Cherry Garden Properties Limited
Alexandra - Oldham

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<th>Region:</th>
<th>North West</th>
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<tr>
<td>Location address:</td>
<td>71-75 Queen's Road</td>
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<td>Oldham</td>
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<td>Lancashire</td>
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<td>OL8 2BA</td>
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<td>Type of service:</td>
<td>Care home service with nursing</td>
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<tr>
<td>Date of Publication:</td>
<td>October 2012</td>
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<td>Overview of the service:</td>
<td>Alexandra - Oldham is a large detached property set in its own grounds in a residential area of Oldham. It is situated approximately one mile from Oldham town centre, and it is directly opposite a large park. The home is registered to provide care and support, including nursing care, to 35 people. On the day of our inspection 23 people were living at the home.</td>
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Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

Alexandra - Oldham was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 13 September 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People told us what it was like to live at this home and described how they were treated by staff and their involvement in making choices about their care. They also told us about the quality and choice of food and drink available. This was because this inspection was part of a themed inspection programme to assess whether older people living in care homes are treated with dignity and respect and whether their nutritional needs are met.

The inspection team was led by a Care Quality Commission (CQC) inspector joined by an Expert by Experience who has personal experience of using or caring for someone who uses this type of service and a practicing professional.

All the people we spoke with told us they were treated with dignity and respect by the staff at Alexandra – Oldham. One person commented "Staff are more like friends to us, very pleasant". People said that staff knocked on their doors before entering and one person said they liked it that staff called into their room if they were passing to make sure everything was all right.

People told us that they were involved in decisions about their care, with one person telling us "We have regular residents’ meetings and things are discussed there as well". They said there were choices available at all mealtimes, and snacks were available in-between meals.

One person told us they could raise any issues with staff, and added “The manager is very good”. People told us they were happy, and one person said "I've never had anything to complain about".
What we found about the standards we reviewed and how well Alexandra - Oldham was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Outcome 05: Food and drink should meet people's individual dietary needs

The provider was meeting this standard.

People were protected from the risks of dehydration and inadequate nutrition.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard.

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because information was accurately recorded and stored safely.

Other information

Please see previous reports for more information about previous reviews.
What we found for each essential standard of quality and safety we reviewed
The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the Guidance about compliance: Essential standards of quality and safety
Outcome 01:
Respecting and involving people who use services

What the outcome says
This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement
The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
All the people we spoke with told us they were treated with dignity and respect by the staff at Alexandra – Oldham. One person commented "Staff are more like friends to us, very pleasant!", and another person, when asked about their relationship with staff told us "Great, couldn't be better".

People said that staff knocked on their doors before entering and one person said they liked it that staff called into their room if they were passing to make sure everything was all right.

People told us that they were involved in decisions about their care, with one person telling us "We have regular residents' meetings and things are discussed there as well".

Other evidence
1a Is people's privacy and dignity respected?

During our inspection we observed staff interacting with people in a very calm and warm manner. People living at the home presented as being very comfortable and at ease. There were small cosy areas with comfortable seating in the home for people to spend their time. We saw that people could eat their meals in their rooms or in one of...
the small dining areas.

The manager told us that training in maintaining people's dignity was included in the induction programme for new staff. The staff we spoke with confirmed this and said that they had regular supervision meetings with their manager who monitored how they treated people with respect. A nurse told us that treating people with dignity and respect was 'first and foremost' in the manager's priorities.

We did not see anyone waiting for care during our inspection. We saw staff helping people to their rooms if they needed to provide personal care, and this was done in a discreet manner. People moved freely around the home and spent time in their rooms if they wished. Some people had a key to their room and staff told us that keys were available to those who wanted one and were able to use one. Staff told us that everyone had a lockable drawer in their room to keep their valuables in.

We observed the meal being served at lunchtime. We saw that staff knew people's needs. For example, people sat around the table and were able to eat independently. To enable this to happen we saw staff cut up food for one person so they were able to manage without help at the table. This was done discreetly before the person's meal was taken to them.

We looked at a selection of care records. Throughout people's care plans it was recorded that people's privacy and dignity must be ensured. Things that were important to individuals were also recorded. For example, one person had particular worries and staff were reminded to be sensitive about these. The staff we spoke with were familiar with people's care records, and we were told that there was a low turnover in staff that meant staff had got to know people well.

1b Are people involved in decisions about their care?

The care records we saw documented people's views and preferences. It was evident that people had been involved in discussions around their care planning, and in some cases people had signed their care plans.

