

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

## Alexandra Court

Marine Parade, Dovercourt, CO12 3JY

Tel: 01255503340

Date of Inspection: 14 October 2013

Date of Publication:  
November 2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Methodist Homes
Overview of the service	Alexandra Court is a purpose built extra care complex of 14 flats which may be privately owned or rented. Personal care and domestic support may be provided to people in their own homes via private funding.
Type of service	Domiciliary care service
Regulated activity	Personal care

## 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'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Supporting workers	11
Assessing and monitoring the quality of service provision	12
<hr/>	
<b>About CQC Inspections</b>	13
<hr/>	
<b>How we define our judgements</b>	14
<hr/>	
<b>Glossary of terms we use in this report</b>	16
<hr/>	
<b>Contact us</b>	18

## 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 14 October 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 given to us by the provider.

---

### What people told us and what we found

---

The people who lived at Alexandra Court were very happy with their care and support. They spoke highly of the staff and said they were kind and caring, friendly, courteous and respectful. People felt involved in their care arrangements and knew who to call if they needed to speak to someone. They felt safe with the staff and had no complaints about the service.

Staff told us that Alexandra Court was a nice place to work for. The management were flexible and approachable and we saw that good opportunities for training were provided.

At the time of our inspection on 14 October 2013, we saw that monitoring systems for involving and caring for people and managing the service were in place.

We noted that there were processes in place for the reporting of safeguarding incidents and that these procedures were followed.

Effective staff support systems including supervision and annual appraisals were 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](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

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

---

### Our judgement

---

The provider was meeting this standard.

People's privacy, dignity and independence were respected. Their 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

---

At the time of our inspection on 14 October 2013 all 14 of the flats at Alexandra Court were either privately rented or owned. None of the people were receiving any additional personal care packages but staff were providing domestic care and serving meals in the bistro. One person was receiving respite care at the care home next door, Alexandra House, to which the extra care complex was linked.

The manager told us that people who used the service and usually a family member were involved in discussions about their care and support. This included the initial assessment of people's needs that followed a self-referral by the person themselves or a relative. The manager then completed a risk assessment of the person's needs. They discussed the arrangements as to when and how care and support would be required, provided information about the services or care packages that could be offered and the terms and conditions.

The manager also told us that privacy, dignity and independence were covered as part of the induction programme and regular in-house training in these core subject areas was completed. We saw copies of the staff induction which confirmed this. Staff were trained to respect people's dignity. People we spoke to told us that when they were checked in the morning and at night (wellbeing checks) care workers always respected their privacy and dignity.

We spoke with the staff member on duty who provided us with some good examples of how they promoted privacy and dignity, for example by always checking with the people who used the service how they would like a particular task to be carried out. Good knowledge of people's routines by staff was something appreciated both by the people who received care and their relatives.

The manager told us that visits were undertaken to people who used the service to review

and update their resident care and support plans with them. We saw records which showed that people had been involved and were able to express their views and made decisions about their care arrangements. One person said: "I don't have any personal care at the moment but it is nice having staff here to help. X is very good."

The daily wellbeing notes which were written by the staff and recorded the checks made and the care and support plans showed how a person's independence was encouraged and maintained and their dignity respected. These notes were written in an appropriate way.

Staff told us that the people who used the service were involved on a day to day basis in their care, for example choosing what they wanted for their meals or changing some of the tasks they wanted done that day. People who used the service told us that they were involved in making decisions about what times they wanted help or to be checked and felt respected and listened to by the staff that came to their home.

**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**

---

None of the people who lived in the 14 flats were receiving extra personal care packages at the time of our inspection. We looked at the existing care plans of three people who used the service. These contained clear information about the person's care and support needs if required. An assessment of needs had been completed which detailed the person's medical, physical and mental health and wellbeing; the daily tasks agreed and preferred times of visits. All relevant details about access to people's homes and the support offered by family and friends were recorded. When we checked the care and support plans, we compared them with the latest assessments and noted that all assessed needs were appropriately addressed and instructed carers how to carry out each recorded task. The manager told us that they would ensure that even though no-one was receiving any personal care the plans would still be monitored to ensure they were kept up to date

The risk assessments we saw were detailed and provided clear information about the risks involved in assisting people to move and transfer and the use of moving and handling equipment. This ensured that people were assisted in a safe way. One person said: "I think when you get to my age it is nice that you can have the help if you want it. I am independent but they clean my flat extremely well." People also told us that they always felt that the service provided met their needs and that care workers gave them a choice about everything.

