



Alexandra House, 17th July 2018

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Part of Healthwatch Solihull's remit is to carry out Enter and View visits. Healthwatch Solihull Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Solihull Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Solihull's safeguarding policy, the service Manager will be informed, and the visit will end. The Local Authority Safeguarding team will also be informed.

1. Provider Details:

Service Address: Alexandra House, Hillborourgh Road, Olton, B27 6PF

Registered Manager: Susan Taylor

Service Type: Alexandra House is a residential care home, located in South Solihull, which provides

care for older people some of whom are living with dementia.

Governance and Management: Alexandra House is governed and managed by the 'Sir Josiah

Mason Trust', a registered, not for profit Charity.

Resident Capacity: 36

Number of residents at date of Enter and View: 33

Date of Visit: 17th July 2018

Authorised Representatives:

Nicola Standen Natalie Travers

Acknowledgements

Healthwatch Solihull would like to thank the staff and residents for their co-operation during the visit.

Disclaimer

Please note that this report relates to findings observed during our visit made on Wednesday 17th July 2018. The report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.

Who we share the report with

This report and its findings will be shared with Alexandra House, the Care Quality Commission (CQC), Solihull MBC, Birmingham and Solihull Clinical Commissioning Group (CGG) and Healthwatch England. The report will also be published on the Healthwatch Solihull website (www.healthwatchsolihull.org.uk).

What is the purpose of our visit

Healthwatch Solihull visited Alexandra House on 17 July 2018 between 10:30am and 2:30pm following a desktop review of Care Quality Commission (CQC) reports of Residential Care Homes in the Solihull Borough.

An inspection carried out in October 2016 rated Alexandra House as 'Requires Improvement' in the areas of safety, being responsive and being well-led and 'Good' for being effective and caring. Inspectors also found a breach of regulations in relation to governance and how the service was managed (Source: CQC report, November 2016). The service was subsequently re-inspected in August 2017. This Inspection was brought forward as the as the CQC had received concerns relating to the management of medicines, the updating of risk assessments and the amount of

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activities available to residents (Source: CQC report, October 2017). Whilst this inspection identified that improvements had been made since the previous inspection and that they were no longer in breach of regulations, Alexandra House again received an overall rating of 'Requires Improvement' with the areas of safety, being responsive and being well-led identified as 'Requires Improvement'.

It is anticipated that one year on from the latter inspection, the service will have taken steps to implement change in those areas identified as 'Requires Improvement'. This Enter and View visit provides an opportunity for the provider to tell us about any changes that have been implemented and an opportunity for us to observe first-hand the day to day operation of the Service.

What we did

On arrival we asked for the Registered Manager and discussed the purpose of our visit and how the visit would be conducted. During our visit Authorised Representatives talked at length with the Registered Manager, spoke with a resident and two staff members and observed practice within the service. The visit was unescorted and at no time during the visit did we enter resident's private rooms.

What is the purpose of this report

This report will detail a range of recommendations based on the findings of our Enter and View visit and it is anticipated that these recommendations will contribute to improving service delivery within the service and in turn service experience for residents living at Alexandra House.

2. Observations

Access to the building

Alexandra House is located on a shared site with other Josiah Mason services in south Solihull. The site itself is accessed by a barrier and intercom system and there is parking located around the site. It took us a little time to locate a car parking space and to locate Alexandra House among the other buildings on site and we observed that more signage directing visitors to Alexandra House would be useful.

Alexandra House is a one-storey building and is accessed through an intercom system located to the right of the main entrance. On our arrival we buzzed the intercom but we did not get a response. After retrying, we knocked on the front door and were greeted by a senior carer who asked us to sign the visitors' book and wait for the Registered Manager.

Observations of the internal building

The main entrance, located to the front of the building, leads into a small reception area. The reception area contains notice boards that include information for visitors, information on the meal options each day and activities, a board with staff photos, names and roles and a signing in and out book for visitors. A 'comments and suggestions' box is also located in this area. We observed a hygiene rating certificate of 5 in the reception area. CCTV is also present within the building.

To the right of the main entrance there is a seating/living room area for residents with a large TV screen in the room. The Manager's office and a 'carers' station' are also located in this area. To the right of the living area there is a corridor where some of the residents' bedrooms are located. A sluice room and a second living area (not currently in use) are also located off the corridor along with a bathroom. The kitchen and dining area are located to the left of the living room area and there are also dining tables in the Conservatory attached to the back of the living area. To the left of the main entrance, there is a further corridor with another recently redecorated living area known as the 'yellow room', a further bathroom and residents' bedrooms off the corridor and a further bathroom at the end of the corridor.

