

Sir Josiah Mason's Trust

Alexandra Court

Inspection report

Hillbrough Road
Acocks Green
Birmingham
West Midlands
B27 6PF

Tel: 01212451079
Website: www.sjmt.org.uk

Date of inspection visit:
18 February 2016
19 February 2016

Date of publication:
21 March 2016

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

Alexandra Court is an extra care facility which provides personal care to people in 'supported living' accommodation within purpose built flats. At the time of our visit 19 people were being supported with personal care. This was the first ratings inspection for the service.

We visited Alexandra Court on 18 & 19 February 2016. We told the provider before the visit we were coming so they could arrange for staff and people who were supported at Alexandra Court to be available to talk with us.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe using the service and care workers understood how to protect people from abuse. Risks to people were assessed, and care plans informed staff how to keep people safe. However some risk assessments did not provide staff with the detailed information needed to safely manage people's identified risks. We raised this with the registered manager who told us how they were going to ensure risk assessments were effective.

Background checks were carried out on care workers to ensure their suitability to work with people who used the service. There were enough suitably trained care workers to deliver care and support to people.

People had care workers they were familiar with, and who knew how to meet their needs in the ways they chose. People told us staff knew them and their routines well.

People told us care workers were kind and caring and had the right skills and experience to provide the care and support they required. They told us staff treated them with dignity and ensured their privacy and dignity was maintained.

People received their medicines safely and as prescribed from staff trained to administer them. The management team checked that staff remained competent to do this and any medicine concerns were used as an opportunity for learning.

The registered manager understood the principles of the Mental Capacity Act (MCA), and care workers respected people's decisions and obtained people's consent before they provided personal care.

People told us they knew how to complain and who to contact if they had any concerns. Care workers were confident they could raise any concerns with the registered manager, knowing they would be listened to and it would be acted upon.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through regular communication with people and staff, returned surveys, spot checks on care workers and other checks and audits.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Risk assessments were in place to protect people from risks associated with their care and health. People felt safe with the staff who supported them, and staff had received training to safeguard people. The provider's recruitment procedures reduced the risks of unsuitable staff being employed by the service. Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff received training considered essential to meet the needs of the people they supported. Staff understood the principles of the Mental Capacity Act. People were supported to eat and drink, when needed, to maintain their health and well-being.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and caring. People were involved in decisions about the support they received and their independence was encouraged and promoted. Staff were aware of people's preferences and respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive

People were involved in the assessment and planning of their care, and their care needs were reviewed when necessary. People felt able to contact the provider if they had any concerns. The complaints procedure was displayed in the main foyer and in people's care plans.

Is the service well-led?

Good ●

The service was well-led

There was a culture of openness and transparency and a desire to continually improve the service. Staff felt supported by the provider and management team. The provider carried out audits and checks to monitor and improve the service

Alexandra Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 18 & 19 February 2016 and was announced. The provider was given 48 hours' notice because we wanted to establish if people, and staff, would be available to speak with us.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We spoke with nine people during our visit and we spoke with a senior carer in the absence of the registered manager who was unavailable on the days we visited, however we did speak to them following the inspection. We also spoke with the provider's sheltered housing and care services manager, and four staff.

We reviewed three people's care plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including their quality assurance audits and records of complaints.

We looked at information received from relatives and visitors. Before the inspection the Provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received this prior to our inspection and it reflected the service we saw.

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person said, "I feel very safe here, there are enough staff and I can use my call bell if I need them. They respond quickly." Another told us, "They even check on me at night to make sure I am OK."

Everyone we spoke with confirmed they felt safe and we saw staff were available to people when they needed them. One person commented that having staff around made them feel more secure, they told us, "They just make me feel safe here."

People's care records showed risk assessments had been completed and care was planned to take into account and minimise risks associated with people's care, to keep people safe.

However we saw one risk assessment had not been updated to reflect a change for one person who had fallen. Staff had taken appropriate measures to keep this person safe, one of which was having a special alarm installed into their room which the person could use to call for help if they had fallen. A referral had also been made to a specialist team of health care professionals who give advice on how to reduce the risk of further falls.

We spoke with this person's key worker and they told us this would be amended immediately. Key workers are named staff who know the people they support well, their background and needs so they are supported in ways they prefer. Following our inspection visit the registered manager told us they would carry out a further assessment of the person and update their risk assessment to reflect any changes required to ensure their safety.

There was clear information for staff to follow in people's care plans to minimise risks to themselves or others. Other risk assessments we saw had been reviewed regularly to identify if there had been any changes in people's risk and needs. Care plans described the actions staff needed to take so that people's care was safe and staff were consistent in their approach. We found staff were knowledgeable about risks associated with people's care.

The provider protected people from the risk of harm and abuse. Staff had a good understanding of their responsibilities in relation to safeguarding in order to protect people from the risk of harm and told us they had undertaken training about identifying and reporting safeguarding concerns. They explained how they would identify abuse and what they would do in response, to ensure people were safe. They told us; "I would report concerns to the manager and there is also a safeguarding number we can call." Another told us, "We are here to defend and speak up for people. I would tell the manager but if I wasn't happy with the response I would contact safeguarding myself."

