

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

Cuerden Developments Limited - Alexandra Court

Alexandra Court, Howard Street, Pemberton,
Wigan, WN5 8BH

Tel: 01942215555

Date of Inspection: 25 February 2013

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2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Cuerden Developments Limited
Registered Manager	Mrs. Judith Lesley Melling
Overview of the service	Alexandra Court is a 40 bed intermediate care centre that provides a time limited period of assessment and rehabilitation for persons who are not ready to be discharged home safely or to be supported at home by community. All rooms are single occupancy with en-suite facilities. The home is located on two floors, which are accessed by a passenger lift, both floors have communal rooms. There is also a large multi-use rehab gym and an Occupational Therapy assessment kitchen.
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

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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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 25 February 2013, observed how people were being cared for and sent a questionnaire to people who use the service. 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.

What people told us and what we found

The people we spoke with who used the service said all the staff were very kind and knocked before they went into their bedrooms. We observed staff supporting and interacting with people who used the service in a respectful, caring manner and good standards of care being provided.

We found that people's needs were assessed and care was planned and delivered in line with their individual care plan. We saw that staff had a positive attitude towards the people who used the service and we observed throughout the visit that staff took time to answer questions and engage with people.

People who used the service said they were happy and felt safe. The people we spoke with knew who to speak to and would not hesitate to raise concerns if they had them.

The training records confirmed that all staff had completed training in safeguarding and were kept up to date in this area. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of abuse.

The manager had a training matrix plan to ensure that staff received training that was specific to the needs of the people they were caring for.

We saw evidence that the provider had a system in place for tracking and responding to complaints received. People's complaints were fully investigated and resolved, where possible, to their satisfaction. We also saw evidence of compliments and thank you letters.

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

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected and people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke with the registered manager, five members of staff, one visitor and four people who used the service. The people we spoke with who used the service said all the staff were very kind and knocked before they went into their bedrooms. We observed staff supporting and interacting with people who used the service in a respectful, caring manner and good standards of care being provided. Their communication with people was positive and their independence was encouraged.

We observed staff knocking on bedroom doors, waiting to be asked in, explaining who they were and what they were doing.

Staff responded promptly and politely when people asked for support. Staff listened to what people were saying and gave explanations of any support they provided, for example when helping people to walk to the toilet.

The staff we spoke with described the steps they would take to promote people's privacy and show them respect whilst assisting with personal care. Staff gave good examples of how people were treated with dignity and respect. This was confirmed by the four people we spoke with who used the service. People told us they were able to talk to staff or the manager about anything, especially if they had any worries or concerns.

The registered manager explained that each person's room was arranged to match their bedroom at home, such as the right hand side of the bed against the wall. This was to assist with their transition of moving back home following rehabilitation.

We spoke with one relative of a person who used the service. They were satisfied with the care and support that had been provided. They told us they were really pleased with the service, the nursing staff kept them up to date and their relative had been up and about within two days of moving in to Alexandra Court.

The people who used the service we spoke with told us they were happy with the care and support they received. People said that the staff were respectful and that they did their job well. Comments included

"I'm very happy here, I please myself when I get up and go to bed."

"It's very nice here, the staff are extremely good."

"The food's good."

"The staff look after us very well."

We looked at the care records of four people who used the service. We saw evidence that each person who used the service completed a self assessment questionnaire on their first day. This asked people to explain in their own words why they thought they had been transferred; health and medical issues; where they wanted to go once discharged and how they wanted to get there; what support was required following discharge; what they were able to do before admission and how they felt this had changed. This information was used to plan their care, rehabilitation and future support.

The registered manager explained that it was not practicable to hold residents' meetings, as people's maximum length of stay was six weeks. Therefore to ensure that people's views and opinions about the service were taken into account each person who used the service was asked to complete a questionnaire and feedback form. This information was reviewed quarterly and a summary of all the findings was discussed at the staff meetings. We reviewed the last quarter findings which demonstrated an improvement in gaining consent and understanding of transfer to Alexandra Court, seven people did not understand why they had been transferred, but soon settled and remained until they were discharged. Following on from this the registered manager developed a one page document which explained what to expect on Day 1; Day 2; 48 hours onwards and the final 72 hours of stay, to help people who used the service have a greater understanding of why they were there and what the service provided.

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

We found that people's needs were assessed and care was planned and delivered in line with their individual care plan, which ensured people's safety and welfare. We saw that staff had a positive attitude towards the people who used the service. We observed throughout the visit that staff took time to answer questions and engage with people. We found that the home had a relaxed and comfortable atmosphere. This was confirmed during discussions with people who used the service and also during conversations with staff.

The staff we spoke with told us that people who used the service had access to their care records if they wanted. Staff also said care records were formally evaluated on a weekly basis, at the Multi-Disciplinary Team (MDT) meeting and the people who used the service were involved in this review.

The four care records we saw demonstrated detailed information about people's abilities and requirements in relation to their personal, health and social care. Areas of risk and challenges were identified and there was information on the actions that were being taken to address these risks. Information about people's preferences and support for the future was also recorded.

