

Alexandra Court Care Home Care Home Service

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Carntyne
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Telephone: 0141770 9955

Type of inspection:

Unannounced

Completed on:

19 July 2018

Service provided by:

Barchester Healthcare Ltd

Service provider number:

SP2003002454

Service no:

CS2007142851

About the service

Alexandra Court Care Home is registered to provide a care service to a maximum of 60 older people of whom up to 27 may be adults with sensory and physical impairment. Within these numbers there can be a maximum of 2 people for respite at any one time.

The service has been operating since 2002 and registered with the Care Inspectorate since the Care Inspectorate was formed in 2011.

The service operates from a purpose-built two storey building. The ground floor is made up of one unit for younger adults. The upper floor of the home operates also operates as one large unit, where support is provided to older people.

The home is situated off a main road in the Baillieston area of Glasgow and is nearby to shops, transport links and other public amenities. Some parking is available within the grounds of the home. Accommodation includes single bedrooms (10 with ensuite toilet facilities and others are without ensuite facilities), communal lounges / dining rooms and a games room. There is a garden with seating areas located at the rear of the property. A smoking room is located on the ground floor of the home.

At the time of this inspection support was being provided to 29 older people and 26 younger adults.

The provider agreed that the aims and objectives of the home needed to be reviewed to take account of the different needs of people who could be admitted to the service.

What people told us

Most of the feedback that we received was positive about the quality of care, and specific comment was made about the "good and caring" staff. People told us that it was "unsettling" that a number of staff, including the management team had left the service recently.

We did receive feedback from a small number of people who reflected that some of their experiences of care had not been good. One person and their relative had already raised there concerns with the new management team.

Self assessment

Although the service was not required to submit a self-assessment for this inspection, we discussed the merits on continuing to work on gathering evidence to support and explain grades and continuous improvement.

From this inspection we graded this service as:

Quality of care and support	2 - Weak
Quality of environment	3 - Adequate
Quality of staffing	3 - Adequate
Quality of management and leadership	2 - Weak

Quality of care and support

Findings from the inspection

Most of the feedback that we received from people and relatives in relation to the quality of care was positive. However, we did hear from some people about their experiences that did not reflect good care.

People should be sure that their health needs are well supported. Some people had been assessed by a health specialist as requiring a special diet to meet their nutritional needs and to keep them safe from choking. We were very concerned to observe a person being given the wrong diet, and this was also observed by a visiting health professional for another person. Fortunately, because of these observations it prevented people being given food that had the potential to result in harm for a person. The lack of staff attention to this highlights a significant risk area in relation to how kitchen and care staff safely and competently manage nutritional care for people. (See Requirement 1).

People thought that the quality of food was good, and people could choose to eat their meals in their room or the dining-room. The lunch-time meal that we observed showed the need to improve the overall dining experience for people and to ensure that meal/snack times were not too close together. (See Recommendation 1).

Whilst speaking with a supported person he needed the bathroom, and had to use the electronic call system to summon staff assistance. We had to intervene and seek out staff to respond, as the person had waited for an unacceptable time. However, we were further concerned to find that the supported person was then asked if he could wait for a bit longer for staff to help him. (See Requirement 2).

Personal plans are right for people if they set out how a person's needs will be met, as well as their wishes and choices. When we looked at nutritional care plans for people, some information about a person's food and fluid intake was not accurate. As a result of this, any potential risk was not identified to allow responsive action to keep people as safe and well as they could be. Care plans relating to falls management, skin management and medicines, including the use of 'as required medication' also lacked significant information and need attention. (See Requirement 3).

Risk assessments were not always in place as we expected, and when available they were not completed to a good standard. A number of incidents had taken place that involved younger people who lived on the ground floor assaulting one another. When we looked at behaviour support plans, these were very limited in relation to how staff would proactively manage situations in order to protect people from harm and promote positive behaviours. For some older people living upstairs in the home who had dementia, we could not always see how their stress and distress was managed. (Requirement 3).

How people spend their day is important in maintaining people's wellbeing. A number of people expressed a wish to have more to do, and told us that staff were keen and willing to go on outings with them. However, this was usually not possible because there was not enough staff to make this happen. We found that television was one of the main entertainment sources that staff offered to people, and that this was not enough or always appropriate for the younger and older people living in the home. Care plans for meaningful activity need to develop to show how individual outcomes are being met. (See Requirement 2).

