

Methodist Homes

Alexandra House - Harwich

Inspection report

Marine Parade
Dovercourt
Harwich
Essex
CO12 3JY

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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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Alexandra House provides accommodation and personal care and support for up to 47 older people. People living at Alexandra House may have a mental health need or may suffer from dementia. On the day of inspection 42 people were using the service.

People's experience of using this service:

During the inspection, we observed there was sufficient staff to keep people safe and we found call bells were answered in a timely manner. However, we did still receive some mixed feedback in relation to staffing.

People said they felt safe and cared for in the service. Thorough recruitment checks were carried out. Risk assessments were in place and had been regularly reviewed. Staff were aware of the measures in place to reduce risks to people. People received their medication as prescribed. Accidents and incidents were monitored to help prevent a reoccurrence. Infection control measures were in place to reduce the risk and spread of infection.

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. There had been ongoing issues with the quality of the food at the service and a new menu had just been introduced. The registered manager was actively monitoring feedback from people in relation to food.

Staff were knowledgeable about people's needs and how they were to be met. There were designated activity staff members to support people to engage in activities they were interested in, on an individual and group basis.

There were a range of quality assurance systems and processes in place to monitor the service. People's views were sought and these were taken into account when considering the development or improvement of the service.

Rating at last inspection: Good (report published on 09 September 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained Good overall.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Alexandra House - Harwich

Detailed findings

Background to this inspection

The inspection:

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

Inspection team: One inspector and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service; in this case they had experience of older people and people living with dementia.

Service and service type: Alexandra House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: We looked at notifications received by CQC. Notifications consist of information the service is legally required to tell us about, such as accidents, injuries, deaths and safeguarding notifications. We had received a provider information return form (PIR). This form asks the provider to give us some key information about what the service does well and what improvements they plan to make.

During the inspection visit we spoke with the registered manager, a senior staff member, a member of care staff, the housekeeper and the chef. We spoke with seven people who used the service and four relatives. We also spoke with a visiting health professional to gain their views.

We looked at records including two care plans, two staff personnel files, training records, health and safety records, audits and meeting minutes. We observed care throughout the day and undertook a Short

Observational Framework for Inspection (SOFI), which is a specific way of observing care to help us understand the experience of people who cannot talk with us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems in place and staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received training in this area.

Assessing risk, safety monitoring and management

- People's risk assessments were personalised and robust and we saw examples of this. People's risk assessments and safety plans provided guidance for staff to follow to reduce risks.
- Each person had a personal evacuation plan in place. The environment and equipment were safe and well maintained

Staffing and recruitment

- During the inspection we observed there were sufficient staff available to meet people's needs. However, we did receive mixed feedback from staff and some relatives about staffing.
- One person said, "Pretty well staffed." A relative told us, "Staff are pretty good, I would like to see more staff around, there are less staff at weekends."
- One staff member said, "Staffing is okay at weekends, usually have four sometimes five, the ratio is right." Another staff member told us, "We used to have four carers on the top two floors, but last Friday there was just three." A third staff member said, "Morale has not been good lately as staff have been off sick, it is improving now staff are back."
- We discussed the mixed feedback with the registered manager and deputy manager who explained they had recently had a period of staff sickness which meant covering shifts had been a challenge, but this had improved. They explained the service was not full so the staffing at present was meeting needs. The deputy manager said, "I work with staff all the time and would be the first one to say if we did not have enough staff."
- The provider had an effective recruitment process in place. Relevant checks were carried out before a new member of staff started working at the service.

Using medicines safely

- Medicines were managed and administered safely. Only trained and competent staff administered medication which was stored safely in accordance with the manufacturer's guidance.

Preventing and controlling infection

- Staff followed the infection control training they had received to reduce the likelihood of the spread of infections and people experiencing poor health. This included using equipment such as gloves and aprons.
- There were some areas in the service that required additional attention such as taps and some toilets which we saw had a build-up of lime scale. The registered manager told us they had identified some areas

that needed attention and had devised a new cleaning rota and checklist that would work more effectively.

