

***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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2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## 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

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### Why we carried out this inspection

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We carried out this inspection to check whether Alexandra Nursing Home - Nottingham had taken action to meet the following essential standards:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Requirements relating to workers
- Staffing
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 January 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and talked with stakeholders.

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### What people told us and what we found

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We spoke with one person who was able to express their views and told us they were listened to. We saw meetings for relative's were held at the home and a review of care needs for people living at the service was provided. Representatives told us they could see improvements at the service. They also told us there was still the issue of the environment being noisy and not relaxing for their relative's to sit in for long periods of time. They told us there was a reduction in the number of new faces on duty which they liked better as agency was used less often. They told us they thought staff seemed to be responsive to people's needs.

Representatives of people at the service told us staff at the home were able to provide support to their relative. We saw staffing numbers had been greatly improved and created a good working atmosphere for staff to work in. Staff happily showed us how they were already using parts of the new style care plan to help them write about the care they provided. They were willing to show us how they used and understood aspects of the restyled care plan. The visiting manager told us she was happy to stay and take charge of the service and to lead by example.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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** ✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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Our inspection of 31 August 2012 found that people who use the service understood the care and treatment choices available to them but they were not always acted on. The provider wrote and told us they would review the care plans to ensure people's choices were included in them. Staff would receive further training in this area.

We visited the service on 07 January 2013 as part of a follow up visit with the local authority present. We saw people who use the service understood the care and treatment choices available to them. We looked at four care plans. We saw a sample care plan for staff to use. It contained suggestions of what staff should look for, how they should respond and contained guidance for staff to follow. We saw people's life histories were included and acted on. The provider told us all care plans should be upgraded in this way by March 2013.

People expressed their views and were involved in making decisions about their care and treatment. We spoke with four people's representatives and people living at the home. Representatives told us they were becoming more familiar with the changes. The visiting manager told she would be taking up the manager position for this home full time and register with the Care Quality Commission. People's representatives told us they were invited to take part in meetings held for them to express their views on the service which many of them did. Three representatives expressed concerns about one change in particular. They explained more disturbed and noisy people now spent their day in the same room as quieter people. They found this could upset their quieter relative's. One representative told us they moved their relative away from the main area and sat in an alcove for this reason whenever they visited. We discussed this with the manager and regional manager present. They told us they would look at this situation again to ensure all people's needs were being considered and addressed.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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Our inspection of 31 August 2012 found that people's care needs were delayed due to the regular use of agency staff who did not know the person's specific needs well. We saw that aspects of care were being not mentioned. This included oral care, especially for people who were cared for in bed. The provider wrote and told us they would review the care plans to ensure people's needs were being met.

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 visiting people in their bedrooms and providing care to them. Two staff were allocated to care for people who remained in bed for the majority of their day. We saw this care was carefully managed with better levels of accountability per shift for the care provided. We spoke with staff. They told us they would "be asked to cover the bedroom people and they would do this all shift." In this way they would know what each person needed. They told us there had been a reduction in the use of agency staff and bank staff had been recruited. This meant that meeting people's care needs would be met as staff would know about each person's needs. We saw oral care was mentioned in the care plans. We saw a visiting dentist who visited three people at the service. We saw evidence of improved oral hygiene care for people nursed in bed. We saw mouth swabs were present on oral hygiene trays in people's bedrooms. We saw a note was entered when this care was provided on the daily sheet in the person's bedroom. We saw staff were working towards providing more continuity in care.

We observed the lunch time meal. We saw one downstairs room had been altered to cater solely for the purposes of meal times. Catering staff made themselves available to help as needed during the meal times.

We saw staff were present to attend to people's needs. We observed staff providing one to one attention for people who needed this. We saw there were people who needed help. Some people still had to wait however, the organisation of meal times was more acceptable. We saw family member who assisted their relative to have their food during the meal time.

We looked at two people's medicines and saw they were handled appropriately.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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Our inspection of 31 August 2012 found the recruitment process was not robust. The provider wrote and told us they would continue to audit the staff records. They told us this would ensure any changes in a staff members circumstances was appropriately reflected in their records.

Appropriate checks were undertaken before staff began work. We looked at four staff records. We found there were procedures in place for checks to be made. We asked for missing information to be sent to us and it was.

We found there were improvements to the recruitment and selection processes. We found safety measures were taken to ensure staff working with vulnerable people were being undertaken. The provider continues to check staff records as part of the quality monitoring of the home for staff records.

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

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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Our inspection of 31 August 2012 found that there were not enough qualified, skilled and experienced staff to meet people's needs. The provider wrote and told us they would review the staff rota to match the current needs of people using the service and to ensure people's needs were being met.

We saw there were 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 was less frequent use of agency staff. When they were used it was to provide emergency cover. There were two nurses and seven care workers in the morning and two nurses and six care workers for the late shift. At night there was one night nurse and four care workers. This meant the 29 people currently living at the home were able to access care from their care workers when they needed it with minimal waiting times. We were also told student nurses were also allocated to visit the home as part of their learning experience and were supernumery to the staffing numbers. This is commendable.

We spoke with staff about this and they agreed staffing numbers had been greatly improved and created a good working atmosphere for them to work in. Staff happily showed us how they were already using parts of the new style care plan to help them write about the care they provided. They were willing to show us how they used and understood aspects of the restyled care plan. They demonstrated how they successfully used the various pictures, explaining aspects of care such as stool or bowel movement charts. They explained why this was so important to a person receiving care.

We spoke with the manager and deputy who also agreed they found staff to be more responsive to change and continued to work with their staff.

The manager told us she will stay and work at this service. We met a new area manager who also promised to support staff on a regular basis to ensure people's needs are met.

## Assessing and monitoring the quality of service provision

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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Our inspection of 31 August 2012 found that people and their representatives were not satisfied with the care of people or the lack of leadership at the service. The provider wrote and told us they would review the staff rota and recruit bank and permanent staff of their own. They told us they would review the care plans to match people's needs as part of their quality monitoring process.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw copies of two recent meetings with representatives. We saw people's concerns were being documented and carefully managed to meet the representatives expectations and to meet people's needs.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. We saw the organisation of people's care was being managed more effectively.

The provider took account of complaints and comments to improve the service. We saw the complaint procedure being used effectively by relative's and being handled appropriately by the provider.

## 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, acute 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 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 may have 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. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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