

***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: 29 November 2013

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

| | |
|--|---------------------|
| Respecting and involving people who use services | ✓ Met this standard |
| Care and welfare of people who use services | ✓ Met this standard |
| Safeguarding people who use services from abuse | ✓ Met this standard |
| Requirements relating to workers | ✓ Met this standard |
| Supporting workers | ✓ Met this standard |
| Assessing and monitoring the quality of service provision | ✓ Met this standard |

Details about this location

| | |
|-------------------------|--|
| Registered Provider | Cuerden Developments Limited |
| Registered Manager | Mrs. Judith Lesley Melling |
| Overview of the service | <p>Alexandra Court is a 40 bed intermediate care centre that provides a time limited period of assessment and rehabilitation for people who may have had a hospital admission but are not ready to be discharged home safely or to be supported at home.</p> <p>It is a purpose built two storey building with bedrooms on both floors. There is a car park at the front of the home.</p> <p>As an integral part of the purpose and function of Alexander Court staff members employed by the NHS or social services such as physiotherapists, occupational therapists, social workers and a GP are either based there or work there on a regular basis.</p> <p>It is located in Pemberton, near Wigan and is close to shops and public transport links.</p> |
| 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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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 29 November 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 and talked with staff.

What people told us and what we found

The people using the service who were able to tell us said that they understood why they needed to be at Alexandra Court and that they were happy staying there. Comments included; "lovely here", "been smashing, staff are belting" and "I am much better, staff are very good".

We received positive comments about the home from visiting relatives, comments included; "smashing, my relative feels relaxed here".

We spoke to the GP who was based at the home for five days per week. He explained that he went to see each person when they were admitted and that in his opinion the quality of care was very good.

We asked people about the staff members, comments included, "staff are very kind", "staff are stupendous, marvellous, respectful and helpful. Nothing is too much trouble" and "staff have been brilliant, nothing is too much trouble, could not ask for more".

The staff members we spoke to were very positive about the home. Comments included; "I love it here, it is very well run" and "I love my job, good team".

Alexandra Court had a quality assurance system available to assess the quality of the service it was providing. Questionnaires were given to people when they left the home and the home also produced statistics from daily, weekly and monthly record keeping. All of this information was reviewed quarterly and a summary of all the findings was passed to the Clinical Commissioning Group as part of the intermediate care contract monitoring process.

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 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 to eight people staying at Alexandra Court and two relatives during our visit. Everyone who commented spoke positively about the home and the staff members working there.

The people we spoke with confirmed that they had choices with regard to daily living activities and that they could choose what to do, where to spend their time and who with. The people using the service told us that staff members always treated them with dignity and respect.

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

We observed staff supporting and interacting with people who used the service in a respectful, caring manner. Their communication with people was positive and their independence was encouraged. They took time to ensure that they were fully engaged with the individual and checked that they had understood. Before carrying out interventions with the people using the service they explained what they needed or intended to do and asked if that was alright rather than assume consent. They also spoke to people informally and acknowledged with a smile as they passed through the home and went about their daily tasks.

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 looked at the care records of seven people who used the service and saw that had 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 manager explained that it was not practicable to hold residents' meetings because the maximum stay in the home was six weeks and in most cases was less than this. Therefore to ensure that people's views and opinions about the service were taken into account each person was asked to complete a questionnaire and feedback form when they left the home. This information was reviewed quarterly and a summary of all the findings was discussed at the staff meetings.

Staff members were aware of people's rights to make their own decisions. They were also aware of the need to protect people's rights when they had difficulty in making decisions for themselves. This is a legal requirement that is set out in an Act of Parliament called The Mental Capacity Act (MCA 2005). This was introduced to help ensure that the rights of people who had difficulty in making their own decisions were protected. The aim is to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

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

The people using the service who were able to tell us said that they understood why they needed to be at Alexandra Court and that they were happy staying there. Comments included; "lovely here", "been smashing, staff are belting" and "I am much better, staff are very good".

We received positive comments about the home from visiting relatives, comments included; "smashing, my relative feels relaxed here".

We spoke to the GP who was based at the home for five days per week. He explained that he went to see each person when they were admitted and that in his opinion the quality of care was very good.

We also spoke to two social workers and an occupational therapist all of whom worked with the people using the service. They did not raise any issues of concern regarding the service being provided at the home.