Learning lessons when things go wrong

- The provider had effective systems in place to monitor accidents and incidents and to learn lessons when things go wrong to prevent them from happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and delivered in line with current standards.
- Staff we spoke with understood what people needed and knew them well.

Staff support: induction, training, skills and experience

- Staff received regular training relevant to their role. Training included moving and handling, fire safety, first aid, infection control, nutrition and safeguarding.
- Newly recruited staff members commenced an induction programme and were assigned a member of staff to train and support them as their buddy. A staff member said, "Training is brilliant I love it, when you come back to work you can apply what you have learned."
- The service had recently introduced a Quality Circle group which involved members of the care team, activities co-ordinators, and chaplaincy. This group aims to recognise any areas that require improvement and to share good practise, solve problems and face challenges as a team. The registered manager said in their provider information return (PIR), "This is a great opportunity for colleagues and volunteers to be able to get involved and influence decision-making."

Supporting people to eat and drink enough to maintain a balanced diet

- The registered manager told us they had undertaken a lot of work and consultation to try to improve the quality of the food. A new menu was just about to be introduced because of people's feedback.
- During the inspection we found feedback from people and relatives was mixed. We could see in residents' meetings and feedback forms some people were not happy with the food.
- One person said, "By and large the food was not good but has improved, they go out of their way on choices, they are always kind and you get something, usually hot, get enough choice, more than enough fruit and veg." A relative said, "My [family member] spends several weeks here and they think there are issues with the food, as they ate here themselves, they spoke of the quality of the food and the appropriateness of different foods, the batter on the fish and chips was quite hard." Another person said, "The food is good, never had cause to complain, get ample drinks."
- The registered manager had introduced feedback forms and the catering staff were present at meal service asking for feedback. A food forum had been held to include people with the new menu that was about to be put into place. This demonstrated the registered manager was taking people's views seriously and trying to resolve the concerns.

Staff working with other agencies to provide consistent, effective, timely care

- Shift handovers were in place to communicate to staff any information needed to meet people's needs. A staff member said, "We have handovers every morning and late shift. Everything we report gets put on

handover."

- The service worked closely with other care professionals and made referrals in a timely manner.

Adapting service, design, decoration to meet people's needs

- Since the previous inspection the environment had been improved to support people living with dementia. There were items of interest on the walls and signage had improved.

Supporting people to live healthier lives, access healthcare services and support

- People had good access to health and social care, such as doctors, opticians and dentists. A healthcare professional said, "It is very good here, staff very helpful, they keep us well informed, Seniors are really very good, residents well looked after, personal care is good, excellent, residents seem very happy."
- One person told us, "They try to get me to have more drinks, I appreciate when they encourage me to drink, the manager put a notice up in the hot weather to encourage us to keep drinking."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager followed all the principles and guidance related to MCA and Deprivation of Liberty Safeguards (DoLS) authorisations.
- Staff we spoke with understood the principles of this legislation and were clear that people living with dementia could still make decisions, and this should be encouraged and upheld. One staff member said, "We always assume capacity, we can ask people as they can make some decisions, sometimes we need to change the way we ask. We use visual aids for some people."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We observed staff interacted with people and engaged people in meaningful conversations about their lives and experiences. One person was distressed in the lounge, a staff member was kneeling at the person's level and time was given to reassure this person.
- The hairdresser was in the service and we observed they also knew people well and their interactions with people were very positive.
- People and their relatives were very happy with the care they received at the service. One person told us, "They (staff) are all very kind to me, they are good girls." A relative said, "They are very caring, [family member] refuses personal care and they cope well with that, they have a high standard of cleaning."
- The service had a Chaplain available to provide pastoral support when required, and worship services were held for those who wished to participate.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make sure they were involved in making decisions about their care where they could.
- Pictorial communication aids were used to support people to make choices about their care and support. Staff understood people's communication needs and this was documented in care plans.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and encouraged them to be as independent as they could be.
- One person said, "Staff always are quite respectful of us. I do my own shaving." Another person said, "Staff are very professional, treat me kindly with respect, they always knock on the door." A third person said, "The cleaner comes in every day, I change my own sheets, cleaners sometimes make the beds."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were personalised and contained information about people's care needs and preferences. We saw guidance in place for a person where personal care had been identified as a trigger to behaviour that could be challenging. This recorded, "Give [person] a flannel so they can wash themselves, do not have too many different faces and leave and go back later if needed."
- The service identified, recorded and shared information about the communication needs of people, as required by the Accessible Information Standard.
- An activity programme was available and included group activities, one to one activities and trips into the local community. Activities included: reflexology, seize the day to make it happen, move it (exercise), lost it (Quizzes), baking, music therapy, aqua painting, fly modelling, bible studies, a whist club, pet therapy, bingo and tea parties.
- One person told us, "I play crib, get my papers, I have visitors, I love the singing, and I did the Harwich sing, it was a big choir and the leader comes once a fortnight, it is excellent." Another person said, "I go out a lot with my family, I don't do many of the activities but have been a couple of times, the young couple who did the dancing were so professional, they were marvellous." This person went on to tell us they looked after all the plants on their window sills and added, "I love flowers and plants."
- The service also had a member of staff that had been trained by the provider to offer reflexology. They told us, "We have a programme for every day, not everyone comes but I do work with people one to one."