We saw people had access to health services and other health professionals, such as GP; occupational therapist; district nurse; social worker and physiotherapist when required. It was clear from the information within the care records that people had been consulted regarding preferences and their future goals. The care records showed staff had signed and dated to say they had read people's care plans and assessments.

When people first started using the service, they were provided with a patient information leaflet, which explained about the facilities offered to re-enable them through rehabilitation. Each care record we saw contained admission information; the self assessment questionnaire; risk assessments; MDT support plans; therapy sessions and daily reports. We saw that risks to people's health and wellbeing had been identified for areas such as falls, nutrition and pressure sores and measures were in place to manage these. This helped to ensure that risks to people were being monitored and reduced.

We spoke with five staff who told us that they had access to care records and there was enough information in these to inform them of people's needs. They discussed how people who used service and their relatives were involved in the care planning process and how this information was used. The staff we spoke with explained to us how they assisted people with their care and welfare needs and they demonstrated a good understanding of the care plans. The manager and staff told us that systems were in place to handover information about each person at the end of each shift and for staff to be aware of their areas of responsibility. This helped to ensure that people received appropriate care and support to meet their needs.

People who used the service looked well cared for, clean and tidy, wearing clean clothes, glasses and hearing aids where appropriate.

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 used the service said they were happy and felt safe at Alexandra Court. The people we spoke with knew who to speak to and would not hesitate to raise concerns if they had any. They also told us that staff were approachable and listened to them if they were unhappy with anything. We saw there was positive communication, good eye contact and people getting on well with the staff. People who used the service said that call bells were answered fairly promptly and the staff were kind.

We spoke with five staff who told us they had received safeguarding training and understood how and who to report any concerns or allegations of abuse to. They knew about the procedures in place for making sure that people who used the service were safeguarded from abuse. The staff gave good examples of what they understood as abuse and their role in protecting people. They were confident that any issues would be dealt with promptly by the manager.

The training records confirmed that all staff had completed training in safeguarding and were kept up to date in this area. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of abuse.

The provider had their own internal policies and procedures in place for safeguarding adults and also available was a whistleblowing policy which advised staff how to refer any concerns they had and who to. Staff also had access to an easy to follow flow chart, indicating who to contact and how, which forms to be completed and actions to take in reporting any suspected abuse.

We checked three staff files and saw that relevant Criminal Records Bureau (CRB) checks and employment references were carried out. This helped to ensure that people were protected from staff that may not be suitable to work in the care industry. Five staff we spoke with confirmed that they had provided two references and had a CRB check undertaken before they started work at Alexandra Court.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We looked at training records and saw that staff had completed their mandatory training including safeguarding. The manager had a training matrix plan to monitor when staff had completed training and to ensure that staff received training that was specific to the needs of the people they were caring for.

Staff said they worked well together, were a good team and they felt the home was managed well. They told us they were supported by the manager and they could speak to the management about any issues or concerns without fear of reprisal, knowing that what they said would be listened to and where appropriate acted upon.

Staff spoken with said they had opportunities to talk to their manager about their work, had annual appraisals and felt able to ask for additional training, which was provided if appropriate and funding available. Staff told us they had recently attended various training such as end of life care; dementia; tissue viability; first aid; infection control; manual handling and food hygiene. This was confirmed in the training records.

The registered manager explained that regular formal supervision had lapsed, however a new schedule of supervision had been put in place to commence at the beginning of March 2013, which would be escalated via the qualified nurses to care and support staff.

Staff meetings were held each month and we looked at minutes for these meetings. The meetings were used to support staff in the work they carried out, as well as discuss policies such as infection control. Other topics discussed during the staff meeting were the Mental Capacity Act and Deprivation of Liberty Safeguards, training courses and new ideas.

We reviewed three staff files during our visit which contained evidence of training received, two written references and Criminal Record Bureau (CRB) checks. This demonstrated that the provider had taken appropriate steps to ensure that staff were suitably skilled, experienced and supported to carry out their roles.

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 and comments or complaints people made were responded to appropriately.

Reasons for our judgement

We spoke with four people who used the service and one visitor who told us that although they were not aware of the formal complaints policy, they knew who to speak to and felt confident that complaints would be investigated and responded to. The registered manager explained that the complaints policy was displayed on the notice board in the entrance hall. The provider may find it useful to note that it would be good practice to ensure that the complaints policy is more easily accessible to everyone.

We saw evidence that the provider had a system in place for tracking and responding to complaints received. People's complaints were fully investigated and resolved, where possible, to their satisfaction. We also saw evidence of compliments and thank you letters.

We saw that the provider had a complaints, suggestions and compliments policy and procedure. This detailed why it was important to make a complaint, suggestion or compliment, how to do it and to whom. There was also a suggestion box in the entrance hall.

Staff we spoke with understood the complaints procedure and said they would support people if they wanted to make a complaint or discuss concerns. This helped to ensure that people felt supported and able to raise concerns.

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.

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