We saw that care plans and risk assessments were reviewed formally six monthly or as people's needs changed. The manager told us that copies of the updated care plan and risk assessment were put on the person's file which was easily accessible and kept in the office at Alexandra House next door. Copies could be kept in their home so that staff were aware of any changes to their care and could act upon them as identified.

People spoken with confirmed that they were consulted during care planning and that their views were taken into account when the care and support plans were written. All of the care plans we checked were up to date. One person said: "I know exactly what I need. I find them very helpful." Daily care notes would be kept at the person's home and collated monthly. Staff recorded details about the person's day, the care and support they had received and highlighted any significant changes so that staff were alerted to any new



arrangements.

People's assessed needs were met. It was evident from what people told us and the records we saw that care was delivered in a way that ensured people's health and wellbeing. Daily records that we checked in folders confirmed that staff completed their domestic tasks and appropriately recorded events, showing that people received the care they expected.

**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**

---

We spoke with people who used the service but their feedback did not relate to this standard.

The provider had policies and procedures in place to guide staff on adult protection and their responsibilities around keeping people safe, including a handbook and policies about complaints and whistle blowing.

During our inspection, the manager and staff were able to show us that they had a good awareness of what constituted abuse or poor practice and demonstrated that they knew what to do if they saw or suspected abuse. We also saw that staff had completed appropriate training.

Staff knew the processes for making safeguarding referrals to the local authority. These processes ensured that staff had the skills and knowledge to support people safely.

**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**

---

Staff received supervision and observations of practice, on a two monthly basis, provided by the manager, and evidence of supervision sessions was seen in staff files that we reviewed. Regular staff meetings were also held so that staff had the opportunity to discuss topics and raise issues. Staff who worked in Alexandra Court attended combined staff meetings with staff at Alexandra House.

The provider ensured that staff had received an induction prior to providing care and support. Staff completed a Skills for Care induction (Care Shield), and there were records in staff files to evidence that regular training, covering all of the services core subject topics, took place. Examples included health and safety, fire safety, medication, moving and handling, food hygiene, safeguarding, emergency first aid and infection control.

Additional training had been provided to ensure that staff had the required skills to safely assist with individual care needs. This included training about how to assist a person with dementia, nutrition awareness, the person inside, living the values, equality and diversity and Control of Substances Hazardous to Health (COSHH).

Training was monitored by the service via appraisal and supervision of staff. A computer system was installed in the service and this also flagged up any due dates for updates on courses. This ensured that all staff would be booked on refresher courses throughout the year to ensure safe practice.

## 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.

---

### Reasons for our judgement

---

The manager told us that regular visits and calls were made to people who used the service to discuss and monitor the quality of care and support that was being provided. Regular monthly 'spot checks' were made by the management team either in person or via telephone contact, to monitor people's care needs and observe the staff's care practice, conduct and adherence to the care plan.

Themed surveys had been sent out to people who used the service and their families to gauge opinions and identify how improvements could be made. We saw a recent survey that had been done on food and nutrition. The manager told us that the surveys were analysed to identify areas for improvement and development.

People we spoke with felt that they were kept up to date with any changes to care and support and also confirmed that any issues or concerns they raised were dealt with in a professional and timely manner by the management.

All risk assessments seen in files were up to date in line with current care or domestic tasks undertaken. All potential risks were addressed. Complaints and concerns were found to be addressed in the same way to ensure that people's views were listened to and acted on appropriately. We saw that complaints received by the service had been appropriately handled and recorded with the outcome sent to the complainant.

The complaints procedure was clearly displayed on noticeboards and in the service users' guide which ensured that people had up to date information on the current guidance about how the service progressed and handled complaints. People we spoke with stated that they were satisfied with the quality of the support 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](mailto:enquiries@ccq.org.uk)

---

---

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

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---