

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Alexandra Court Residential Home

333 Spen Lane, West Park, Leeds, LS16 5BB

Tel: 01132743661

Date of Inspection: 09 May 2014

Date of Publication: June 2014

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Alexandra Court Residential Home Limited
Registered Manager	Mrs Jacinta Jackson
Overview of the service	Alexandra Court Residential Home offers residential care and accommodation for a maximum of 24 people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 May 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information sent to us by commissioners of services.

Speaking to health professionals

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### What people told us and what we found

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At our inspection we gathered evidence to help us answer our five questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. The summary is based on observing care, speaking with people who used the service and their relatives, the staff supporting them and from looking at records.

The detailed evidence supporting our summary can be read in our full report.

Is the service safe?

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff had received safeguarding training and could identify types of abuse and knew what to do if they needed to report any incidents. Staff said they were confident that people who used the service were protected from abuse. They said any untoward practices would not be tolerated and would be dealt with promptly.

Care records contained good information about how people's needs should be met and identified how care and support should be delivered. Daily communication records showed that people received appropriate care to meet their identified needs.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. People's human rights were recognised, respected and promoted.

Is the service effective?

The provider supported staff to deliver care to an appropriate standard. Training records showed that appropriate training was being delivered. We looked at a training plan which showed individual training needs were taken into consideration when training was planned. Staff we spoke with told us everyone worked well together and they felt well supported.

Is the service caring?

We spoke with seven people who used the service. Everyone said they were happy with the care and support they received. One person said, "I'm being more than well looked after." Another person said, "Everyone is very kind to me and I'm very happy here."

We spoke with one relative who told us they were very happy with the service. They said, "People here are really well looked after. It's a very good home."

We spent time observing care being provided to people. During these observations we noted staff made efforts to offer people choice. At breakfast and lunch people were asked what they would like to eat and drink, and if they would like additional portions. Staff noticed when people needed assistance and provided appropriate support. Staff were friendly, polite and treated people in a respectful way.

Is the service responsive?

We spoke with three visiting healthcare professionals who told us people's healthcare needs were met and the home provided very good care. One person said, "People are definitely well looked after. I visit lots of homes and this is the best. People are doing activities and encouraged to join in. We get a good response when we ask them to do things and we know it will be done. When I visit I know people here are happy." Another person said, "It's the nicest place I've ever been to and it feels like it's their home. People look smart. The staff are very good and it feels like they work as a team."

People expressed their views and were involved in making decisions about their care. We spoke with seven people who used the service and they told us they could make decisions about their care and support. They said they chose when to get up, when to go to bed, where to sit and what to wear. One person said, "My favourite meal of the day is breakfast so I look forward to getting up. It's up to me but I usually get up around 7 o'clock. The staff asked me if I would like a bath this morning. I said I'd like one this afternoon so that's what's happening." Another person said, "I wake up on a morning and get up when I'm ready. The staff are so cheerful and will do anything; nothing is too much trouble." Another person said, "This is my home."

Is the service well led?

The provider had an effective system to regularly assess and monitor the quality of the service that people received. We looked at a selection of reports which showed the provider had assessed and monitored the quality of service provision.

We spoke with six staff who told us the management team spent time working alongside staff, so understood what happened at the home. One member of staff said, "Not only am I supported well at work the manager is really understanding with things that happen outside of work." Another member of staff said, "We get fantastic support. They go above and beyond. It's teamwork that makes us so successful."

You can see our judgements on the front page of this report.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People expressed their views and were involved in making decisions about their care. We reviewed this outcome because we received information that suggested staff were getting people up very early on a morning. We found this was not the case and people were assisted to get up when they were ready. We arrived at 6.15am and everyone was still in bed. We spoke to the two night staff who were on duty and they told us they only ever supported people once they were awake and ready to get up. Care records had good information about people's sleep patterns and showed most people got up after day staff started work at 8.00am.

