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

**Alexandra - Oldham**

71-75 Queens Road, Oldham, OL8 2BA

Date of Inspection: 13 August 2013  
Date of Publication: September 2013

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

<table>
<thead>
<tr>
<th>Standard</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consent to care and treatment</td>
<td>✓</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Safety and suitability of premises</td>
<td>✓</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓</td>
</tr>
<tr>
<td>Complaints</td>
<td>✓</td>
</tr>
</tbody>
</table>
## Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Cherry Garden Properties Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Mrs. Sarah Beswick</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>The Alexandra is a large detached property with a garden area to the front. It overlooks a park and is approximately one mile from Oldham town centre. Accommodation is provided over three floors for a maximum of 35 people. Single, double and shared rooms are available.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Care home service with nursing</td>
</tr>
</tbody>
</table>
| Regulated activities      | Accommodation for persons who require nursing or personal care  
                               Diagnostic and screening procedures  
                               Treatment of disease, disorder or injury |
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'.

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</table>

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<th>Page</th>
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<tr>
<td>Consent to care and treatment</td>
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<td>Care and welfare of people who use services</td>
<td>7</td>
</tr>
<tr>
<td>Safety and suitability of premises</td>
<td>9</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>11</td>
</tr>
<tr>
<td>Complaints</td>
<td>13</td>
</tr>
</tbody>
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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, carried out a visit on 13 August 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information sent to us by commissioners of services.

What people told us and what we found

Arrangements were in place to obtain and act in accordance with the consent of people using the service. We spoke with two people living at the home. One person said "I'm happy here, it suits me" and another told us "I love it here, the staff are very good and I'm well looked after".

At the time of our inspection a new manager had been in post for five weeks. A number of changes were being introduced to the way in which people's needs were assessed, to the planning and delivery of care, and to the environment. One person told us there had been "lots of change but for the better". A member of staff said "as long as it is in the best interests of the residents it's all good".

We found that a refurbishment programme was underway. Those areas which had been redecorated appeared fresh whilst those yet to be completed were tired. As part of the refurbishment new equipment had been purchased and several changes made to use of the available space.

A number of systems were in place to monitor quality of service and to identify and manage any health, welfare or safety risks to service users. The provider had a complaints procedure in place.

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

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

<table>
<thead>
<tr>
<th>Standard</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consent to care and treatment</td>
<td>✓</td>
</tr>
<tr>
<td>Before people are given any examination, care, treatment or support, they should be asked if they agree to it</td>
<td></td>
</tr>
</tbody>
</table>

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We looked at the care records for six people living at the home. We saw evidence that where a person had taken an advance decision that they wished to refuse treatment in certain circumstances this was clearly noted. The file contained the necessary original documents to enable their wishes to be met.

The manager had introduced a 'mental capacity form'. This provided a step by step guide for staff to follow to ensure that they acted appropriately in responding to a situation if a person's capacity to make a decision for themselves was in question.

We saw evidence that the provider had initiated a meeting with the appropriate healthcare professionals in order to determine a person’s best interests where they lacked the capacity to do so.
Care and welfare of people who use services

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We spoke with two people living at the home. One person said "I'm happy here, it suits me" and another told us "I love it here, the staff are very good and I'm well looked after".

At the time of our inspection a new manager had been in post for five weeks. A number of changes were being introduced to way in which people's needs were assessed, and to the planning and delivery of people's care. One person living at the home told us that there had been "lots of change but for the better" and a visiting relative spoke positively of the "changes and improvements" that were being made. Staff we spoke with were also positive about changes made and planned. One person said they were "definitely up for them" and another told us "as long as it's in the best interests of the residents it's all good".

People's care plans were kept in the office and readily accessible to staff. We looked at six people's care plans. All files contained a pre admission assessment to determine what people's care and support needs were. Care plans were in place setting out how people's needs were to be met and these were supported by risk assessments as appropriate. We saw that people's care plans were reviewed on at least a monthly basis. People were weighed at least monthly and we saw that where there had been concern about weight loss a referral to a dietician had been made. Records were kept of all medical services received, for example, opticians, dentists, doctors, nurses and chiropodists. We saw that special dietary needs were clearly noted, for example, pureed diets and food allergies.

We saw reference to people's preferences, likes and dislikes in the care records. For example, "enjoys playing bingo and dominoes and colouring in". The manager showed us that they were in the process of improving records to make them more person centred. We saw that a "Life Story" book had been started with a new resident and their relatives that contained background information, family history, likes and dislikes. The manager told us that the intention was this would be repeated with all people living at the home.

For some people living at the home English was not their first language and dementia had affected their ability to speak it. We saw that prompts to communication were available, for example, pictures and charts of simple words in both English and people's first language.
Daily report records were completed for each person living at the home. We were told that the care staff had only recently become actively involved in this process. We looked at entries made over the last week. We found that records were detailed, comprehensive and made at regular intervals throughout the day and night.

The manager was in the process of reviewing all files and archiving information no longer required. Where this had been completed the files were particularly tidy, clearly indexed and easy to follow.