Requirements

Number of requirements: 3

1. The provider must make sure that care and kitchen staff are providing the right meals to people who require special diets. In order to achieve this:

(a) each shift leader check that all care staff are prepared in advance of supporting people with the right information about what special diet a person requires to receive for the duration of the shift they are on

(b) each shift leader must delegate a responsible person to manage the distribution of special diets from the kitchen directly through to where people are having their meal

(c) the management team must implement and monitor for effectiveness, a daily system to check that information about special diets held by the kitchen and shift leader is correct

Timescale: by 1 October 2018.

This ensures that people experience high quality care and support that is consistent with the Health and Social Care Standards, which state 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices (HSCS 1.15). It is also necessary to comply with Regulation 5 (1) (2) (iii) Personal Plans of the Social Care and Social Work Improvement Scotland Regulations 2011.

2. The provider must make sure that when people use the electronic call system to summon staff for assistance, this must be dealt with promptly and without any unnecessary delay. In order to achieve this:

(a) each shift leader must delegate responsibilities and make clear expected responses of staff when people use the electronic call to summon staff for assistance

(b) the management team must implement a system for checking that staff responses to the electronic call system are effective and meeting expected standards that demonstrate high quality care.

Timescale: by 1 October 2018.

This ensures that people experience high quality care and support that is consistent with the Health and Social Care Standards, which state 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices (HSCS 1.15). It is also necessary to comply with Regulation 5 (1) (2) (iii) Personal Plans of the Social Care and Social Work Improvement Scotland Regulations 2011.

3. The provider must improve the information in personal plans to show that people are being supported to have good and safe outcomes in relation to physical and mental health. Priority must be given to care plans for the management of falls, nutrition, skin, medicines (including 'as required' protocols), positive behaviour support plans and meaningful activity. In order to achieve this:

(a) the quality of personal plans must be monitored as part of supervision sessions and quality audit processes to show that information is up to date and reflects best practice

(b) outcomes must be written in a way to show that support is specific to the person

(c) evaluations of care plans and risk assessments must show that action is taken when needed and that this leads to improved outcomes and experiences for people

(d) when a person is not able to engage in their care, this must be promoted and made evident within personal plans.

This ensures that people experience high quality care and support that is consistent with the Health and Social Care Standards, which state 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices (HSCS 1.15). It is also necessary to comply with Regulation 5 (1) (2) (iii) Personal Plans of the Social Care and Social Work Improvement Scotland Regulations 2011.

Timescale: by 30 November 2018.

Recommendations

Number of recommendations: 1

1. In order to ensure that people are supported by staff to have a positive dining experience, the management team should develop an improvement plan to make this happen. This should include reviewing the times of meals and snacks so that they are not too close together, which could result in some people not wishing to eat if not enough time has passed since they last ate.

This ensures care and support is consistent with the Health and Social Care Standards, which state that 'My care and support meets my needs and is right for me (HSCS 1.19) and 'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible' (HSCS 1.35).

Grade: 2 - weak

Quality of environment

Findings from the inspection

We found that staff were welcoming and helpful to visitors, and relatives told us about being put at ease when visiting.

For people who experience care and support in a group, the experience should be within a homely environment with use of a comfortable area with soft furnishings to relax. We saw a number of bedrooms that were very personalised, and people told us that they were happy with their private space.

We found that the lounges upstairs had more of a homely feel, than the downstairs lounge areas. The overall décor throughout the home needed to improve and some bedroom doors had numbers of them, instead of the name of the person whose room it was. Furniture in some bedrooms looked tired, and we noticed that there was not enough wardrobe space for a person, which had resulted in some of his clothes being hung on a nail pinned to the wall. (See Recommendation 1).

During our time in the home we found that noise levels on both floors could be excessive, caused by loud

televisions and radios. This does not provide a peaceful living environment, and can be distressing for some people who have dementia or other cognitive impairments. The downstairs area of the home, which provided support to up to twenty-seven younger adults was very busy and felt chaotic at times. This was not helped by having access to the upstairs floor located in the downstairs unit. In order to reach the garden, people had to go through the conservatory which was also located within the downstairs unit. This meant that the conservatory was being used as a thoroughfare, and not used for its intended purpose. (See Recommendation 2).