We spoke with seven people who used the service and they told us they could make decisions about their care and support. They said they chose when to get up, when to go to bed, where to sit and what to wear. One person said, "My favourite meal of the day is breakfast so I look forward to getting up. It's up to me but I usually get up around 7 o'clock. The staff asked me if I would like a bath this morning. I said I'd like one this afternoon so that's what's happening." Another person said, "I wake up on a morning and get up when I'm ready. The staff are so cheerful and will do anything; nothing is too much trouble." Another person said, "This is my home."

We spoke with one relative who told us good systems were in place to make sure the relevant people were involved in making decisions about care and support. They said, "We are kept up to date and can always talk things through."

People's diversity, values and human rights were respected. We spoke with six members of staff and the registered manager. They told us people's rights and choices were promoted. Everyone said people chose when to get up on a morning and when to go to bed. One member of staff said, "The lovely thing about this home is that it really is a home. We make sure people can do as much as they could when they lived in their own home." Staff talked to us about meeting people's individual needs and gave examples of how they did this. Staff understood how to respect people's cultural, social values and beliefs.

We spent time observing care being provided and noted staff made efforts to offer people choice. At breakfast and lunch people were asked what they would like to eat and drink, and if they would like additional portions. Staff noticed when people needed assistance and provided appropriate support. Staff were friendly, polite and treated people in a respectful way.

We looked at three people's care records. These contained good information and showed, in the main, why and how decisions were made. They showed when it was appropriate family members and other professionals had been involved in the decision making process. However, the provider should note one person did not agree with two recent decisions which had been made to manage risk. It was not clear from the care records how the decisions were made or if other options were considered. This could result in people's right to take informed risks being overlooked. The registered manager said they would look at the care and support options and ensure the person's right to make or influence decisions was taken into account.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We spoke with seven people who used the service. Everyone said they were happy with the care and support they received. One person said, "I'm being more than well looked after." Another person said, "Everyone is very kind to me and I'm very happy here."

We spoke with one relative who told us they were very happy with the service. They said, "People here are really well looked after. It's a very good home."

We spoke with three visiting healthcare professionals who told us people's healthcare needs were met and the home provided very good care. One person said, "People are definitely well looked after. I visit lots of homes and this is the best. People are doing activities and encouraged to join in. We get a good response when we ask them to do things and we know it will be done. When I visit I know people here are happy." Another person said, "It's the nicest place I've ever been to and it feels like it's their home. People look smart. The staff are very good and it feels like they work as a team."

We spoke with six members of staff and the registered manager. They told us people received good care and support. They said people received support which was planned to make sure it met their individual circumstances, and effective systems were in place to make sure other professionals were involved when appropriate. They said every person had a care plan which identified how care should be delivered. One member of staff said, "Everything here is about the care and making sure we look after people how they want to be looked after. People's happiness is very important." Another member of staff said, "It really is a nice home. Staff go out of their way to make sure people are comfortable and things are done well. I'm proud to work here."

We observed staff supporting people who used the service and saw good standards of care being provided. Staff knew the people they were supporting very well. People who used the service seemed comfortable with the members of staff who were supporting them.

People's needs were assessed and care and support was delivered in line with their care plan. The service used a computerised record keeping system. We looked at three people's care records and found they contained information about how people's needs

should be met and they identified how care and support should be delivered. Daily communication records showed that people received appropriate care to meet their identified needs.

Care and support was planned and delivered in a way that ensured people's safety and welfare. Care files contained evidence to show risks had been identified and how these should be managed. For example, people's nutrition, risk of developing pressure ulcers and mobility had been assessed.

The provider should note although people experienced care and support that met their needs and protected their rights, we noted some gaps in the care planning process. Care plan evaluation records detailed how people's care needs had changed but care plans had not been updated. This meant people's care plans did not always identify current needs which could result in people's care needs being overlooked.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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We spoke with six members of staff and the registered manager about their understanding of safeguarding vulnerable adults. Staff said they were confident that people who used the service were protected from abuse. They said any untoward practices would not be tolerated and would be dealt with promptly. Staff said they would report any concerns or allegations of abuse to the manager and were confident that any issues would be dealt with appropriately. The manager was familiar with safeguarding procedures and how to report any safeguarding concerns to the local safeguarding team.