Staff told us that they took time to document people's choices. They said one reason was so that if the person lost the ability to communicate or make their own decisions they could look back and see the choices they made and preferences they had when they had the capacity to make decisions. We heard that people's families were sometimes involved in their care planning. However, the manager said that this was not done without people's consent, as some people had stated they did not want their families to know about some aspects of their care.

We saw evidence that regular activities were being provided. Some people were able to go out alone. Activities included movie nights, going to the park or shopping, and cookery.

We saw that the care provided reflected people's diverse needs. We saw records that stated staff must be familiar with aspects of people's faith. People's religious dietary needs were also recorded. The staff we spoke with were familiar with these needs. Other people had different cultural needs, and we saw that these were respected. The home celebrated festivals from various countries and faiths. Staff told us that although
there were male and female care workers, most people did not express a preference about which gender provided their care. However, we saw that where it was not culturally acceptable for a male care worker to provide care to a female this was noted and respected.

**Our judgement**
The provider was meeting this standard.

People's privacy, dignity and independence were respected.
Outcome 05: Meeting nutritional needs

What the outcome says
This is what people who use services should expect.

People who use services:
* Are supported to have adequate nutrition and hydration.

What we found

Our judgement
The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
People told us that there were menu choices for breakfast, lunch, and the evening meal. They said they were asked about their food preferences. People also said they could have snacks in-between meal times, with one person saying "Staff bring what you ask for".

People said their main meal was at lunchtime, and they were asked to make their menu choice the day before. However, they said that if they changed their mind this was never a problem. The people we spoke with said they were weighed every month.

Other evidence
5a Are people given a choice of suitable food and drink to meet nutritional needs?

The menu had a choice of two hot dishes for the main meal of the day. The cook and the staff we spoke with said that although these were the main choices people could always request something different. We saw evidence that the cook attended residents' meetings so menu choices could be discussed. We saw an example where people commented they didn't like the onion in cheese and onion pie, so the recipe was changed and cheese pie offered.

Staff told us that from late afternoon onwards, when the cook was not on duty, they had access to the kitchen. People could therefore request hot food at any time.

The food we saw was served hot and looked appetising. We observed the mealtime in one dining area and saw that people ate most of what was on their plate. They were
offered second helpings. A choice of dessert was also given, and drinks were served with meals.

We saw the pureed meal that was served on the day of our inspection. Pureed diets are sometimes required when people have difficulty chewing or digesting solid food. Each component of the meal was separate on the plate. It looked attractive and colourful, and the cook told us they tasted pureed food prior to serving it to ensure it was palatable.

The care records we saw indicated if people had any food allergies or if a special diet was required. The cook kept a record of exactly what food was prepared for people.

Sitting areas in the home had drink making facilities. People could help themselves to drinks, but we saw staff regularly offering top ups and hot drinks. There did not appear to be set refreshment times, with a relaxed arrangement being in place instead. We did not see anyone waiting for a drink during our inspection.

5b Are people's religious or cultural backgrounds respected?

We saw that some people required food to be prepared according to their religious and cultural needs. The cook had a good understanding of these needs, and we were told that the people's families had been able to ensure this understanding. We were told that a Halal butcher delivered Halal meat that was prepared separately to other meals.

5c Are people supported to eat and drink sufficient amounts to meet their needs?

The care records we saw included a Malnutrition Universal Screening Tool (MUST) that was updated monthly by a designated nurse. We saw that if the MUST indicated a person was at risk of malnutrition, or if they were losing weight, this would be monitored. We saw examples of people's daily food and drink intake and output being monitored. The records we saw were up to date and fully completed. Care plans for nutrition were in place where necessary, and these clearly detailed the problem, goal, and interventions required.

Speech and Language Therapists (SALT) had been consulted where necessary. We saw clear records of their advice regarding people having soft food or thickened drinks when they thought this was appropriate.

During the lunchtime meal we saw that where people needed help to eat a care worker sat at the side of them to provide assistance. We observed one care worker helping someone in a very unhurried way, and they chatted while the meal was being eaten. The care worker was guided by the person requiring assistance, who was offered regular drinks throughout the meal time.

Our judgement
The provider was meeting this standard.

People were protected from the risks of dehydration and inadequate nutrition.
Outcome 07: Safeguarding people who use services from abuse

What the outcome says
This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement
The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
During the inspection we saw that people were content and looked at ease. One person told us they could raise any issues with staff, and added "The manager is very good". People told us they were happy, and one person said "I've never had anything to complain about".

Other evidence
7a Are steps taken to prevent abuse?

We saw evidence that staff had received safeguarding training. The manager told us that she tested the knowledge of staff during their regular supervision meetings. This included ensuring staff knew what action they should take in certain situations. We saw an example of a person with no family who had the capacity to make some decisions but not others. We saw that an Independent Mental Capacity Advocate (IMCA) had been contacted to ensure their rights were respected.