Whilst we were undertaking observations, we noted that access to the 'sluice room' was by way of a key code lock. However, we noted that the door was open and that the code to the lock had been written on the wall by the side of the lock. We informed the Manager of this at the time of our visit. We would recommend that in the interest of residents' safety, the 'sluice room' is kept locked at all times and that the code is changed and removed from the wall.

The building itself has somewhat of an 'institutionalised' feel to it and we noted that the main living area was not very 'homely'. We discussed the building and furnishings with the Registered Manager who told us that they are in the process of undertaking a refurbishment and redecorating some of the living areas to include patterned wallpaper and soft furnishings to provide a more homely feel to the building. We observed that the redecoration was a work in progress at the time of our visit and those rooms in which redecoration had started did have a more homely feel. Whilst we did not observe this directly, we were told by the Manager that residents had been involved in the choosing of colours and materials for the living areas.

All of the bedrooms in Alexandra House are single rooms and whilst none have en-suite facilities, each room does have a 'vanity' sink. All rooms have a call system and some residents depending on need, have 'sensor mats'.

We further observed that a number of the residents' bedroom doors were ajar both when residents were in their rooms and when the rooms were empty. We asked the Manager if there were any requirements for leaving residents' bedroom doors open and were told that residents could choose to leave doors open or closed. The Manager also informed us that a member of staff had been dismissed for theft and that one resident in light of this has chosen to have a lock fitted to their door.

All furniture appeared to be in good condition and the chairs were comfortable. We observed that both the communal and private areas were clean, tidy and clutter free with the exception of the Manager's office and one of the living room areas that were acting as storage areas as the Manager informed us Alexandra House had very recently undergone a 'deep clean'.

Observations of the external area

Alexandra House has an extensive courtyard and garden to the rear of the building with a large, fenced off fish pond located within it. There are both planted and grassed areas that are well-maintained. We did however, note that there was a broken garden ornament in the garden made of resin or ceramic and would recommend that broken ornaments are removed from the garden area in the interest of residents' safety. The garden also has seating areas and tables located around the garden. The weather on the day of our visit was changeable and we only observed two residents using the garden area at the time of our visit.

Observations during lunch time

As our visit took place from 10:30am until 2:30pm we had the opportunity to observe interaction between staff and residents during lunch time. In the interests of residents' privacy and dignity we sat a little away from the dining area in a position where we could still observe interaction but not be obtrusive whilst residents were having lunch. We noted that two lunch options are offered each day and we observed that two residents who did not want either option for lunch, were offered a sandwich instead. We noted that staff supported residents throughout lunch time and heard staff encouraging residents to eat.

However, we did on a couple of occasions observe staff leaning across residents when passing lunches to others sitting at the same table. We further observed one resident, who was a little upset as she reported the resident sitting next to her, who appeared to have needs relating to dementia, had 'put food on her plate'. A member of staff went over to the residents and we observed the staff member, whilst placating the resident who was upset, saying "we won't sit you by her again". We would recommend that in the interests of residents' dignity that should such a situation arise again that such issues should be dealt with confidentially and staff members do not 'talk about' other residents in front of them.

We were also informed that residents' intake of fluids has been monitored during the hot weather we are currently experiencing and that nutrition and food intake is monitored in instances where they may be concerns relating to a resident's weight.

Additional observations

After lunch, a number of residents were taken to see the Optician who was visiting Alexandra House. We observed staff taking residents to see the Optician in a private area and encouraging some of the residents who were at first reluctant to see the Optician.

Some staff wore 'uniforms' and some did not. We would suggest that a level of consistency is needed in relation to the wearing of uniforms or not as this may alleviate any confusion on the part of residents as to who are staff members and who may be relatives or other visitors.

3. Discussions with Registered Care Home Manager

As part of our preparation for the Enter and View visit to Alexandra House we undertook a desktop review of the latest CQC inspection reports. From this review we identified a number of areas that we wished to discuss further with the Care Home Manager. These included a discussion of progress/changes implemented with regard to the areas identified as 'Requires Improvement' - safety, responsiveness and leadership.

Safety

During their inspection in August 2017, the CQC identified issues relating to the administration and recording of medications. Whilst we did not directly observe the administration or recording of medications during our Enter and View visit, we asked the Manager what changes, if any, had been implemented since the inspection to address this issue and were informed that:

- Medication management training has been provided for all staff including management;
- Ensuring that staff are aware of residents' conditions and any needs arising;
- The checking of charts at the end of each shift between staff coming off shift and staff about to start the next shift;
- More thorough checking with the pharmacy and notifying the pharmacy as to any errors with medication;
- New staff are required to undertake competency checks which include the administration and recording of medications;
- Raising any issues and concerns with Pharmacists, District Nurses or the 'Support to Home' team.

