

Maria Mallaband Care Homes (2) Limited

Alexandra Court - Cleveleys

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

Alexandra Court is an unusual establishment in that it is a care home for older people, providing single apartments with lounges and kitchens for each person. There are a several communal areas for people to make use of including spacious lounges, dining room, gardens and a large conservatory. The service provides personal care and support for people with a wide range of needs and abilities on a 24-hour basis, including waking watch care throughout the night. The home is registered to provide accommodation for a maximum of 37 people. At the time of our inspection 34 people were living at the home.

At the last inspection, the service was rated good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Alexandra Court is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, both of which we looked at during this inspection.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received consistently positive feedback about how caring the service was and how staff went over and above expectations to make sure people were at the centre of how the service was delivered.

We saw there was an emphasis on promoting dignity, respect and independence for people supported by the service. People were treated as individuals and received care that was centred on their individual and collective needs, abilities and wishes.

People who lived at the home told us they enjoyed a variety of activities and trips out which were organised for their entertainment. The service supported people to continue their involvement in groups and activities in the wider community. The service recognised people's interests, talents and skills and provided an environment where they were fostered and celebrated their successes and triumphs.

People who lived at the home told us they were happy, felt safe and were treated with kindness at all times.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care and support had been planned with them or, where appropriate, others acting on their behalf.

They had been consulted and listened to about how their care would be delivered.

Care plans were detailed, organised and had identified care and support people required. We found they were informative about care people had received.

The service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. Where people chose to manage their own medicines, they were supported to do so.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place to live. We found equipment had been serviced and maintained as required.

The service had safe infection control procedures in place. People who lived at the home told us they were happy with the standards of hygiene.

People told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

People were supported to have access to healthcare professionals and their healthcare needs had been met. People told us staff acted quickly if they were unwell, to seek professional advice.

People told us staff were caring towards them. They told us staff who supported them treated them with respect and dignity. Staff we spoke with understood the importance of high standards of care to give people meaningful lives.

The service had information with regards to support from an external advocate should this be required by people they supported.

The service had a complaints procedure which was available to people who used the service and their relatives. The people we spoke with told us they were happy with the service and had no complaints.

The service used a variety of methods to assess and monitor the quality of the service. These included regular audits, resident meetings and satisfaction surveys to seek their views about the service provided.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good	Good ●
Is the service effective? The service remains good	Good ●
Is the service caring? The service remains good	Good ●
Is the service responsive? The service has improved to outstanding	Outstanding ☆
Is the service well-led? The service remains good	Good ●

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection visit took place on 9 and 10 August 2018 and was unannounced on the first day.

The inspection team consisted of two inspectors on the first day and one inspector on the second day.

Before our inspection, we reviewed the information we held on the service and completed our planning tool. Information we reviewed included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people supported by the services had been received.

We also contacted the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit we spoke with a range of people about the service. This included eight people who lived at the home. We also spoke with seven staff including the registered manager and the chef. We observed care practices and how staff interacted with people in their care. This helped us understand the experience of people who lived at the home.

We looked in detail at care records of three people who lived at the home. We also viewed a range of other documentation related to the management of the home. This included records related to medication, staff

recruitment and supervision arrangements, staffing levels, quality assurance and safety checks. We also checked the environment to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People who lived at Alexandra Court told us they felt safe in the care of staff who supported them. Each person we spoke with told us they had no concerns at all about their safety, staffing or their home environment. Comments we received included, "I feel safe with the staff." And, "I feel completely safe here." Another person told us, "They look after me really well."

Procedures were in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. Staff spoken with understood their responsibility to report any concerns they may observe and keep people safe.

Potential risks to people's welfare had been assessed and procedures put in place to minimise these. We saw care records provided instructions for staff members when they delivered support to people in order to lessen identified risks. These included nutrition support, medical conditions, mobility, fire and environmental safety. The assessments had been kept under review with the involvement of each person or, where appropriate, someone acting on their behalf, to ensure the support provided was appropriate to keep the person safe. We found records were stored securely and were accessible to staff who needed them.

We saw personal evacuation plans (PEEPS) were in place at the home for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

The service continued to ensure there were sufficient numbers of staff available to meet people's needs. We saw the duty rota reflected the needs of people who lived at the home and care and support was provided in a relaxed and timely manner. Staff were in attendance in communal areas providing supervision and support for people who lived at the home and greeted and welcomed their visitors. We found robust recruitment processes ensured only suitable staff were employed to work at the home.

We looked at how accidents and incidents were managed by the service. There had been few accidents. However, where they occurred any accident or 'near miss' was reviewed to see if lessons could be learnt and to reduce the risk of similar incidents.

