

Cambridge Housing Society Limited

Alex Wood House

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

Summary of findings

Overall summary

About the service

Alex Wood House is a residential care home providing accommodation and personal care to 34 older people at the time of the inspection. The service can support up to 36 people on two floors of a purpose-built care home. The building has communal areas such as a conservatory, lounge/ diners, a sensory room and a garden for people and their visitors to use. The ground floor provides care to people living with dementia.

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

Trained staff followed the systems in place to monitor and manage people's risks and keep people safe from avoidable harm. Staff followed good practice guidelines to prevent the spread of infection. Staff who had been trained and their competency checked, managed and administered people's prescribed medicines safely.

Staff received training and supervision from the management team that helped enable them to do their job well. The provider and registered manager supported staff to develop their skills and knowledge through further training.

Staff treated the people they supported with kindness and compassion. People liked the staff that cared for them. Staff promoted and maintained people's privacy and dignity. People enjoyed the activities that went on at the service, but some people told us they would like more trips outside of the service. Links were established with the local community and people from the community were encouraged to visit the coffee mornings held at the service.

People were supported to eat and drink enough amounts, however people had mixed opinions about the food. People were involved in making decisions about their care. Staff gave and respected people's choices. Their preferences on how staff delivered their care was recorded in their care records for staff to follow. This included people's end of life wishes.

The service was well managed by a registered manager and regular input from the providers management team. Staff were passionate about giving people a good-quality service. Staff used varying systems to monitor the quality of care being delivered to people. Representatives from the providers management team undertook monitoring visits to spot check the quality of the service provided.

Complaints and concerns were investigated, and complainants responded to. People, their relatives and staff were given opportunities to give their view of the service and from this feedback action was taken to make any improvements.

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

The last rating for this service was good (published 17 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 ●

Alex Wood House

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 Care Act 2014.

Inspection team

This unannounced inspection was carried out by one inspector.

Service and service type

Alex Wood House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. 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 before the inspection

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

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke

with six members of staff including the registered manager, assistant manager, a team leader, day care assistants and the cook.

We reviewed a range of records. This included one person's care record, monitoring charts and medication records. We looked at a variety of records relating to the management of the service. This included audits, governance visits, accident and incidents records, meeting minutes, and complaints were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Trained staff understood their responsibility and the process to safeguard people from poor care and harm. A staff member said, "I would report [concerns] straight away to my manager and line manager here. You can report to the CQC. I would whistle-blow if necessary, because my job is to keep the people I am caring for safe, it is also what I am paid to do."
- A person confirmed they could no longer live at home due to having several falls. They said having staff around gave them reassurance.
- Posters, giving information on how to raise any concerns were on display throughout the service for people and their visitors to refer to.

Assessing risk, safety monitoring and management

- Staff used hand held devices for quick access to risk assessment information within people's care records. These gave staff guidance on how to monitor risks to promote people's safety without removing their independence. Staff undertook 'virtual dementia tour' training. This helped staffs understanding of dementia and people's distress. A staff member explained, "It teaches you about the environment and noise levels for people. You are more aware of the noises you make when supporting people and when doing activities. It was amazing this training because I had not seen dementia as this, it was a real insight."
- To improve fire safety in line with the findings of a fire safety inspection, work was on-going with the service. People had emergency evacuation plans in the event of an emergency such as a fire.
- Staff used equipment and technology such as care call bells and pressure relieving equipment to support people's well-being.

Staffing and recruitment

- New staff had recruitment checks completed to make sure they were suitable to work with the people they were supporting.
- There were enough staff on the day of inspection to support people's care needs in a timely manner. A person said, "If I call for help or ring my call bell one or two staff will arrive quickly to help. I'm never left waiting long."
- The registered manager told us that staffing levels were determined following regular assessments of people's care and support needs and the input needed from staff. They said, "We are looking at dependency levels, week to week or day to day. For [increased distressed behaviour] and end of life [provision] the provider will support with extra staff for example one-to-one staff 24 hours a day."