In addition, the Manager told us that audits are undertaken on a monthly basis both in relation to medication and other areas such as cleaning, Deprivation of Liberty Standards (DOLS), care plans, compliments and complaints and accidents and falls.

Responsiveness

The responsiveness of the service was also identified as 'Requires Improvement' (Source: CQC report, October 2017). Issues identified included the updating of care plans and that there were limited activities taking place.

Care plans

The Manager told us that all residents have a care plan and that when a person moves into Alexandra House an initial assessment is undertaken to which family members and other Healthwatch Solihull, Enterprise Centre, 1 Hedingham Grove, Chelmunds Cross, Solihull, B37 7TP, Freephone 0800 470 1518,

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relevant people are invited and the care plan is written based on issues discussed in the meeting. Care plans are reviewed on a regular basis and family members are also invited along to reviews. The Manager told us that they have one day set aside the week following our visit for reviewing all care plans. Previously, the Manager told us, care plans were reviewed and evaluated on a regular basis and any changes were recorded on evaluation/update forms but this updated information did not always find its way into residents' care plans. The Manager told us that they now no longer complete care plan evaluation/review forms and that any updated information is recorded directly in residents' care plans. The Manager further told us that there are plans in place to use care plans to 'match' members of staff with residents based on their preferences and personalities.

Activities

Whilst during our visit we observed an activity board, the Manager told us that activities is an area where they would like to make some changes and will be working towards putting a strong activity plan in place that would comprise internal activities and bringing in external providers. In looking at what activities will be offered the Manager told us that they would look at residents' care plans and involve residents in developing the activity plan based on needs and preferences.

Leadership and Governance

Under the Health and Social Care Act (2008) there is a requirement for all care home Managers to register with the CQC as a 'Registered Manager'. This is important as the Registered Manager is the person who has legal responsibility for meeting the requirements in the Act and associated regulations. At the time of the CQC inspection in 2017, a new Manager had been appointed but was in the process of registering with the CQC. We asked the Manager whether her registration had now been completed and were informed that she is now a 'Registered Manager'. We were also informed by the Manager that whilst she was in the process of registration, both management and Governance support was provided through the wider 'Sir Josiah Mason Trust' Management structure.

4. Resident Experiences and Observations

During our visit, we did briefly talk with one resident who told us that they enjoyed living at Alexandra House but due to communication needs, was unable to provide any further details.

As discussed throughout this report, on the whole we observed staff treating residents with dignity and respect. Staff were polite and encouraging with residents and we observed staff offering residents choices. When being shown around the building by the Manager, we observed the Manager having conversations with residents and observed the Manager making a personal connection with the residents she spoke with.

We noted on Alexandra House's website that their mission statement is "We aim to provide a safe and stimulating environment which offers comfort, nurture, fulfillment, respect and dignity irrespective of back ground, creed or colour". In light of this mission statement, we asked the Manager how they ensure residents are kept safe and treated with dignity and respect. We were informed that all staff receive safe-guarding training and any incidents are recorded on incident forms and feed in to care plan reviews. The Manager further told us that she encourages staff to report incidents no matter how small and operates an open-door policy for both staff and family members. Staff meetings are held on a monthly basis and any

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issues or concerns can be raised at these meetings. In terms of meeting the health-related needs of residents, the Manager told us that each resident has their own GP and that should Care Staff need to contact the GP, families are informed of this.

The Manager told us that Alexandra House holds regular resident and relatives' meetings with the last meeting having taken place in June and is hoping to hold the next residents' meeting in August/September. In the meantime, the Manager has produced a newsletter keeping residents and relatives up to date with changes and information relating to the refurbishment. Resident and relative meetings are held outside of usual working hours to facilitate the attendance of relative who may be at work during the day.

We were further informed that Alexandra House has an open-door policy for visiting relatives and others and that whilst visitors are encouraged to come outside of mealtimes, if families do visit at that time they have the opportunity to sit down and eat with residents and that families are encouraged to stay for meals on occasions such as Christmas and Easter.

5. Staffing and Staff Experiences

During our visit we found staff to be friendly and welcoming and we were offered drinks and food during the time we are at Alexandra House.

We asked the Manager about staffing levels and were informed that in addition to catering staff (six including one Manager) and domestic staff (three including one agency staff) Care Staffing comprised:

- Five Care Staff on duty between 8am and 3pm;
- Four Care Staff on duty between 3pm and 10pm;
- Two night staff.