The service had policies and procedures for safeguarding vulnerable adults. These contained information about responding appropriately when it is suspected that abuse had occurred or was at risk of occurring. Contact details were available for reporting any safeguarding concerns.

We reviewed the information we held about the service before our visit. Records showed the provider had responded appropriately to abuse or allegations of abuse. The registered manager told us, at the time of our inspection there were no safeguarding cases being investigated by the local authority safeguarding team.

People's human rights were respected and promoted. Staff we spoke with said they had received safeguarding training. They could identify types of abuse and knew what to do if they needed to report any incidents. Staff also told us people who used the service were not subject to significant restrictions on their liberty. Records showed that all staff had received safeguarding and Mental Capacity Act training.

The provider should note some of the staff we spoke with were unclear about the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards. Care workers told us the management team were the people who decided whether or not a person had capacity to make particular decisions. It is important all staff fully understand when a Deprivation of Liberty Safeguards application is needed. This will ensure people's rights are always recognised.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## Our judgement

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care safely and to an appropriate standard.

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## Reasons for our judgement

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The provider supported staff to deliver care to an appropriate standard. We reviewed this outcome because we received information that suggested staff were not appropriately trained and supported. We found this was not the case and staff received good support from the management team and appropriate training.

Staff we spoke with told us everyone worked well together and they felt well supported. Staff told us they discussed their own performance and their development with their supervisor. They said the management team spent time working alongside staff, so understood what happened at the home. One member of staff said, "Not only am I supported well at work the manager is really understanding with things that happen outside of work." Another member of staff said, "We get fantastic support. They go above and beyond. It's teamwork that makes us so successful."

Staff we spoke with said they had received enough training to equip them with the right skills to do their job well. We spoke with two staff who had started working at the home in the last 12 months. Both said the induction programme was comprehensive and helped them understand how to provide safe quality care to people at Alexandra Court Residential Home.

Training records showed that appropriate training was being delivered. We looked at a training plan which showed individual training needs were taken into consideration when training was planned. We looked at the supervision matrix which showed staff had received regular one to one support with their supervisor in the last 12 months.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of the service that people received.

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### Reasons for our judgement

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People who used the service, their representatives and staff were asked for their views about their care and support. The provider and management team had systems to ensure people's views were acted upon. During our inspection we spoke with 18 people, which included people who used the service, a relative, visiting healthcare professionals and staff. Everyone said the home provided good and safe care. No concerns were raised with us during our inspection.

Staff we spoke with said there were effective systems in place to monitor quality and safety. They said regular checks were carried out to make sure everything was in place. They said any issues were always reported to the management team who dealt with things promptly.

The registered manager discussed various monitoring systems they had in place which included reviewing individual care provision and liaising with other professionals. The management team observed care, talked to people who used the service, relatives and staff, and reviewed records. We looked at a selection of records which showed the provider had assessed and monitored the quality of service provision.

At our last inspection in October 2013 we reviewed the provider's quality assurance feedback from people who used the service, relatives and visitors. This showed there was a high level of satisfaction. The registered manager said they had not been carried out another survey but one was due and would be conducted shortly. The registered manager told us there were no open complaints at the time of our inspection.

The provider identified, monitored and managed risks to people who used or worked in the service. We looked at a number of assessments and audits which showed regular checks were carried out to help make sure people were safe. This included fire tests and medication audits. We also looked at a number of service records which showed external agencies carried out checks when appropriate.

A number of recommendations were made at a health and safety inspection which was

carried out in December 2013. The provider had produced an action plan which showed when and how the recommendations would be addressed. The provider should note that during a passenger lift inspection some recommendations were made but it was not clear what action was being taken to address these. This could result in risks not being appropriately managed.

Prior to our inspection we asked a local funding authority for feedback about their experience and involvement with Alexandra Court Residential Home. They told us the standards at the home were very high. They did not have any concerns about the service provided.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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