We looked at a sample of medicines administration records and discussed medicines with staff. We found medicines had been ordered appropriately, checked on receipt into the home, given as prescribed, stored and disposed of correctly. Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. We observed a staff member administering medicines and noted they followed best practice guidance. This showed the provider had systems in place to ensure the proper and safe management of medicines.

We looked around the home and found it was clean, tidy and maintained. Staff had received infection control training and understood their responsibilities in relation to infection control and hygiene. The service employed a maintenance person who carried out various checks to ensure the premises were safe,

including fire safety checks and water temperatures. The provider had ensured gas and electrical systems were checked in line with requirements.

Is the service effective?

Our findings

People supported by the service continued to receive effective care because they were supported by staff who had a good understanding of their needs. We were able to establish through our observations and discussions people received effective, safe and appropriate care which met their needs and protected their rights. Everyone we spoke with gave us positive feedback about the staff. Comments included, "The staff are very good. I'm well looked after." And, "The manager and carers are excellent. Staff never put a foot wrong."

Care plan records confirmed a full assessment of people's needs had been completed before they moved into the home. Following the assessment the service, in consultation with the person had produced a plan of care for staff to follow. The plans contained information about people's current needs as well as their wishes and preferences. Care plans had been signed by people, or their representatives, consenting to care and support provided. We saw evidence the provider referenced current legislation, standards and evidence based guidance to achieve effective outcomes.

We spoke with staff members and looked at the staff training matrix. Staff received a mix of online and face to face training. Staff we spoke with told us they felt the training helped to fully prepare them for their role. We discussed training with the registered manager who showed us their training plan for the coming year and told us they could also source training for staff as and when required. This helped to ensure people were supported by staff who had the right competencies, knowledge, qualifications and skills.

Staff told us they felt well supported and received regular supervision and appraisal. These were a one to one meeting with senior staff to discuss their performance, any concerns, training and development. Comments from staff included, "I love to work here. The manager is fab, the residents are lovely. It's my forever job." And, "I've worked in a few places but this by far tops them all. I feel very well supported."

People told us they enjoyed food provided by the service. They said they received varied, nutritious meals and always had plenty to eat. We saw snacks and drinks were offered to people between meals including tea and coffee with biscuits. Lunch was a relaxed and social experience with people talking amongst themselves whilst eating their meal. The support we saw provided was organised and well managed. Comments we received about food provision included, "I've never had a meal I haven't enjoyed." And, "Meals are excellent, very good quality." Another person told us, "The meals are very good, there's always a choice. They come round with the menu to ask what you want." This demonstrated people were supported to eat and drink sufficient to meet their assessed needs and preferences.

The service shared information with other professional's about people's needs on a need to know basis. For example, when people visited healthcare services or if professionals attended the home, staff would assist to provide information about the person's communication and support needs. This meant health professionals had information about people's care needs to ensure the right care or treatment could be provided for them.

People's healthcare needs continued to be carefully monitored and discussed with the person as part of the

care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. One person told us, "They got the dietician out to me because I wasn't eating and I was losing weight. I'm enjoying my food again now."

We looked around the building and found it was appropriate for the care and support provided. There was a lift that serviced the upper floors to ensure it could be accessed by people with reduced mobility. Each person who lived at Alexandra Court had their own apartment with a reception room, kitchen and ensuite facilities. People were able to bring their own furniture and the service supported them to personalise and decorate their apartments if they wished.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service made sure that people had choice and control of their lives and supported them in the least restrictive way possible. Staff supported and encouraged people to maintain their independence. The policies and systems in the service supported this practice.

Is the service caring?

Our findings

All the feedback we received about the attitude of staff and the standard of care was overwhelmingly positive. One person told us, "The standards here are very good. The manager and the carers are excellent." They went on to say, "The staff are very caring, they never put a foot wrong. They're so dedicated it's unbelievable." Another person commented, "I'm really happy here. The staff are excellent. They can't do enough for you, nothing is too much trouble." Another person told us, "I like it here very much. The staff are all very pleasant, very caring and helpful. The staff go out of their way to get to know you."

During our inspection visit we spent time observing interactions between staff and people in their care. This helped us assess and understand whether people who used the service received care that was meeting their individual needs. We saw staff were, without exception, caring, attentive and treated people who lived at the home as equals, aiming to promote and maintain their independence. Staff were polite, respectful, kind and showed real compassion and genuine affection for people in their care. They responded very quickly and anticipated people's needs well. Staff spoke with people at their level, so good eye contact could be made and used gentle touch and hand-holding appropriately. We witnessed lots of positive interactions during our inspection, with staff taking a very caring, friendly and loving approach, all with a constant smile and cheerfulness. Staff had time to sit and talk with people, which made for a calm and friendly atmosphere.

The service had undertaken a piece of work with a university as part of a research project to explore 'employee gentleness in a care setting'. This had a positive impact on people who lived at the home because they felt their views and opinions were being listened to. This also provided good feedback for staff and reflection on the good work they do to support people.