Using medicines safely

- People were assessed to identify if they could safely self-medicate or needed support from staff to manage their medicines safely. This included any 'as and when required' medicines such as pain relief.
- Trained staff administered people's prescribed medicines and senior staff checked their competency to do so. Staff administered, stored and disposed of people's medicines. Audits and an external pharmacy audit were completed to monitor that staff were supporting people with their medicines safely and accurately. A person told us, "Medicines are managed in a regimented strict fashion, I take medicines four times a day and I get them on time."

Preventing and controlling infection

- A person said, "[The] rooms are cleaned regularly, and the laundry staff here are very good."
- Staff told us they had training in food hygiene and infection control to prevent the risk of spreading infections. Observations showed that staff used Personal Protective Equipment (PPE) such as disposable aprons and gloves.

Learning lessons when things go wrong

- The registered manager gave examples of lessons learnt when things went wrong or needed improvement. A staff member confirmed, "At one meeting we had a discussion around oral health as the management were talking through techniques. Then we had formal training to make sure we were all doing it properly."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- Staff completed pre-assessments on new people to the service. This helped make sure staff had the skills and knowledge to meet the persons care and support needs.
- Staff used up to date guidance and best practice to support people. The assistant manager told us, and staff confirmed how they had put in place oral health guidance to try to maintain people's well-being.

Staff support: induction, training, skills and experience

- All new staff completed an induction programme which included mandatory training and shadowing another experienced staff member. This was until they were confident and competent to deliver effective care and support. Staff new to the role of care also completed the Care Certificate. This is a nationally recognised induction training programme.
- Whenever possible, consistent agency staff were used by the service to cover shortfalls in staffing. Staff had their knowledge to deliver effective care developed through a training programme, competency checks, supervisions and appraisals. Staff developed their skills and knowledge through additional training and qualifications.

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

- Staff monitored people's weight and encouraged people to eat and drink enough to promote their well-being. One person said, "Staff are always making sure that you drink enough."
- Staff supported people who required extra assistance to eat their meals in a patient and kind way. People's dietary needs were catered for.
- Although at lunch time people were seen eating the food on offer, people spoken with had mixed opinions about the food. One person told us, "The food here is okay. You get two choices and staff will plate up the two choices to show you so that you can choose." Another person said, "I don't like the food here." Following taster sessions with people at the service the provider had changed the main menus to externally prepared dishes. This meant that the management team had information about the nutritional value of each dish provided. The registered manager said, "It has had a positive effect on people with less people losing weight."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff referred people to health care professionals for advice and treatment to promote their wellbeing. These included healthcare professionals such as GP's and district nurses. A person said, "Staff get the GP out to you if needed and you can see a chiroprapist."

- Staff had guidance and information within people's care records to prompt staff when they needed to make these specific referrals.

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

- The provider had made adaptations to the service to ensure people were able to move around safely. A hand rail was in place along the side of each corridor and equipment was in place in bedrooms, toilets and bathrooms to allow people to safely use these areas independently.
- Dementia signage, memory boxes and different coloured bedroom doors helped orientate people around the service. People had access to indoor and outdoor spaces where they could choose to be on their own, sit with other people or join in activities.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people had been assessed to lack the mental capacity to make decisions applications had been made to the local authority supervisory body to put legal restrictions in place. A staff member confirmed, "Always assume somebody has capacity in the first instance then give practical help to help someone make a decision. Don't assume somebody lacks capacity because they have made a bad decision, we make bad decisions throughout our lives. If [a person] hasn't got capacity, you may have to make a best interest decision for them. If you make a best interest decision make it in the least restrictive way you can."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were seen to be kind and compassionate towards the people they supported during the inspection. People gave positive feedback on the assistance and help given by staff. One person said, "The staff here can't do enough for you they are really helpful...Staff speak nicely, and you can have a joke with them and I like that."
- Staff communicated with people in a way the person understood best. This included staff speaking to people at their eye level, face on and speaking clearly. Trained staff understood the importance of treating people equally and without discrimination.
- Trained staff used music and sing-alongs to help alleviate people's anxiety when supporting them with personal care or when the person was becoming distressed. Song sheets gave information to staff on what songs individual people enjoyed and the words for staff to sing. This mentoring programme for staff had been developed through a monetary gift from a family of a person who had lived at the service. The registered manager said that a staff member in their supervision had described the positive impact it had when used to support a person who could be anxious.