We found that the number of younger adults living together with such mixed and complex needs was causing challenges to the overall communal group living. The layout of the setting did not help, as it did not promote smaller group living of people who had similar needs. (See Recommendation 2).

We noticed that bathrooms were used to store equipment, which is not homely and highlights issues about storage. The need to remove items stored in bathrooms, adds unnecessary time to staff when supporting people to bathe. This was shared with the management team to take forward.

Only ten bedrooms in the home had ensuite toilet facilities, which meant that none of the bedrooms had ensuite facilities for a shower. This is now an expected standard for people living in a care home. The provider needs to consider how improvement can be made in this area.

We found that the home was generally clean, and that repairs were carried out with equipment was being checked as needed.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. In order to improve the decor and promote a homely feel, a plan should be made available to show how and when this will be done. This plan should also include a programme for replacing furniture, and the management team should as a priority, identify people who need more furniture to store their clothes/belongings.

This ensures that people have a high quality environment which is consistent with the Health and Social Care Standards, which state 'If I experience care and support in a group, I experience a homely environment and can use a comfortable area with soft furnishings to relax (HSCS 5.7) and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment (HSCS 5.22).

2. In order to provide a setting that supports people to feel relaxed and promotes positive group living, the management team need to look at how this can be improved for people living in the home. This should include consideration of demarcation to the downstairs unit so that this is not used as a thoroughfare to upstairs and the garden area. As a result this will mean that people living downstairs will have more privacy and less disruption to their living space.

This ensures that people have a high quality environment which is consistent with the Health and Social Care Standards, which state 'If I experience care and support in a group, the overall size and composition of that group is right for me (HSCS 1.8) and 'My environment is relaxed, welcoming, peaceful...' (HSCS 5.18).

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

Feedback from relatives and people living in the home was very positive about the quality of staff. During our visits, we noticed that staff were working hard to support people. Although we received comment from some people about experiences of care that could be better, people wanted to make clear that they thought that this was more about staffing levels and management overview of staff on each shift.

People should experience stability in their care and support from staff who know their needs, choices and wishes. Since the last inspection there had been significant staff turnover of both care and nursing staff, and we noted above average levels of sickness. The overall staffing situation was attributed to impacting on outcomes for people in relation to staff continuity.

At the time of our visit vacancies for carers had stabilised and the service had four vacancies for nurses, of which two were due to be filled within the coming weeks. The provider advised us that the same agency staff were being used to ensure as much consistency as possible for people, and that nurse vacancies was an active area of recruitment.

We highlighted that the current staffing schedule that details minimum staffing levels, had not been reviewed since 2009 which presents as an unusually long time given the different and changing needs of people living in the home. In response to our own findings and feedback that we received from people about staffing levels, we have asked the provider to review the current staffing arrangements to show that people's needs are being met.

People should experience high quality care and support based on relevant evidence, guidance and best practice. Staff had received training and education opportunities, and the new management team had identified priority areas for staff development. Based on the issues resulting from notifications reported to us and referral to social work under support and protection, the service would benefit from specialist input and more resources to support the mental health and psychological needs of some people. This would also support the development of positive behaviour support plans to inform and guide staff practice. (See Recommendation 1).

It is important that staff have their practice and interactions with people observed, and that this process of managing staff performance allows staff to reflect on their practice. (See Recommendation 2).

During our visit, we saw that a NHS dietician was visiting the home to provide support to staff in relation to the management of nutrition and an on-going education programme. Given the issues that we have identified around nutrition, this provides confidence to us regards the service's capacity to improve in this area.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. In order that the staff team have the knowledge and skills needed to support people with mental health needs and promote positive behaviours, the provider should seek specialist input and allocate any other resources may be needed to progress this.

This ensures that people have confidence in the staff that support and care for them which is consistent with the Health and Social Care Standards, which state 'I am assessed by a qualified person, who involves other people and professionals as required (HSCS 1.13) and 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes (HSCS 3.14) and 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm (HSCS 3.21).