Staff were aware of the provider's safeguarding policy and how to obtain relevant contact numbers if they wanted to report any concerns. There was also information available to help staff raise concerns about the home with outside agencies if they needed to; this is known as whistle blowing. We saw posters displayed in the staff office, and on the notice board in the main foyer, advising people, staff and visitors how to report

any concerns.

All the people we spoke with told us staff were reliable and attended their care calls at the expected time. They told us staff never missed providing their care and we saw care plans contained details of the visits to people's flats and care carried out. One person told us, "They give me the support I need but if I need them at other times they are always there."

People told us there were sufficient numbers of staff to care for them. They told us, "Yes I do think there are enough staff around." And, "The staffing is OK, and there are always enough to provide the service."

We asked the senior care worker how staff vacancies were covered. They told us agency staff were rarely used and the service employed 'bank' care workers that could provide cover as and when needed. This ensured people received support from a consistent staff team who were familiar with their needs and how they wanted to be supported. When agency staff were used, the registered manager checked their training records to ensure they were suitably qualified to support people.

The provider's recruitment policy and procedures minimised risks to people's safety. The provider ensured only suitable staff were employed. Prior to staff working at the service, the provider checked prospective staff member's suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Staff confirmed they were not able to start working at Alexandra Court until checks had been received from the DBS and reference requests had been returned.

We observed staff administered and prompted people to take their medicines safely as prescribed. We asked people if staff gave them their medicines, one person told us, "Yes, I never have any problems." People also told us they received their medicines on time. One person told us; "Yes, the only time they were ever a bit late was because of an emergency."

Staff told us, and we saw, they had received training to administer medicines, and had been observed by senior staff to check that they had put their training into practice and were administering medicines safely.

When medicines were given, staff signed a medicine administration record (MAR chart). We saw one chart where a person should have received their medicines three times a day. The chart showed a recording for six days that indicated they had received them four times a day. We asked the senior care worker about this and they told us they had been recording incorrectly against the time the person should have been receiving their medicines. They had then realised this and crossed out the wrong signatures and filled them in on the correct line.

We spoke with the person who confirmed they had never received more than their prescribed amount and the senior care worker acknowledged they had not correctly recorded the error. Following our discussion they told us they would talk to the registered manager about introducing weekly checks of MARs charts to ensure this did not happen again. They went on to say it would be included in the staff communication book and at staff handover and team meetings. The registered manager told us this would also be discussed at individual supervision meetings with staff.

Medicines were stored securely in line with best practice and manufacturers guidelines. The provider had a 'medication policy' and this included a policy for people who took medicine 'as required' so staff were aware of when this may be needed. We could not see individual plans in people's care records however the registered manager informed us the policy was in the process of being updated.

People's medicines and support needs were detailed in their care records. We saw evidence of regular medication audits being carried out by the registered manager.

Is the service effective?

Our findings

People told us staff had the skills and knowledge to meet their needs effectively. One person told us, "I think they are good, one of the care staff correctly diagnosed I had a medical problem and acted on it straight away."

Staff told us the training provided helped them to do their work effectively. For example they had received training about record keeping and how to use equipment in the home such as the stair lift which assisted people with mobility difficulties to get down stairs safely.

Staff told us the training they received was on going. Comments made were; "There is something every month, we have very good access to training here." We saw the up to date training programme for staff and the provider told us they were committed to ensuring all staff received appropriate and relevant training to carry out their role.

There was a group of long serving care staff working, but the provider told us within the organisation new staff had a comprehensive induction period and had to work alongside more experienced staff until they were considered competent to work alone. We were told staff did not work alone until they felt confident and competent, and had received the training considered essential to meet people's health and safety needs.

The provider also ensured all new staff working within their homes, enrolled on the Care Certificate and understood their Code of Conduct. The Care Certificate standards support care workers to have the relevant knowledge and skills to provide compassionate, safe and high quality care to people.

Staff told us they had good support from the registered manager to do their jobs. They had regular individual meetings with their manager (supervision) and they also had annual appraisals to review and evaluate their work and we saw evidence of this. A staff member told us, "I have supervision about every three months and it's a good opportunity to discuss any problems." Another said, "We have regular supervision, it's an opportunity to discuss what's going well and what I might need to improve on."

Staff we spoke with told us they had received training about The Mental Capacity Act 2005. 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.

We checked whether the service was working within the principles of the MCA. People told us they were able to make choices around their care and support. One person told us, "I choose what I want to do and sometimes I like to have my bath at a different time." Others told us they felt involved in decisions about the care they were receiving.

People told us staff asked for their consent before supporting them with personal care. One told us, "They always ask me first if I am happy for them to do something and I would say if I wasn't." Care staff understood the importance of obtaining people's consent before assisting them with care. When asked what they would do if a person refused to allow care staff to support them, a staff member said, "It's all about someone's right to make their own decisions, however if I was concerned it was affecting their health I would refer to my manager." They went on to say that family members and healthcare professionals supporting the person would then need to be informed and a best interest decision made to ensure the health and well-being of the person.

