

Alexandra Nursing Home Limited

Alexandra Nursing Home - Poulton-le-Fylde

Inspection report

Moorland Road
Poulton Le Fylde
Lancashire
FY6 7EU

Tel: 01253893313

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Alexandra Nursing Home - Poulton-le-Fylde provides residential and nursing care for up to 117 people. The service has four units for people with different levels of need, including people who require nursing care and people living with dementia. At the time of the inspection visit there were 80 people who lived at the home.

People's experience of using this service and what we found

A new senior management team and a new manager for the service had been appointed since we last inspected. They were in the process of reviewing and implementing systems to effectively assess, monitor and improve the service. People, their relatives and staff we spoke with told us they had seen positive changes. Staff understood their roles and responsibilities and were caring and person-centred in their approach.

Management of risk and quality of record keeping had improved since we last inspected the service. We have made a recommendation around record keeping for 1-to-1 care and support.

The service had systems to protect people from abuse and improper treatment and plans to follow in case of emergencies. Staff continued to be recruited safely. The new management team were in the process of reviewing staffing levels and implementing systems to ensure there were sufficient staff deployed at all times. The service was clean, tidy and maintained.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 11 August 2023).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about pressure care and wound management. A decision was made for us to inspect and examine those risks. As a result, we carried out a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see

the safe section of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alexandra Nursing Home on our website at www.cqc.org.uk.

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 not always safe.

Details are in our safe findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Alexandra Nursing Home - Poulton-le-Fylde

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors, a regulatory coordinator and a specialist advisor who focused on pressure care and wound care.

Service and service type

Alexandra Nursing Home is a 'care home' with nursing care. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. There was a manager who had taken over the running of the service the week before our inspection and intended to apply to register as manager.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During our visit to the home, we spoke with 7 people who used the service and 6 people's relatives. We also spoke with 23 staff, including the manager, nurses, carers estates staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked around each area of the home to make sure it was safe, homely and suitable. We spent time observing the care and support people received. This helped us to understand the experience of people who could not or chose not to speak with us.

We reviewed 8 people's care documentation and multiple medicines administration records, along with associated medicines documentation. We observed medicines administration and checked how medicines were stored.

We reviewed a range of records related to the management of the service, including safety certificates, policies, procedures and quality assurance systems. We also reviewed staff training records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, the provider had not ensured risk was managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider had made improvements and was no longer in breach of regulation 12.

- Management of risk to individuals had improved. At the last inspection, in one area of the home, we found risk assessment and care planning lacked information or was contradictory and staff did not always record people's behaviours, or the care delivered to them. At this inspection we found staff had assessed risks thoroughly and put measures in place to reduce those risks to improve safety. Risks to individuals in the other areas of the home was managed safely.
- Management of risks related to oral health had improved. At our last inspection, in one area of the home, we found people did not all have toothbrushes and records related to the support people received with oral care were sparse. During this inspection, we found the provider had made improvements. People in all areas of the home had their own toothbrushes and staff had recorded the support people received.
- Management of risks related to nutrition had improved. At our last inspection, in one area of the home, we found records related to people's nutritional intake were inaccurate. At this inspection, we found risks related to nutrition were managed well throughout the home. Staff used recognised tools to assess the risk and recorded people's intake accurately. The lunchtime service was organised and calm, with people receiving the support they needed. However, there was a delay in recording people's intake in one area of the home, due to availability of devices. We shared this with the management team who reviewed how devices were allocated and ordered additional devices following our inspection, to address the issue.
- Risks related to pressure care and wound care were managed safely. This inspection was prompted in part by concerns we received in relation to pressure care and wound management. A specialist professional advisor focussed on these aspects of people's care during the inspection. Staff regularly reviewed risks related to people's skin integrity and updated risk assessments along with plans of care. Staff used body maps and photographs to monitor progress of wounds. Professional advice was sought when needed and incorporated into care planning.
- Risks related to premises and equipment were managed safely.

Using medicines safely

At our last inspection, we made a recommendation to the provider around ensuring care plans for diabetes management and 'when required' medicines were accurate and up to date. We also made a

recommendation around auditing and monitoring of the system for recording topical creams. During this inspection, we found the provider had made improvements.

- We reviewed 'when required' medicines and diabetes management plans and found they were up to date, accurate and person-centred. Recording of the application of topical creams had improved since the last inspection. However, there were still some shortfalls in recording of topical creams in one area of the home. The manager was addressing this through staff supervision.
- Staff who administered medicines had received training and had their competency checked, to ensure they did so safely.
- Medicines were stored safely.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- The manager told us they had identified authorisations for 3 people which had expired before they began in post. They were in the process of submitting applications for these authorisations to continue. The manager had put in place a matrix to highlight when authorisations were due to expire, to prevent this from happening again.