2. In order to demonstrate the quality of staff interactions and support to people, the management team should carry out observations of staff practice. The findings of this should be recorded, and include when further knowledge and education is needed to improve staff practice.

This ensures that people have confidence in the staff that support and care for them which is consistent with the Health and Social Care Standards, which state 'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention' (HSCS 3.1) and 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes (HSCS 3.14).

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

People should benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. Since the last inspection the service had been through a difficult and unstable time regards changes to staffing and management which had impacted on aspects of service performance. A key area of concern for us is that there had been three manager changes to the home in six months. At the time of this inspection the local management team had been in post for less than a month, and the external manager for three months. Staff were optimistic about the new management team and specific comment was made about their visibility on the floor. It was good to hear from relatives that they knew who the deputy manager and manager were, and that they were also aware of who the external manager was.

Whilst we fully acknowledge people's positive comment about the new management team, some of our findings throughout this report have highlighted significant areas for improvement that require to be addressed in order to demonstrate robust governance and effective follow-through by both local and external management of the service to ensure better and safer outcomes for people. Whilst we could see that quality assurance processes were in place, we could not see effective analysis from this to get to the root cause of issues, which would then lead to improvement and bring about proactive change. A key theme from our visits was the need to improve the leadership and management of each shift. (See Requirement 1).

Earlier in this report we have referred to the mix of younger people living in the home, and the challenges that this is causing for the service. We discussed the need for the provider to look at the overall model of care and expectations of stakeholders who are involved in the home. It was agreed that the provider would make contact with social work colleagues who commission the service, when looking at the model of care and aims and objectives for the home.

We noted the provider's positive response to acknowledge third party concerns and commitment to engage with key partners in the spirit of collaborative working for improvement. This influences our view of the provider's capacity for improvement.

Requirements

Number of requirements: 1

1. The provider must ensure that quality assurance for the service is responsive and is carried out effectively to show good governance that contributes to high quality care. In order to achieve this:

(a) routine and regular management monitoring of the quality of care and support, environment, staffing and management and leadership must be put in place

(b) quality monitoring and audits relating to personal plans, accidents and incidents, and effective shift leadership must show analysis and that follow-up leads to any necessary action to achieve improvements or change without unnecessary delay

(c) a service improvement plan must be made available to key people to show actions being taken by the provider in response to quality audits and what people living in the home, relatives, staff and external stakeholders are identifying as areas for improvement.

This ensures care and support is consistent with the Health and Social Care Standards, which state that 'I use a

service that is well led and managed' (HSCS 4.23). It is also necessary to comply with Regulation 4 (1) (a) Regulation 4 Welfare of users of the Social Care and Social Work Improvement Scotland Regulations 2011.

Timescale: by 30 November 2018.

Recommendations

Number of recommendations: 0

Grade: 2 - weak

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

There are no outstanding requirements.

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

There are no outstanding recommendations.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings
30 Jan 2018	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership Not assessed
23 Aug 2016	Unannounced	Care and support 4 - Good Environment Not assessed Staffing Not assessed Management and leadership 4 - Good
10 Feb 2016	Unannounced	Care and support Not assessed Environment Not assessed Staffing Not assessed Management and leadership Not assessed
9 Jul 2015	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
20 Feb 2015	Unannounced	Care and support 4 - Good Environment 5 - Very good Staffing 4 - Good Management and leadership 5 - Very good
1 Oct 2014	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
17 Mar 2014	Unannounced	Care and support Not assessed Environment 4 - Good Staffing Not assessed Management and leadership 5 - Very good
7 Jun 2013	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 5 - Very good

Date	Type	Gradings	
		Management and leadership	Not assessed
14 Feb 2013	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	4 - Good
27 Aug 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
13 Sep 2011	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	3 - Adequate
13 Apr 2011	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
21 Dec 2010	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
3 Sep 2010	Announced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
22 Mar 2010	Unannounced	Care and support	2 - Weak
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
9 Apr 2009	Announced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	2 - Weak

Date	Type	Gradings	
		Management and leadership	4 - Good
13 Nov 2008	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
23 Jul 2008	Announced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

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