Improving care quality in response to complaints or concerns

- People had access to information on how to make a complaint and we read where people had complained, these had been thoroughly investigated. We noted food and menu choices had been raised.
- The registered manager had introduced initiatives to try to resolve the issues about the food. One person said, "Residents meetings are every couple of months, sometimes the meetings are about specific things like food, last one was six weeks ago, I did not go but when I have done they do listen."

End of life care and support

- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.
- The service had recently held an end of life coffee morning to encourage people to talk about their preferences and wishes at the end of their life.
- The service had good links with other relevant health professionals and a local hospice to ensure people's end of life care needs were effectively met.
- Staff had received end of life training.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm.
- People, relatives and staff spoke positively about the management team.
- One person told us, "[Registered manager] when I had some problems did their very best for me and has come to my room when I have had a problem. They walked past the door and I coughed and they came in and then got the community nurse in to check me over, I was pleased they did that." Another person said, "The manager is fair in their judgements and very busy and I find it easier now to go to [named administrator] they are very good."
- A staff member said, "Any concerns I can go and raise them to the manager and deputy, at weekends I can call them, deputy is first point of call and in the week, I can go to the office anytime." Another staff member said, "Managers are supportive,[registered manager] has been fantastic. I have had their support."
- The registered manager and management team carried out a range of audits and checks to ensure the service was safe. The area manager visited regularly and checked that audits had been completed and were robust.
- The registered manager was open and honest and told us about the issues they had in relation to the food and recent staff sickness and what they had put into place to resolve these issues.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and provider understood their responsibilities and their legal requirements.
- Staff training was reviewed weekly and all staff had regular supervision, staff meetings and an annual appraisal. These processes supported staff to understand their roles.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Various forums were in place to involve people using the service, relatives and staff.
- The provider sent out yearly surveys for both people that used the service and staff.

Continuous learning and improving care

- A quality circle had just started that involved care staff, the activities team and chaplaincy. During the first meeting the group discussed ways to improve the mealtime experience for people by reducing noise and making sure people had plenty of time. The registered manager told us this had been discussed with staff

and they were monitoring the improvements.

- All audits, accidents and incidents are shared with the provider using an electronic system. This meant the provider could support the registered manager to identify any trends or themes.
- An annual development and training plan was devised to identify any shortfalls in staff practice and to monitor the actions that were needed to improve these areas.

Working in partnership with others

- The service worked in partnership with social workers and health professionals to ensure the service people received was in line with best practice.
- The registered manager told us they kept up to date with best practice through information received from the provider