We were also told that there is always a 'Team Leader' on duty at any one time and that if there is a need, for example if a resident is poorly, extra staff will be brought in. We were told that it is usually family members who accompany residents to hospital, GP and other appointments but Care Staff will also accompany residents to such appointments if there is a need to do so.

The Manager informed us that on their appointment one of the biggest challenges they had encountered was around staffing and resistance to change from some staff members who had been working at Alexandra House for a number of years. Staff were offered the opportunity to adapt to such changes and a number of staff we were told, have chosen to leave the service. Staffing gaps at present are filled by agency staff who are 'block-booked' to ensure consistency and familiarity for residents. The use of agency staff is intended to be for a temporary period and Alexandra House is now in the process of appointing new Team Leaders.

We asked about training received by staff and were told that each staff member is provided with an annual training schedule which details dates and times of training sessions. Staff attendance at training is monitored through a 'matrix' which flags up training attendance.

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Training is provided through external training providers, for example, staff receive specialist dementia training from 'Fairway' and attend other external training sessions, for example, the Local Authority's safe-guarding sessions and training provided through the Care Managers' Forum. Staff are also required to complete a range of mandatory training including basic first aid, mental health training, health and safety, fire training, respect and dignity among others.

The Manager informed us that they undertake training along with staff as this enables them to have an overview of the training provided and an opportunity for them to spend time with staff outside of the formal work context and a means of getting to know staff better. The Manager also informed us that they are currently looking at other mediums of training to provide additional learning for staff including on-line training.

In addition, all staff receive an 'induction' on appointment and the Manager has introduced a mentoring scheme whereby each new member of staff are partnered with an existing member of Care Staff. New staff are subject to a twelve-week probationary period. The Manager informed us that with all the current changes and use of agency staff, supervisions have not been undertaken on a regular basis but once the newly appointed team leaders are in post, supervisions will be undertaken between team leaders and Care Staff on a bi-monthly basis. Staff will also be subject to an annual appraisal.

During our visit we spoke with two members of staff. Overall, staff told us that since the new Manager has been in post a number of changes have been implemented and that they feel the changes have been for the benefit of the residents in Alexandra House. We were told by the staff we spoke with that they have felt supported by management through these changes. Staff told us that a number of staff have recently left Alexandra House and that the Manager is currently recruiting new staff. They further concurred that staff have not been receiving regular supervisions and one staff member told us that they had only had one supervision since they had been in post. However, staff told us that they feel they are able to raise issues of concern and are aware of the process for raising concerns; in the first instance Care Staff speak with Team Leaders who may then speak with the Manager depending on the issue. Staff also told us that they would feel comfortable raising issues directly with the Manager who was considered to be 'very approachable'.

Staff confirmed that they have an annual training schedule that is posted out to their home address and that this enables staff to plan ahead. Staff also told us that they are supported with gaining qualifications relating to their roles. New staff are required to complete their 'Care Certificate' initially and then are able to progress to study at NVQ level. Both staff members we spoke with have recently completed their NVQ level 2 and one staff member is looking to progress to level 3.

In relation to staffing levels, the staff we spoke with confirmed the staff/resident ratios as outlined earlier and told us that they felt staffing levels were adequate for all shifts.

6. Recommendations and Follow-Up Actions

- That the work continues to providing a more personalised/homely feel and that residents and relatives are consulted about any changes;
- That the Sluice room door is kept locked at all times and the code to the key pad is removed from the wall;
- That broken ornaments are removed from the garden areas;
- That staff may benefit from training on how to 'defuse' challenging behaviours and training around dignity and respect;
- That regular supervisions are undertaken with all staff as discussed by the Manager in the report;
- That there is consistency in the wearing, or not, of staff uniforms;
- To try to reduce the use of agency staff to ensure that the ethos of the care home is fully operational;
- To speak to residents and carers of how often and by what means their care plans are communicated with them.

7. Provider feedback

The Trust welcomes the content of the report and the recognition of the ongoing work that the Trust has been carrying out to improve the home in both its living environment and quality of its care services. We accept in full the findings of the report and are working on an improvement plan which will include these recommendations and follow up actions that you have noted.

The Home environment

The items around sluice room and broken ornament have already been rectified and we are presently undertaking work to further improve the homely / personalised feel of the home for residents and visitors.

Staffing

Since your visit we have recruited additional team members at all grades and are now reducing our use of agency staff.

Additional staff training has been arranged positive behaviours support and we are investigating dignity and respect training for our new staff members.

We are reviewing the use of uniforms at present as part of the improvement plan to ensure consistency going forward.

Care planning

The care planning system is under review and we shall be discussing communications as part of our residents and relatives' meetings.

We thank the provider for their feedback and for their support during our visit and we look forward to working with the Care Home and Trust in the future.



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