People were admitted into Alexander Court following a nursing referral. This referral contained an assessment that gave details of the person's needs and why they needed to use the services provided by the home and the health and social services staff members that were also based there. This was completed while the person was still in hospital and as part of this process the person's family, social worker or other professionals would be involved if it was necessary at the time. We looked at the pre-admission paperwork that had been completed for people currently staying in the home and could see that the assessments had been completed and that they included information about personal preferences and choices.

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. The manager explained that this was in the process of being updated.

The seven 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. Each care record we saw contained admission information; the self-assessment questionnaire; risk assessments; Multi-Disciplinary Team [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.

We saw that 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.

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

We spoke with seven 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.

The staff members we spoke with could show that they had a good understanding of the people they were supporting and they were able to meet their various needs. We saw that they were interacting well with people in order to ensure that they received the care and support they needed. The relationships we saw were warm, respectful, dignified and with plenty of smiles.

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.

The home had an adult protection procedure [now called safeguarding] that complied with all of the relevant legislation and good practice guidelines. This was designed to ensure that any possible problems that arose were dealt with openly and people were protected from possible harm. We saw that the home had a copy of the local authority's policy and procedures for identifying, reporting and managing safeguarding incidents. The manager was aware of the relevant process to follow. She would report any concerns to the local authority and to the Care Quality Commission.

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.

Staff members confirmed that they had received training in protecting vulnerable adults and that this was updated on a regular basis. The staff members we spoke with had a good understanding of the process they would follow if a safeguarding incident occurred and they were aware of their responsibilities when caring for vulnerable adults. They were also familiar with the term 'whistle blowing' and each said that they would report any concerns regarding poor practice they had to senior staff.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

There were effective recruitment and selection processes in place.

Reasons for our judgement

We asked people about the staff members working in Alexander Court, comments included, "staff are very kind", "staff are stupendous, marvellous, respectful and helpful. Nothing is too much trouble" and "staff have been brilliant, nothing is too much trouble, could not ask for more".

We looked at the files for the two most recently appointed staff members to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Criminal Records Bureau [CRB] or the new Disclosure and Barring Service (DBS). This new organisation aims to help employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA).

We also found that in each person's file there was an application form, a record of the interview, identity checks and references. This showed that the provider had taken appropriate steps to ensure that there were safe recruitment procedures in place and that people who were not suitable to work with vulnerable adults were not employed within the service.

The staff members we spoke to were very positive about the home. Comments included; "I love it here, it is very well run" and "I love my job, good team".

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 members who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

All new staff members completed an induction training programme so they had the skills they needed to do their jobs effectively and competently. This was done using a system called 'Red Crier' and was based on the completion of workbooks. This induction also included an introduction to the job they would be doing and as part of it they shadowed existing staff members and were not allowed to work unsupervised, [shadowing is where a new staff member works alongside either a senior or experienced staff member].

The administrator and home manager maintained the staff training matrix. We looked at this which showed us that staff had received mandatory training in areas such as safeguarding and moving and handling. We asked staff members about training and they all confirmed that they were receiving regular training and that it was up to date.

The staff members had regular one to one supervision meetings, [these were regular meetings between an employee and their line manager to discuss any issues that may affect the staff member; this would include a discussion of on-going training needs]. Staff members confirmed that these were taking place.

The staff members had regular staff meetings. Information could be passed on, issues could be discussed and staff or managers could raise concerns.

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 received.

Reasons for our judgement

Information about the safety and quality of service provided was gathered on a continuous and on-going basis via feedback from the people who used the service and their representatives, including their relatives and friends, where appropriate.

We saw that there was a variety of information on display in the reception area; this included information on safeguarding. There was also a suggestion box in the entrance area for people to use should they choose to do so.

Alexandra Court had a quality assurance system available to assess the quality of the service it was providing. Questionnaires were given to people when they left the home and the home also produced statistics from daily, weekly and monthly record keeping. All of this information was reviewed quarterly and a summary of all the findings was passed to the Clinical Commissioning Group [CCG; these are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England] as part of the intermediate care contract monitoring process. This is an on-going process.

We looked at some of the questionnaires that had just been collated; comments included, "staff are lovely and very helpful" and "everyone was helpful and caring".

Audits were carried out regularly; these included audits on care plans, medication, falls, infection control, accidents and the kitchen. If there were any issues identified following an audit these would then be dealt with.

There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

Staff members we spoke with said they did understand their responsibilities and they would have no hesitation in reporting any concerns. They all felt confident they could raise any issues and discuss them openly within the staff team and with the manager.

A copy of the complaints policy was on display within the home and processes were in

place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy.

The people we spoke with had no complaints about the service. They said that they felt able to express their views about the service they received.

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.

✓ 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. 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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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