7b Do people know how to raise concerns?

The staff members we spoke with were able to tell us what constituted abuse and how they would report any concerns they had. They all said their manager was very supportive and they felt the manager would escalate any concerns. However, staff also knew who to report concerns to if they felt they were not being taken seriously by the home.
The manager gave examples of where they had sought advice from the local authority safeguarding team. They said that in these cases a referral had not been necessary, but they preferred to inform the safeguarding team of any possible concerns so they could be sure appropriate action was taken.

7c Are Deprivation of Liberty Safeguards used appropriately?

We spoke with the manager and staff and they had a good understanding of Deprivation of Liberty Safeguards (DoLS). We saw that there had been no DoLS referrals for eight months prior to our inspection, and the last referral had been made appropriately.

The manager and staff told us that people were not restricted and if they felt someone was not safe to go out alone they could arrange for staff to go out with them. We were told that if a person was at risk of falling they had pressure mats next to their beds so staff were alerted if they got up. These helped appropriate support to be given without restricting people.

Our judgement
The provider was meeting this standard.

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.
Outcome 13: Staffing

What the outcome says
This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

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<td>The provider is compliant with Outcome 13: Staffing</td>
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| **What people who use the service experienced and told us**
We spoke to people as part of this inspection but their feedback did not relate directly to this standard. However, people told us that they were happy with the staff, they only had to ask for something and staff would bring it, and they had no complaints.

**Other evidence**
13a Are there sufficient numbers of staff?

The manager told us that they usually had one care worker on duty for every six people living at the home. However, she said that this increased if people had increased care needs, and even if someone had a temporary change of needs the number of staff on duty was increased. The staff we spoke with confirmed this. They also told us that they were able to provide extra staff at short notice if for example someone was ill. We were told that the manager and staff had worked at the home for a long time and they were happy to provide cover for each other when required.

During our inspection we saw that staff were unhurried. No-one was seen to wait for care as there were sufficient staff in all the areas we observed. Staff told us they felt there were usually enough staff on duty, and they said during mealtimes no-one that required assistance had to wait for help with their meal.

13b Do staff have the appropriate skills, knowledge and experience?

The manager monitored staff training and ensured training was updated when it was
required. The staff members we spoke with said that they received regular training updates, and the manager was very supportive if they felt they wanted further training in any aspect of their work.

We saw that staff filled in training booklets. When these had been finished staff completed a knowledge assessment so the manager knew they were competent in the areas they had been trained in. The manager also told us they monitored the knowledge of staff during supervision meetings and through observations made on a daily basis.

We saw evidence that staff had received training on how to support people to eat and drink, recognising malnutrition and dehydration, people with diabetes and food allergies, and other nutrition related training. The cook had also completed this training although they were not involved directly in providing care for people. The staff we spoke with had a good understanding of the support they needed to provide and how to spot signs of weight loss or dehydration.

**Our judgement**
The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.
Outcome 21: Records

What the outcome says
This is what people who use services should expect.

People who use services can be confident that:
* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

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What people who use the service experienced and told us
We spoke to people during this inspection but their feedback did not relate to this standard.

Other evidence
21a Are accurate records of appropriate information kept?

The care records we saw were easy to follow and contained all the information required to enable staff to provide appropriate care. Pre-admission assessments had been completed which helped to ensure the home could meet people's needs. Care files also included risk assessments, care plans and daily records. We saw that reviews were completed regularly and people were involved in the reviews of their care needs.

Additional information, such as Malnutrition Universal Screening Tools (MUST) and diet and fluid charts were clear and fully completed. Staff told us that these records were completed at the time of each meal.

The manager kept all records, including records relating to the upkeep of the home, in files in their office. All files were labelled and it was easy to find relevant information.

21b Are records stored securely?
Records were stored in the manager’s office which was lockable. During our inspection it was unlocked, however, the office was away from communal areas close to the kitchen. Records were accessible for nursing and care staff to check and update when necessary.

The records relating to staff were kept locked in a separate room.

**Our judgement**
The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because information was accurately recorded and stored safely.
What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called Guidance about compliance: Essential standards of quality and safety.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions**: These are actions a provider must take so that they achieve compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action**: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.
Information for the reader

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<tr>
<td>Author</td>
<td>Care Quality Commission</td>
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<td>Audience</td>
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Care Quality Commission

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| Postal address           | Care Quality Commission  
                          | Citygate  
                          | Gallowgate  
                          | Newcastle upon Tyne  
                          | NE1 4PA |