

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Alexandra Nursing Home - Nottingham

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✘	Action needed
Care and welfare of people who use services	✘	Action needed
Safeguarding people who use services from abuse	✔	Met this standard
Safety and suitability of premises	✔	Met this standard
Staffing	✘	Action needed
Assessing and monitoring the quality of service provision	✘	Action needed
Requirements relating to workers	✘	Action needed

Details about this location

Registered Provider	Bupa Care Homes (BNH) Limited
Overview of the service	Alexandra Nursing Home - Nottingham is a care home that provides care for up to 39 people. This includes older people with Dementia of either sex.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, reviewed information sent to us by other organisations, carried out a visit on 31 August 2012 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, talked with people who use the service, talked with carers and / or family members and talked with staff. We talked with stakeholders.

What people told us and what we found

We spoke with one person who was able to express their views and told us they would expect it to be listened to. We saw meetings for relatives were held at the home and a review of care needs for people living at the service was provided. We saw that not everyone had the benefit of being involved in life at the home and their day could be lonely.

One relative told us, "my relative needs to have their fluids but since the manager has gone there does not seem to be any monitoring of the care provided and there is an over reliance on the use of agency staff".

One relative told us staff at the home would try to cover up when an incident had happened as staff could not explain how it had happened. However, another relative told us staff worked hard and were responsive to the needs of their relative. They thought staff were helpful and would protect their relative.

Three relatives expressed their concern as there was no permanent manager in post and they were beginning to see the impact that this was having on care.

We saw a potting shed was used to grow plants and food. We saw one person using the outdoor facilities.

One relative commented, "I think upstairs smells because they do not have enough staff to either keep the place clean or not enough care staff to keep people clean".

Three relatives told us, "standards have started to slip we had a relative's meeting to discuss how we felt, we are looking for improvements".

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 18 October 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services × Action needed

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

Our judgement

The provider was not meeting this standard.

People's views and experiences were not always taken into account in the way the service was provided and delivered in relation to their care.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People who use the service understood the care and treatment choices available to them but they were not always acted on.

We looked at four people's care plans and spoke with three people using the service and spoke with seven relatives. We saw people's choices, life styles and interests were mentioned in the care plans but were not acted on in all cases. We saw people who received care in their bedrooms were visited by staff to provide care for them. However, they were not involved in the activities provided at the home and their day was lonely. We found that radio's available in their rooms were not always used and they were visited by staff for care procedures only. We asked the activities coordinator about this and they explained they were provided with 30 hours a week. They explained it was difficult to visit everyone each day.

People expressed their views and were involved in making decisions about their care and treatment. We saw people at the home who were involved in making simple daily decisions. These included being asked for example if they wanted an alcoholic beverage when morning drinks were being offered. We saw people being offered home made cakes during the morning. We saw people seated together who they spoke with during meals.

People who use the service were given appropriate information and support regarding their care and treatment. In the six bedrooms we visited we saw people were provided with information about the service and what to expect. This would help to remind them of the services provided at the home.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was not meeting this standard.

People did not always experienced care, treatment and support that met their needs and protected their rights.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw care plans were in place and risk assessments were in place to support people's care needs.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We observed staff attending to people's needs during the day on the first floor and ground floor areas. We saw staff used a plan that they followed to visit people in their bedrooms. We spoke with staff. They told us they would "do their best to care for people, but they often needed more staff to provide the care required". They told us they often had to work with agency staff who would need regular instructions on how to provide care to people in a specific way. This meant that meeting people's care needs would take longer and could mean that not everything would be done to the same level of efficiency as the new staff would take time to learn about each person's needs. Using agency staff could mean that this would need to happen each time they were employed.

We observed the lunch time meals in both areas. We saw people seated to have their meals in the downstairs dining area. Staff were present to attend to their needs. We observed staff providing one to one attention for people who needed this. We saw there were people who needed help and had to wait for their meal to be given to them as there were not enough staff to provide a meal for everyone who needed help in this way. One person using the service told us they were one of the lucky ones as they could feed themselves and could do some things for themselves. They told us there were many who could not do so and had to wait on staff for everything.

Oral care was mentioned in care plans but little mention of the state of people's mouth. This is important because people who are nursed in bed may not be able to let staff know when they need this care and this will affect their ability to eat their food and to take fluids. We did not see where oral care was provided and recorded on people's daily sheets. We checked the medication store room and saw the home was well stocked with mouth swabs for oral hygiene care.

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

Our judgement

The provider was meeting this standard.

People who use the service 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.

Reasons for our judgement

People who use the service 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. An incident was referred to the safeguarding team by the then manager at the home and although concluded as being resolved the relative was not convinced by the outcome. Actions taken from this was to lock people's bedroom doors. However, for people who were cared for in bed this was not a solution. The provider may wish to review the arrangements to protect people who are in their bedrooms when there are people who can wander into them.

The provider responded appropriately to any allegation of abuse. We have received notifications from the provider that informs us when reportable incidents have taken place.