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

- Staff communicated to people and involved them where possible in decisions about their care and support needs. A person said, "When I first lived here they made it their business to get to know me and my likes and dislikes."
- People and their relatives could attend meetings within the service where they were updated on any changes and were able to express their opinions. One person told us, "Residents meetings happen."

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy and dignity by knocking on people's doors before entering. Staff showed respect by not discussing people's support and care needs in front of other people. A person told us they were asked if they had a staff gender preference when being supported with their personal care. They said, "I get support re personal care from both male and female carers and I don't mind either way. They shower me and make sure that my dignity is protected."
- Staff supported people to remain as independent as possible. One person confirmed, "I'm quite independent and I like to do things for myself."
- Staff supported people to maintain relationships with relatives and friends. Staff welcomed people's visitors to the service.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records were personalised and gave staff guidance on people's likes and dislikes and how to respond to people's care and support needs effectively.
- Staff knew the people they were supporting well. One staff member told us about learning individual techniques to engage people when they were distressed. They said, "A person started to talk about [named interests] so staff learned to engage this person with their interests. This has meant they are less distressed when being supported with personal care."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider information return confirmed information for people and their relatives would be available in several different font sizes and languages if needed. A group called the customer committee assessed the services newsletters and corporate information. This was so that it was both an easy read and informative for people. We saw signage around the service in word and picture formats to help orientate people living with Dementia.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities took place within the service during the inspection for people to take part in should they choose to do so. People told us they would like more trips outside of the service. The management team told us they were looking at making this improvement.
- Staff encouraged people to continue their interests. For example, a person who had always had a dog, had regular visits from The PAT Dogs organisation and friends were encouraged to visit with their pet dog.
- Religious services took place in the service for people to attend should they wish to do so.

Improving care quality in response to complaints or concerns

- People knew how to raise a concern or suggestion should they need to. A person gave an example of when they raised a concern. They said, "I raised this as a concern and I got an apology." Where people and, or their relatives had made a complaint we saw that these had been investigated and resolved where possible to the complainant's satisfaction.
- Compliments had been received by the service praising staff for the care and support given.

End of life care and support

- During the inspection nobody was on end of life care. The management team was asking people and their families to document their end of life wishes. Staff would use this information to provide people with a dignified death in line with their individual wishes.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People spoke positively about the registered manager and the service staff provided. One person said, "I feel the registered manager is very approachable. Staff go out of their way to try to help you, I am reasonably happy living here, but I would rather be at home. But staff do everything they can to make me happy."
- The management team encouraged staff to act when an improvement was identified. The registered manager told us of a recent staff meeting where they had talked to staff about the importance of documenting detailed information into the new computer system. This would then reduce the risk of only part information being documented.
- The provider and registered manager encouraged staff to develop their skills and knowledge and progress through their careers should they wish to. A staff member said, "They tell you how you are doing and any objectives you have, and you can discuss any problems."

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 and registered manager had fulfilled their legal obligations by notifying the CQC of important events. Notifications of these incidents showed that people and their relatives were informed in line with the duty of candour.
- The provider and registered manager had displayed their inspection rating clearly in the entrance to the service for people and their visitors to refer to.

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

- The provider had invested in the service and implemented a computer system for electronic records including, people's care records, accidents and incidents and governance audits and monitoring records. The registered manager explained how useful this system had been as you could pull analysis to look at key patterns and trends. This had been used to help a review of a person's care needs and funding. It highlighted that the person would be better placed at another service that could provide nursing care.
- Staff told us that they attended regular team meetings where information about the service was shared quickly with them. Staff also had handheld devices whilst on shift which updated them and contained important information they needed to know.
- Staff undertook audits to monitor the quality of the service provided. Representatives from the providers management team and an external company also completed monitoring visits as part of the providers

governance systems. Any improvements found were either completed or on-going.

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

- The provider and management of the service were working hard to establish links within the local community. Examples included harvest festival collections for a local homeless charity, and coffee mornings for people, their friends and family and people in the local community.
- Relatives and people were invited to attend meetings should they wish. These meetings kept attendees up to date with the service, any changes and were also a place to discuss any suggestions people may have had.

Working in partnership with others

- The management team worked in partnership with external organisations such as the local authority, GP's, district nurses and chiropodists. This helped make sure people received joined up care and support.