

Roseberry Care Centres GB Limited

Alexandra View Care Centre

Inspection report

Lilburn Place
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Alexandra View Care Centre provides care and accommodation for up to 68 people with nursing care needs and people who are living with dementia. At the time of the inspection the service supported 49 people.

People's experience of using this service and what we found

People felt safe and secure living in the home. People and their relatives were happy with the service and had good relationships with staff members. Comments included, "They are very caring" and "Kind. Very much so, they all have a lot of time for [family member]."

Staff safeguarded people from abuse and risks to people's safety were assessed and managed. There were enough staff to meet people's needs and safer recruitment procedures were in place. Medicines were administered and managed safely. The provider learned from previous accidents and incidents to reduce future risks. The premises were well maintained, clean and tidy.

Assessments of people's needs were completed before they moved into Alexandra View Care Centre to ensure the service could effectively support them. Staff received regular training, supervisions and annual appraisals. People were supported with their nutritional needs and to access health care services to maintain their health. 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 were well cared for, respected and supported in a dignified manner. Staff promoted people's independence by encouraging them to care for themselves, where possible. People's personal information was kept secure and they were supported to access advocacy services, when needed.

People had person-centred care plans in place. Staff knew how to communicate with people effectively and communication needs were detailed in care records. People and relatives had no complaints about the service but knew how to raise concerns. Complaints were investigated and actioned. The service organised a wide range of activities for people to enjoy both inside the home and in the local community.

People and relatives were complimentary about the service and felt it was well managed. A relative said, "I think things have changed for the better." An effective quality assurance process was in place. People and relatives were regularly consulted about the quality of the service via meetings and surveys. Staff were involved in the ongoing development and improvement of the service through regular meetings.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was requires improvement (published 23 November 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Alexandra View Care Centre

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team was made up of one inspector and an 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.

Service and service type

Alexandra View Care Centre 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 before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this

information to plan our inspection.

During the inspection-

We spoke with seven people and six relatives about their experience of the care provided. We spoke with seven staff members including the operations manager, registered manager, a senior carer, the chef, two care workers and the activities co-ordinator. 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.

We reviewed documentation, inspected the safety of the premises and carried out observations in communal areas. We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt the service was safe. Comments included, "I'm safe here. Before I came here I had had a few falls but I've had none here" and "Oh I'm very safe, it's lovely in here, they [staff] even check on me on a night time."
- People were protected from abuse. The provider had a safeguarding policy in place and staff were aware of procedures to follow. Staff knew people very well and received regular safeguarding training.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and wellbeing were well managed. Staff understood potential risks to people and how to mitigate them. Care records contained risk assessments that were regularly reviewed.
- Systems were in place to accurately record and analyse accidents and incidents. Records contained detail of immediate action taken. Any trends identified, and lessons learnt were recorded and shared with staff in the home.
- The premises and equipment were safe. Regular checks and testing of equipment and facilities were carried out. There were up to date environmental risk assessments in place.

Staffing and recruitment

- There were enough staff to meet people's needs. Staffing levels were determined in line with people's needs and people told us staff always attended to them when needed. Staff were visible supporting people around the home and call bells were answered quickly throughout the inspection.
- Staff were recruited in a safe way. All appropriate checks were carried out prior to members of staff commencing work for the service.

Using medicines safely

- Medicines were managed in a safe way. Staff received regular training and had their competencies checked.
- Regular medicine checks and audits were carried out to identify any errors and take appropriate action. An external pharmacy service had recently reviewed medicines management in the home and found no areas of concern.

Preventing and controlling infection

- The premises were clean, tidy and welcoming.
- The provider had an infection control policy in place. Staff had received appropriate training and were aware of infection control measures. Staff used appropriate personal protective equipment (PPE) when supporting people such as gloves and aprons.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were carried out before a person started receiving support from staff to ensure their individual needs could be effectively met.
- People's choices were included in their assessments and associated care plans. These were regularly reviewed and updated.

Staff support: induction, training, skills and experience

- Staff were trained and had the appropriate skills to care for people. They regularly completed training to keep their knowledge up to date. Comments from people included, "They are really well trained. They know and do everything they can for you" and "They are always pleasant and know the answer if I ask anything."
- Staff felt supported in their roles. They received regular supervisions and an annual appraisal.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people with their nutritional needs. There were daily menus available and people chose what to eat and drink. Comments included, "The food is lovely. We have a choice and if I don't like it I say, and they change it."
- People had eating and drinking care plans in place. People's preferences and any special dietary requirements were included in care records. Staff knew people's needs and supported them to eat their meals in a gentle, patient manner.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health. Staff arranged appointments with health professionals to visit people in the home, when needed.
- Care records documented engagement with health professionals to ensure people received appropriate care and support to meet their needs.