We spoke with two staff that were aware of their roles in the protection of people receiving care from them. They told us they had received training in this area and were aware of the safeguards in place to protect vulnerable adults. We checked the training records for both staff. We saw they had received training in this area. We saw there was a planned training matrix for all staff to have updates in this area. In this way people would be kept safe as staff would know how to report incidents and understand their role in keeping people safe.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained. We walked around the building and looked at six people's bedrooms and both sluice areas. We found the building to be well maintained. The first floor was being changed to match the appearance of the ground floor as this would present a more uniformed approach to the home. Relatives told us they considered this to be better for people using the first floor also. We looked at the bedroom of a person who had fallen and received injuries. The room was well laid out. We were told the room would be adjusted when the person returned to make it more spacious with all furniture to one side. In this way it would provide easier access for the person to move around their room safely. There were a number of toilets, baths and showers that were available for people to use. People were enabled to maintain their privacy and dignity as these facilities were in close proximity to their living areas.

The public areas and bedrooms were spacious and uncluttered. We saw areas around the home were provided where people could speak privately.

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

Our judgement

The provider was not meeting this standard.

There were not enough qualified, skilled and experienced staff to meet people's needs.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

There were not enough qualified, skilled and experienced staff to meet people's needs. We checked the number of staff on duty against the rota. We found this to be correct. We found there were frequent staff shortages that meant week days and week end cover relied on the use of agency staff. This could mean care was being delivered by staff who would not know the intimate details of the people who needed care from them. This could lead to a poorer delivery of care or of care being missed out by accident.

We spoke with staff about this and they agreed further help or a different way of organising the staff available was needed. We spoke with the manger about this. She explained this was an issue. The provider was already making adjustments to meet these needs. She explained there were staff on contracts that allowed them to work on specific days or week days only. These were being reviewed. Recruitment was taking place for new staff and for a manager for the home. Other ideas suggested by the manager included looking at employing more staff at critical times of the day. This would help with meeting people's care needs. The manager told us an applicant for the manager's post had been filled but the person had not been unable to take up the position. The provider continued to advertise for a suitable person.

Assessing and monitoring the quality of service provision

✘ Action needed

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was not meeting this standard.

The provider has a system to regularly assess and monitor the quality of service that people receive. However, there has been a breakdown in this system.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment but they were not yet acted on. We saw the minutes from two relative's meeting held recently. Relative's who were present stated their concerns about staffing levels being low, too many agency staff, there were concerns about people's hygiene and personal items going missing from people's bedrooms.

Decisions about care and treatment were not being made by the appropriate staff at the appropriate level. The regional manager had met with some relatives' at one of these meetings and promised to see that the improvements were made. They promised to return to check how the issues were being resolved.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. We saw that accident and incidents were recorded and monitored. Actions were taken as appropriate.

The provider took account of complaints and comments to improve the service. There was a complaint procedure available at the home. The relative's had composed a letter to include many of their concerns and presented it to the regional manager in August 2012. The regional manager explained she would reply to them by the end of September 2012.

Requirements relating to workers

✘ Action needed

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was not meeting this standard.

People were not cared for, or supported by, suitably qualified, skilled and experienced staff.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Appropriate checks were undertaken before staff began work. We looked at eight staff records. We found there were procedures in place for checks to be made before staff began work.

We received information of concern about staff records not being up to date and staff working without evidence of full recruitment checks being in place. There were not effective recruitment and selection processes in place as information in the staff records did not match up with their addresses and the Criminal Records Bureau checks (CRB's) were missing in three cases. However, the provider had already identified this as part of the quality monitoring of the home for staff records. The manager explained this would be completed before a new manager was appointed. The staff members were suspended until full CRB checks were made available.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services
Diagnostic and screening procedures	How the regulation was not being met: People's views and experiences were not always taken into account in the way the service was provided and delivered in relation to their care. (Regulation 17)
Treatment of disease, disorder or injury	
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
Diagnostic and screening procedures	How the regulation was not being met: People did not always experienced care, treatment and support that met their needs and protected their rights. (Regulation 9)
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing
Diagnostic and screening procedures Treatment of disease, disorder or injury	How the regulation was not being met: There were not enough qualified, skilled and experienced staff to meet people's needs.
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision
Diagnostic and screening procedures Treatment of disease, disorder or injury	How the regulation was not being met: The provider has a system to regularly assess and monitor the quality of service that people receive. However, there has been a breakdown in this system and people's needs were not being met in more than one area. (Regulation 10)
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers
Diagnostic and screening	How the regulation was not being met: People were not cared for, or supported by, suitably qualified,

This section is primarily information for the provider

procedures Treatment of disease, disorder or injury	skilled and experienced staff because when records did not match the information provided no explanation was given in the records held. (Regulation 21)
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This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 18 October 2012.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists, primary medical services and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – 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.

Moderate impact – 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.

Major impact – 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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