The provider had a number of policies in place which included subjects such as: equal opportunity and diversity; sexuality and relationships; alcohol, smoking and substances; right to advocacy. On the day of our inspection two members of staff were on a spiritual awareness training course.
Safety and suitability of premises

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

Met this standard

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 Alexandra was a large detached property which overlooked a park. Accommodation was provided across three floors and a passenger lift was available. There was a sloping garden area to the front of the home with a small seating area close to the front door. The garden was not secure. A path, which was in a very poor state of repair and hazardous, ran through the garden to the front door.

At the time of our inspection a programme of refurbishment was underway. The manager told us that this was to include the garden area and path. Bedrooms on the top floor were in the process of redecoration and these were to be followed by redecoration of the dining room and lounges. The manager explained that communal areas would be decorated overnight to minimise disturbance.

Those areas which had been redecorated appeared fresh whilst those yet to be completed were tired. The home was odour free. The manager told us that as part of the refurbishment programme items such as dining room chairs, towels and blinds were to be replaced. We saw that some new equipment had already been received, for example, large screen televisions, bedding, crockery and cutlery.

The manager had recently made several changes to the use of the available space. For example, a dining room had been created in a light and airy room. People were encouraged to come to the dining room for their meals to promote social involvement. We spoke with one person who had now started to the dining room for their meals. They said they enjoyed the opportunity this had created to socialise. Other recent changes had included a pamper room for use by the visiting hairdressers, podiatrists and other health care professionals. A second large lounge had been created on the second floor with views overlooking the park.

We looked at a number of bedrooms in the home. All the bedrooms we looked at were spacious and had a hand wash basin, call bell and smoke alarm. Most bedrooms were single with an en suite toilet. There were some double or shared rooms also available if preferred. People had personalised their bedrooms, for example, with pictures, ornaments and plants. There were ample communal bathroom and toilet facilities on each floor. We saw that there were aids and adaptations to bathroom facilities to meet the needs of
people living at the home, for example, emergency pull cords, handrails and baths with seats.

There was plenty of storage space for equipment such as hoists and wheelchairs available on each floor. Corridors had handrails and were free from obstruction. We saw that one area had been identified as requiring additional light. A system was in place to record jobs that needed doing on a day to day basis. We saw that the maintenance person had been tasked with addressing this. We saw records showing regular testing of areas such as water temperature, emergency lights, call bells and fire alarms by the maintenance person. Contracts were in place with external contractors for regular servicing and maintenance of equipment such as the lift, fire equipment and gas installations.

The provider had a business continuity plan in place in case of emergency. We saw that there were personal emergency evacuation plans in place for people living at the home. At the time of our inspection we were told there were 24 people living at the home. The provider may like to note that only 19 individual emergency evacuation plans were in the relevant file.
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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The provider had been subject to an Oldham Care Home Quality Standard Accreditation Visit in July 2013 and had received a rating of "good". During this process the home was audited to see if it demonstrated compliance with 10 standards which included: customer focus, social inclusion, staffing, environment, equipment and security, health and safety, and documentation.

In July 2013 the provider had also been inspected by the International Organisation for Standardisation (ISO). A report from this organisation showed that their inspection had included consideration of aspects such as document control, management review and internal audits. ISO found that certification to ISO 9001 standard was maintained by the provider.

The Alexandra is part of Cherry Gardens Properties Ltd. We saw evidence that the provider carried out annual internal audits of their locations.

We found that a number of systems were in the process of being introduced in order to monitor quality of service, and to identify and manage any health, welfare or safety risks to service users.

For example, the manager had recently introduced a new process to audit medication. Nurses completed the audit and we saw that there was a reporting system to bring any issues identified to the attention of the manager for resolution. Care plans were being reviewed by nursing staff at least monthly. The manager was in the process of creating a schedule for cleaning to include daily tasks and a regular programme of ‘bottoming’ rooms. A similar schedule was being created for servicing and maintenance tasks. A weekly health and safety audit for the maintenance person to complete had been recently created. The manager told us that their role included random sampling to ensure that the various checks and records to be completed were being maintained.

We saw that the provider had a ‘communication book’ in place. This had designated areas for staff to enter details about any issues that had arisen during their shift relating to record.
management, the building, staff and residents which needed to be brought to the attention of the next shift. This was reviewed by the manager on a daily basis.
Complaints

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.

Reasons for our judgement

The provider had carried out a resident satisfaction survey in November 2012. People had been asked to provide feedback on subjects such as the standard of care they received, whether they were treated with dignity and respect, and their environment. One person had said that the two best things about the home were "the staff and the room". Others, when asked what could be done to improve the home, said "can't think of anything" and "perfectly happy as it is".

The provider had a complaints procedure in place. We saw that this was readily accessible to people using the service and was displayed in several places throughout the home. In the first instance the provider tried to resolve any complaints internally. People were advised that if they remained dissatisfied with the outcome after internal investigation they had the right to refer the matter onwards, for example to an independent ombudsman.

We looked at the complaints policy. This provided clear instruction to staff on the action they should take if a complaint was received and the timescales to be followed. At the time of our investigation there were no complaints on-going.
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 other services less often. 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.

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.

<table>
<thead>
<tr>
<th>✔ Met this standard</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>✗ Action needed</td>
<td>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.</td>
</tr>
<tr>
<td>✗ Enforcement action taken</td>
<td>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.</td>
</tr>
</tbody>
</table>
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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.