Adapting service, design, decoration to meet people's needs

- The home was appropriately designed and adapted for people living there. Halls and doorways were wide and communal areas were spacious and there was pictorial signage displayed around the home.
- There were murals of shop windows and telephone boxes on walls.

Ensuring consent to care and treatment in line with law and guidance

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 when this is in their best interests and legally authorised under the MCA. 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.

- The provider was working within the principles of the MCA. People's capacity to make specific decisions were assessed and best interest decisions were made on their behalf if they lacked capacity.
- Care records included details of people's capacity and needs.
- Staff understood the principles of MCA and had received up to date training. They understood the importance of people making choices and decisions for themselves, where possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well cared for. Comments included, "The staff are kind and lovely, they are always chatting to me" and "Fantastic care."
- People's birthdays were celebrated with a party to enjoy with their relatives and other people in the home and a cake, if they wished to celebrate their day.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in the care planning process and care plan reviews. Comments from relatives included, "I'm involved in [person's] care planning and get regular updates every time I visit" and "I recently saw [person's] care plan as their needs are changing on a weekly basis."
- People received support from advocacy services as and when required. An advocate helps people to access information and to be involved in decisions about their lives. Information about advocacy services was on display around the home.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people and supported them in a dignified manner. Staff knocked on people's doors prior to entering their rooms and explained what they were going to do and gained people's permission prior to supporting them. Comments from people included, "I always have a female showering me. They treat me with dignity and they chat when they can."
- Staff supported and encouraged people to maintain their independence, where safe to do so. One person said, "[Staff] keep me independent by encouraging me to do what I can."
- People's confidential information was kept secure. Records could be located and were only accessible to authorised staff. Staff had received General Data Protection Regulation (GDPR) training.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had person centred care plans in place. Details of their needs and how best to support them were included in care plans as well as people's preferences.
- Care plans were regularly reviewed and updated when people's needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were given information in a way they could understand.
- Care plans were in place for people's communication needs. They described appropriate methods of communication staff should use with people, such as pictures.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A wide range of activities were offered in the home. There was an activities co-ordinator who planned a weekly programme for people to enjoy. People told us there was always something going on.
- Activities were also tailored to people's individual hobbies and interests. For example, one person liked to build things and DIY. They spent time with the handyman and helped put together some flat pack furniture.
- People were supported to regularly access the local community for appointments, socialising, hobbies and interests.
- People were supported to maintain relationships that were meaningful to them. Relatives were invited to join in with events and activities within the home. For example, some had recently attended a cheese and wine afternoon at the home and were invited to enjoy Christmas dinner with their family members. Relatives told us they were always made to feel welcome when visiting.

Improving care quality in response to complaints or concerns

- People and relatives had no complaints about the home but knew how to raise concerns. One person said, "No complaints, it's lovely in here, really lovely." People and relatives were confident any concerns raised would be resolved quickly.
- The provider had a complaints procedure in place. Complaints received had been fully investigated and appropriately actioned. Outcomes were communicated to the appropriate people.

End of life care and support

- Staff were appropriately trained in end of life care.
- Care records contained people's wishes in relation to end of life care and included details of their spiritual faith and funeral plans. They also recorded if people had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) and emergency health care plans were in place.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was open and approachable to all. People and relatives spoke fondly of them. Comments included, "I like him. He has an open-door policy and is easy to talk to" and "[Registered manager is] a breath of fresh air."
- The home was well-managed. People, relatives and staff had noticed an improvement since the arrival of the new registered manager. Comments included, "It's a very good, happy atmosphere here and the manager would sort problems straight away" and "It's like a holiday camp here."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their role in terms of regulatory requirements. For example, the provider notified CQC of events, such as safeguarding's and serious incidents as required by law.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff understood their roles and responsibilities.
- The provider and the registered manager monitored the quality of the home and the service to make sure they delivered a high standard of care. This included the completion of regular audits, daily walkarounds and daily catch up meetings with heads of departments.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were asked for their views of the home and care provided. They attended regular meetings with management and completed surveys. All feedback received was analysed and any identified actions were completed.
- Staff were kept updated about the home and any improvements by attending regular meetings.

Working in partnership with others; Continuous learning and improving care

- Staff worked in partnership with key stakeholders to achieve positive outcomes for people.
- The home had developed good links with the local community. Children from a local primary school visited the home every week to do activities and spend time with people.