Each of the staff we spoke with had a good understanding of the company brand values. They put them into practice in order to make the service the best it could be for people who lived there. We noted discussions had taken place with people who lived at the home about what the brand values meant to them, and what the service needed to do in order to achieve their objectives. The outcome of this discussion was displayed on the wall in the entrance hall of the home and served as a discreet reminder to staff about providing high standards of care in the way people wished it to be delivered. This formed the service's approach to maintaining people's rights under the Human Rights Act 1998.

Staff talked with us about the importance of supporting people's different and diverse needs. They had a very good grasp of individualised care which supported people's uniqueness. Care records seen had documented people's preferences and information about their backgrounds and life histories. Information covered any support people wanted in order to retain their independence and live a meaningful life. The service had carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation.

People we spoke with told us staff respected their privacy and promoted dignity. For example, people we spoke with told us staff always closed both the door and curtains before carrying out any personal care. A

member of staff explained how they ensured people were covered during personal care, in order to maintain their dignity. People told us staff always knocked on the door before entering their apartment, even if it was open.

We spoke with the manager about access to advocacy services should people in their care require their guidance and support. The service had information details for people if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

Is the service responsive?

Our findings

People we spoke with told us the service was very responsive. Comments we received included, "They [staff] respond very quickly if you need them." And, "They respond really quickly if you use the bell." Everyone we spoke with told us they were happy with the care and support they received.

We found the service provided care and support that was focused on the individual needs, preferences and routines of people they supported. People were supported by staff to express their views and wishes. This enabled people to make informed choices and decisions about their care and support. Care plans we looked at were detailed, up to date and addressed a number of topics including managing physical and mental health conditions, personal care, mental capacity and personal safety. They recorded people's own abilities in order to promote independence. We saw care plans were regularly reviewed and updated, in line with changes in people's circumstances.

Staff had been provided with training around equality and diversity, which helped them to ensure the service was as inclusive as possible for each individual. In addition the registered manager facilitated role-play learning sessions for staff. This put staff in the position of a person who lived at the home and gave them the opportunity to experience the perspective of someone who received care and support. This, along with reflective practice following the session, helped to reinforce with staff the importance of knowing each person, their abilities and preferences. We observed staff demonstrated their understanding in practice throughout our inspection. One member of staff commented, "We try to provide the very best service we can for people. It's their home. We treat people how they want to be treated, in line with their preferences, as a unique individual."

People who lived at Alexandra Court truly were at the centre of the service. People told us, and the registered manager confirmed they were involved in discussions about virtually every aspect of the service. This included people being on the interview panel for prospective staff and having their say on whether staff were recruited, choosing what dishes they would like on the seasonal menu and how they wanted the home to be decorated and furnished. For example, one person was supported by staff to use the internet to choose all the fixtures and fittings for their ensuite facilities. These were then purchased by the provider which meant the person got the wet-room exactly how they wanted it, including the grab rails and toilet roll holder.

The registered manager strived to put people's individual needs and preferences at the heart of the service and to provide an environment where people were empowered to be socially included. They told us, "If people ask for it, we will get it. Nothing is too much if a resident wants it." They went on to say, "I can't make a decision without everyone agreeing. They [people who use the service] make all the decisions here." The registered manager explained meetings were very well attended by residents which provided a very good forum for decisions to be made about the running of the home. The registered manager was acutely aware of people who may speak less in a group setting and would approach them individually for their opinions.

We noted many examples of staff going above and beyond expectations to ensure people received

exceptional standards of person-centred care. For example, two staff stayed after their shift had finished to help decorate one person's room for Christmas, as they were unable to do so themselves. The person's family had told staff they really used to enjoy Christmas, so the staff used their own time to ensure the person's room was decorated and to provide them with some extra pampering. This clearly had a very positive impact because the person, who rarely communicated verbally, was heard to say quite clearly, "Thank you and goodnight." Several staff gave up their own time to take people out on a one-to-one basis to attend events or simply to go shopping. We saw a record of a comment from one person to staff, regarding the support they had received to attend the local Gala, that they thought it was excellent and staff made them feel so at ease they did not feel like they were disabled.

The service had taken steps to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen identified information about whether the person had communication needs. These included whether the person required, for example, a member of staff to read to them or large print for reading. One person told us about audio books they enjoyed. Their eyesight had deteriorated so they found this was a good way for them to continue to enjoy literature.

The service had a complaints procedure which was made available to people who lived at the home. The procedure was clear in explaining how a complaint could be made and reassured people these would be dealt with. The service had received nine complaints since our last inspection. We saw records which showed these had been investigated and resolved to people's satisfaction. People who lived at the home told us they knew how to make a complaint and would feel comfortable doing so and were confident any complaint would be resolved. Everyone we spoke with told us they were happy with the care and support they received and had no cause to raise concerns.

