- We found two hair brushes in people's bedrooms that were matted and unclean. We asked that these be cleaned or replaced.

- Following the inspection, the provider told us that they had installed electric hand dryers in all of the toilets and had refilled all soap dispensers.
- Staff told us they had received training in food hygiene and infection control, although they had not completed the whole training course in the latter.

The above concerns were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Learning lessons when things go wrong

- Staff told us that they went through accidents that had occurred within the home and had a debrief meeting to see what had happened and what could be done to prevent a reoccurrence.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said "[Safe] I think I am," whilst another person said "[Safe] oh yes." A third person told us "I suppose you could say I am receiving care safely – I am not starved, beaten or ill-treated."
- Staff demonstrated an understanding of safeguarding people from abuse, harm and poor care. One staff member said a sign of psychological abuse could be, "A person who was very happy may become moody, may lose their appetite" and that if they thought someone was being abused they would report it. They added "You have to report it to the higher manager, it has to be documented, CQC, anyone that deals with abuse, higher authority, police, to the council."

#### Staffing and recruitment

- We reviewed five staff recruitment files. These contained the required documentation.
- People told us that there were enough staff available to meet people's needs safely. Comments included "Someone always available to help when I need", "[Staff are] very good, excellent – they are around immediately" and "There is enough – always someone available."
- Staff told us that the provider was recruiting and that they could do with more staff at certain times of the day.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider did not have effective systems and procedures in place to ensure the safety and quality of the service.
- We asked to see audits completed by the registered manager. These had not identified any of the issues we found.
- The registered manager told us they carried out weekly audits but did not record them.
- We saw quality assurance audits completed by the nominated individual. These had not identified the concerns we found.
- We saw that there were policies and procedures in place however these were generic, purchased documents and had not been amended so that they were bespoke to this service.
- We were told that information was added to care plans by the registered manager without staff being informed or the new information being explained to any of the staff.
- We saw the provider used a template to calculate people's dependency levels; however, there was no information available to confirm how the template was to be used.

The above concerns were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People told us they had residents' meetings where they could talk about things such as the food, discuss problems and decide about outings. One person, however, told us they thought there was no point to the meetings as nothing was actioned.
- One person told us that they found there was a lack of staff interaction with people and a reliance on television which was frustrating.
- Staff told us they understood the vision and values of the provider. One staff member said, "Their first priority is their resident, they want them to be happy, this place is like just one happy family, when we get in here it's like one big family."
- Staff told us they had meetings where they could talk about teamwork, how to deal with residents and the importance of reporting and documenting any incidents.
- Staff told us they would respect people's equality characteristics. One staff member said, "They all have



equal opportunities, you have to respect them regardless of who they are."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not always provided in a safe way for service users and all that was practicable was not done to mitigate any risks. Medicines were not managed safely. Appropriate measures were not being taken to prevent or control the risk of infection.</p> <p>Regulation 12 (1) (2) (b) (g) (h)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to have effective systems in place to assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17 (1) (2) (a) (b) (c)</p>