Staffing and recruitment

- Staff continued to be recruited safely.
- We received mixed feedback about staffing levels. Some people and their relatives felt staffing levels were sufficient, whilst others did not. Similarly, feedback from staff was also mixed. Nobody gave us any examples of people coming to any harm or suffering as a result of staffing levels. A unit manager told us, "Staff brought to my attention that it is getting really, really hard. There is support there from [manager] and we are reviewing staffing levels."
- In one area of the home, on the first day of our inspection, there were not enough staff to cover breaks effectively. The management team told us they had implemented a new staffing allocation system, prior to our inspection, but this had not been adhered to on the day of our inspection. On the second day of our inspection, we saw staffing was better organised in this area of the home.
- When we discussed staffing with the manager and nominated individual, they explained they were implementing a new system to help them calculate the staffing they required, based on people's needs. This had not yet been fully implemented at the time of our inspection. In response to our feedback, and that of the staff team when the manager had spoken with them, staffing had been increased in each area of the home, to ensure there were sufficient staff, whilst the new system was being implemented.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from the risk of abuse. Feedback we received from people and

their relatives did not raise any concerns about people's safety. One relative told us, "Safe? Yes, they are with him all the time." Staff told us they felt people were safe and that they had received training to help them to keep people safe from the risk of abuse.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider facilitated safe visits, in line with national guidance. A visiting relative told us, "I can come in at any time, there's always an open door. I'm always made to feel welcome by all the staff."

Learning lessons when things go wrong

- The provider had a process to learn and make improvements when something went wrong. Staff recorded accidents and incidents, which the manager reviewed on a regular basis to identify any trends, themes and areas for improvement. They shared any lessons learned with the staff team, to reduce the risk of similar incidents happening again and improve the safety of the service.

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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership had at times been inconsistent. Leaders and the culture they created had not always supported the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, we found the provider had not ensured records were accurate and up to date. Additionally, the provider's systems to assess, monitor and improve the quality of the service had not been operated effectively. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had made improvements and was no longer in breach of regulation 17.

- Since our last inspection the provider had recruited a new senior management team and a new manager for the service. We received positive feedback from people, relatives and staff about their approach and positive changes they had made in the short time they had been working with the service.
- The location has a condition of registration that it must have a registered manager, but it does not have one, and satisfactory steps had not been taken to submit an application to register with us within a reasonable timescale.
- At our last inspection, we found risk assessments, care plans and records of the care people had received were inaccurate. During this inspection, we found risk assessments and care plans were accurate, up to date and reviewed when required. The quality of records of the care people had received had improved significantly. However, the quality of records related to the care people received on a 1-to-1 basis could be further improved, to better demonstrate the need for this level of care.

We recommend the provider reviews their processes around recording the care delivered for people who receive 1-to-1 care.

- At our last inspection, we found systems designed to assess, monitor and improve the quality of the service were not operated effectively. At this inspection, we found the new management team were in the process of implementing new systems. They were able to show us how shortfalls in standards had been identified, action they had taken, and were taking to address issues.
- The manager understood their legal obligations, including conditions of their CQC registration and those of other organisations. We found the service was well-organised, with clear lines of responsibility and

accountability.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The new management team were working to create a culture that was open, inclusive and person-centred. Staff told us the atmosphere in the home had improved since the new manager started in post and they were feeling positive about changes they had seen. Staff told us they felt well supported. One staff member told us, "I feel really good now. I can spread my wings. I feel empowered. We've got lots of support."
- Staff aimed to ensure people's needs were met through ongoing review of their care and referenced current legislation and best practice guidance to achieve good outcomes. We observed staff took a person-centred and caring approach toward people and their care.
- People and their relatives were positive about the service provided. Feedback we received included, "The staff are all very nice." And, "Honest to god, the staff are wonderful they really are. Their kindness! Even the laundry lady. The domestic staff are more than just cleaners. When you are upset, they look after you. The girls that look after him, they all look after him so well. They really do treat him with respect and dignity."

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

- Since starting in post, the manager had held meetings with people who used the service, relatives and staff, to introduce themselves and set out their plans for the service. The manager intended to hold these meetings on a regular basis, to invite feedback and share information.
- Staff told us they felt engaged with the new management team. They told us the managers had taken time to find out about their roles and were working together to make improvements. One staff member told us, "I think it's come a long way. Think we have more understanding. The unit manager and nurses are good; we are a team here. They are supportive."

Working in partnership with others

- The service worked in partnership with a range of healthcare professionals. This helped to ensure people's needs continued to be met and their wellbeing enhanced. We received positive feedback from professionals who work with the service about improvements they had seen in communication.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a policy and procedure which provided guidance around the duty of candour responsibility if something was to go wrong. The manager knew how to share information with relevant parties, when necessary.