Inspection Report

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

Alexandra Nursing Home - Nottingham

370 Wilsthorpe Road, Long Eaton, Nottingham, NG10 4AA

Tel: 01159462150

Date of Inspections: 17 April 2013
16 April 2013

Date of Publication: May 2013

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

Consent to care and treatment	✖ Action needed
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safety, availability and suitability of equipment	✓ Met this standard
Complaints	✓ 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

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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, carried out a visit on 16 April 2013 and 17 April 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 reviewed information we asked the provider to send to us. We reviewed information sent to us by commissioners of services and talked with commissioners of services.

What people told us and what we found

Two people that we spoke with were able to tell us that they were happy with the care and support provided to them. We also found most of the representative's of people living at the service told us, staff usually asked them for their help or advice. This included being invited to contribute and to attend reviews about their relative's care. When visiting the home, two representative's explained how staff sometimes missed an opportunity to allow them to contribute to their relative's care needs. They had expected staff to include them wherever possible.

People told us they enjoyed the variety and quality of meals available. Comments included, "the food's very nice" and "I enjoy the meals".

Some of the people we spoke to were able to confirm they had suitable equipment to meet their needs and support them in maintaining their independence.

Two people told us they were happy to live at the home and had no complaints. They said they would speak to the manager if they had any concerns. Representative's of people who spoke with us told us they were happy to use the systems in place. They told us they would be able to raise a concern and would expect it to be dealt with to their satisfaction.

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 17 May 2013, 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

Consent to care and treatment ✖ Action needed

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was not meeting this standard.

Before people received any care or treatment they were not always asked for their consent as the provider did not always act in accordance with their wishes.

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

We spoke with three people who use the service and five relative's. Not everyone we spoke with was able to tell us about their views and experiences. This was sometimes due to them having memory problems. People who spoke with us told us they were involved in the development of their care plans and on going reviews. This was to ensure their changing needs would be recognised and met appropriately by staff.

We spoke with the relative's of people at the home. They told us they were usually able to influence the care and treatment provided. They told us they were regular visitors at the home. Many of the relative's told us staff from the service would contact them. Staff would let them know about any changes. This would include important decisions affecting the care of their relative. We saw the care provided within each person's care plan was different for each person. This shows that people or their representative's who use the service, were usually able to give valid consent to the care and support they received.

One person told us their risk assessment was discussed with them. They were able to agree to the contents of their care plan. Three of the relative's we spoke with told us staff would talk with them first. However, two relative's told us staff did not always seem to ask before carrying out their actions. This included checking people's choice of food or to ensure people were suitably prepared before a task was carried out with them.

We looked at three care plans of people who use the service. The care plans did not always record the involvement of people or their relatives, which confirmed what people had told us. We saw that reviews were taking place at regular intervals. Risk assessments were in place. We saw for some things, consent was obtained before any changes were made. In one case a representative told us their relative was not able to make a decision about the food they preferred. They told us staff did not always remember to ask the relative to help with meal choices although they were present. We saw that capacity assessments were being carried out by the provider to ensure that people were able to

give informed consent. The manager explained this was an area that she would look at again. This would ensure all staff acted in people's best interests so that relative's wherever possible were actively included.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The care plans we saw were well structured. Each care plan showed staff monitored people's weight. This was done on a monthly basis and skin or wound care recorded in the care plan. In the case of the people who had lost a lot of weight a nutritional risk assessment had been completed. A chart was used to prompt staff when the next steps were needed for significant weight gain or losses. In two care plans this was followed up with the doctor and a referral to the dietician. We also looked at other care plans. We saw evidence that this was usually done.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We saw people had risk assessments to cover different aspects of their care. Each person had a care plan to manage these risks. For example where people were identified as having a high risk of falls, we found falls risk assessments were in place. They were being reviewed on a regular basis. The manager explained the home was part of a scheme working with the community teams. This was being used to prevent injuries. This would improve the services offered to people in the care home. We saw people's needs such as falls prevention or help from the occupational or physiotherapy team was made available to people at the home. Relative's told us getting the equipment took a while from the time of the assessment. They told us they were not always kept up to date with this aspect of care.

We spoke with two staff who understood the needs of people they supported. They were clear about their responsibilities. Staff told us they followed instructions about treatment. They told us they would notice any problems, such as if a person looked unwell. They would report this to the nurse in charge of the shift. In this way people could have their needs recognised and prevented from becoming worse.

The nurses told us they would refer people appropriately when they required further advice from other the health care specialists. This showed them actively seek help when they needed it to help people at the service. Care plans were being evaluated on a monthly basis and updated as necessary. We found best interest decisions and mental capacity assessments were in progress.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People were supported to be able to eat and drink sufficient amounts to meet their needs. The service used a nutritional screening tool to identify people who were at risk of poor nutrition or dehydration. We saw fluid and food intake charts were being completed where necessary. We found other professionals visited such as the GP or dietician. They provided help and advice as part of the monitoring process for this aspect of the person's care. Nutritional requirements and preferences were recorded in care plans and risk assessments. This included information regarding any cultural and religious observations, intolerances, allergies, specialist equipment and assistance with meals and people's preferences on where they took their meals.

People were provided with a choice of suitable and nutritious food and drink. We observed people being assisted with meals during the day either by staff or by people's relative's. We saw snacks and drinks were readily available and offered to people as part of the routine of the home. Discussions with the cook clarified that specialist diets such as diabetic and vegetarian diets were catered for. The cook confirmed that the daily menu consisted of two meal and sweet choices. The cook was provided with information regarding people's dietary requirements and preferences.

We saw food moulds were used to enhance the appearance of liquidised meals. The cook confirmed the food was always tasted by her to confirm the food types kept their flavour. They were liquidised separately. We observed the food to be presented in a way that would enhance people's enjoyment of the meal.

Safety, availability and suitability of equipment ✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

There was enough equipment to promote the independence and comfort of people who use the service. We saw people were provided with equipment such as walking frames, hoists, slings and continence products. Gloves and other protective equipment were provided for staff to use when they needed them.

People were protected from unsafe or unsuitable equipment because the provider had service certificates in place. They included moving and handling equipment, gas and electrical equipment and installations, fire fighting equipment and the emergency call system. All certificates demonstrated that equipment was maintained to ensure it was safe to use. The staff training matrix demonstrated that staff were provided with training to ensure the equipment was used safely.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. A complaints procedure was in place and on display in the entrance to the home and a copy was kept in bedrooms as part of the information about the service provided. Information from the provider told us that the policy was available in large print if required.

Information regarding the contact details for the Local Government Ombusman England and the Care Quality Commission was displayed within the home. We noticed the contact details for the local authority in the area was not displayed. We did not see the local contact details for the advocacy services either. The provider may wish to include these local contacts for people to use. This would be helpful to people who may need help when raising a complaint about the provider.

People's complaints were fully investigated and resolved, where possible, to their satisfaction. Records of complaints were held. Clear information within these records showed us that appropriate actions had been taken to address the concerns raised.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010** **Consent to care and treatment**
	How the regulation was not being met: The registered person must have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them. Regulation 18

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 17 May 2013.

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, 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.

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.

Contact us

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