People's end of life wishes had been recorded. We saw people had been supported to remain in the home where possible as they required end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by staff known to them. The service worked closely with community teams when people were approaching their final days, to ensure they had all the treatment they needed and were comfortable. The service supported people's relatives to stay with them at the home during their final days. The service had purchased extra furniture in order to make up an extra bedroom in people's apartments for relatives to stay. The registered manager told us, "We feel it vitally important that a family be supported to stay with a loved one at this difficult time if it is wanted by the resident and family, we do a lot of end of life planning to ensure we know what is wanted from each resident." This had a very positive impact on the person and family members.

The registered manager provided us with an email they had received from a relative of a person who had recently passed away. The service had supported the person's daughters to stay at the home 24 hours a day for nine days. They provided meals and washing facilities as well as completing laundry on their behalf. This meant they could spend all their time with their loved one during their final days. The feedback from the relative was very positive and heaped praise on the staff and the way in which their loved one had been cared for during their time at Alexandra Court. An excerpt from the email read, "Nothing was too much trouble. We were afforded the privacy we needed but staff were never far away if we needed anyone. They were attentive and kind without exception." And, "[Relative] passed away in an atmosphere of peacefulness and love... really the situation could not have been any better."

The service ensured people were supported to maintain their social health. A dedicated activities coordinator was employed by the service. They had arranged a variety of activities and events, which people told us they enjoyed. This included regular visits from local community groups, entertainers and trips out of the home to the seaside and other local attractions. The activities coordinator had worked with one person

whose physical abilities were very limited. They had introduced sensory stimulation, including aromatherapy, and provided hand massage, which the person appeared to enjoy.

Another example of person-centred activity was staff had supported a person to used Google street view to help them show others a tree their husband had planted many years ago. Various other activities took place day to day, such as games of dominoes which people enjoyed. People we spoke with told us they could choose to participate in activities or not. The service also arranged events to celebrate a wide variety of occasions, such as people's birthdays, Mother's Day and a summer fair, for example. Everyone we spoke with told us they enjoyed the activities that were arranged.

The service recognised people's interests, talents and skills and provided an environment where they were fostered. For example, one person was very passionate about gardening and had been a member of the local horticultural society for many years. The service supported the person's continued involvement. This person had also worked on the garden at the front of the home, which was very attractive. They were proud of their work and grateful they had been given the opportunity by the service. The service also allowed the person to use a bedroom as a makeshift greenhouse so they could continue their interest.

The service celebrated people's successes and triumphs. Another example of the service supporting people to follow their interests was people being supported to take part in the local gala. People who wished to take part had chosen a theme and staff had assisted them in decorating mobility scooters and wheelchairs for the event, which they enjoyed. The group won two awards which were proudly displayed in the entrance hall at the home. This showed

The registered manager was working to introduce technology to further improve people's care. We discussed the use of technology with the registered manager. They told us they had introduced an electronic system for managing medicines, which reduced the risk of errors. Additionally, they had supported people to make use of video calling to speak with relatives and friends.

Is the service well-led?

Our findings

People who lived at the home told us they were happy with the way in which the home was managed. Comments we received about the management of the home included, "[Registered manager] is very good." And, "[Registered manager] and carers are excellent." Comments we received from staff included, "[Registered manager] is a great manager. Extremely professional. He wants everything to be perfect. It has to be right." And, "[Registered manager] is very understanding. I feel he's a very strong leader. It fills you with confidence."

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the service had clear lines of responsibility and accountability. The manager and his staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the staff on duty confirmed they were clear about their role and between them provided a well run and consistent service. The manager had received a 'Manager of the Year' award from the provider. This was based on their performance and feedback from staff. This showed the home was well-managed.

The service had systems and procedures in place to assess and monitor the quality of their service. Regular audits had been completed reviewing the services medication procedures, care plans, infection control, accidents and incidents, environment and staffing levels. Actions had been taken as a result of any shortcomings found. Staff told us they were able to contribute to the way the home ran through staff meetings, supervisions and daily handovers. They told us they felt supported by the registered manager.

Additional quality monitoring procedures included planned visits from company directors. These included monitoring the number of falls, complaints, safeguarding concerns, medication procedures and ensuring CQC notifications had been completed where required. The service had also participated in an external market research survey which surveyed people who lived at the home and their relatives. The results of this survey were very good.

Surveys were also conducted in-house by the provider group. We saw surveys completed by people who lived at the home and their relatives confirmed they were happy with the standard of care, accommodation, meals and activities organised. They also said they felt safe and the home was well-managed, and praised staff.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as GP's and district nurses.

The service had on display in the reception area of their premises and on their website their last CQC rating,

where people could see it. This has been a legal requirement since 01 April 2015.