All the people we spoke with told us staff would organise access to healthcare services when they needed support. One person commented, "They organised a GP to come in the morning and by the afternoon the doctor had visited and I was on my antibiotics!" Another told us, "I am really well looked after, they get the doctor in when I need them."

During our inspection we saw the local GP in attendance for two people; they were unable to spend any time with us but briefly commented favourably on their experience of the home. The local district nursing service also visited during the day.

Staff knew what to do if they noticed a change in someone's health condition. They told us they would write this in the person's care record, inform the registered manager and contact the GP. They also told us they would inform the person's family where appropriate and with the person's consent. One staff member told us, "I would request a doctor if I was worried about someone, we don't hesitate." Staff told us if there was a change in the person's care needs a review would be undertaken straight away. During our inspection we heard one of the care staff speak to the senior carer about their concerns for a person and requested a GP to attend.

People who used the service did not need support to eat and drink. Most people prepared their own breakfast and attended the dining room for lunch and evening meals. Staff had a good understanding of people's nutritional needs. They told us they would report any changes or concerns to the registered manager for further investigation by the appropriate health care professional. Staff were also knowledgeable about people who required specific diets, for the management of diabetes for example.

During our inspection visit one person indicated they were not hungry following a medical procedure earlier in the day; staff were aware and ensured they checked through the day if the person needed anything to eat and drink.

Is the service caring?

Our findings

People told us staff were caring and kind to them and we saw this throughout our inspection. Comments made by people were, "The carers are so nice, they are kind and understanding," And, "The staff are excellent, always there for you and I can talk to them."

Staff demonstrated through their words and actions that people mattered and were important. For example we saw them touch people on the arm and hand when speaking with them and people responded positively.

We saw that staff respected people by the way they spoke and through their actions. For example we heard them speak quietly to people when discussing personal issues and ring people's door bells before being invited into their flat. Staff asked people if they would be willing to speak with us in their flats during the inspection and asked us to wait until they had spoken to the person alone.

Staff demonstrated a calm attitude. During our inspection one person stumbled and fell and staff were immediately on the scene to offer reassurance and administer first aid. They spoke in a gentle manner and took their time to ensure the person understood what they intended to do before moving them.

People told us their relatives and friends felt comfortable to visit and welcome to spend as much time as they wanted.

Before people came to live at Alexandra Court, the manager ensured staff had detailed information about people so they understood how they wanted to be cared for and to provide background information about them. For example care plans contained information about people's personal histories and their likes and dislikes and support plans reflected people's wishes and preferences.

Staff had a good understanding of people's needs and preferences. They had taken time to get to know people and their personal histories, background and families. All the staff we spoke with could tell us about the people they supported and were keen to build relationships with them. One staff member told us, "We are like a family here; I treat people how I would want someone to care for my Mum."

The registered manager and staff had spent time consulting with people and when relevant their family about how they could provide care and support to make sure the person felt included and valued. Where people expressed concern or anxiety staff allayed their fears. For example one person was concerned they were not feeling well after attending the hospital and we heard staff reassuring them and constantly checking on their wellbeing.

People we spoke with felt staff supported them to maintain independence where possible. They told us about how staff took time to support them to participate as fully as they could in their care. They told us, "Staff let me do as much as I can." And, "I like to do things for myself but if I need help they are with me." Staff we spoke with told us, "We encourage independence, that's important for people."

Staff told us they understood the importance of maintaining confidentiality about people and their care and we saw that records containing personal information were stored securely in people's flats and the office.

Staff knew about advocacy services and the important role family and professionals had in relation to each person's care. They told us they knew how to contact the relevant people if they thought a person required someone to advocate on their behalf.

Is the service responsive?

Our findings

Staff knew the needs of people who used the service. People we spoke with told us how the staff made sure their care plan reflected their current needs, one person told us, "They came to see me before I moved in and discussed all my concerns and what help I needed from them."

Prior to using the service people were assessed by the management team to ensure the service could meet their needs and people were invited to visit to see the service before making a decision to move there. Information was also sought from professionals involved in people's care to determine if the service would be appropriate for them.

People we spoke with told us they felt fully involved in the planning of their care and were asked to sign when the plans were reviewed or changed. They told us, "I am included in the planning of my own care and I read it and see what the staff have written." Care records detailed people's history and backgrounds, so staff were aware of relevant information about them.

We looked at care plans which demonstrated people had been involved in the assessment process prior to staff providing care. Although care plans provided staff with good information about the care people required during visits, some did not contain sufficient detail around the change in needs of some people and how to support them. Staff were knowledgeable about people's needs however some care plans were not consistently kept up to date about people's medical treatment or on going medical investigations.

We spoke with the senior care worker and registered manager about this and they acknowledged improvements could be made. As a result of our inspection they were reviewing the plans and creating additional charts where staff could clearly record changes in people's condition and the action staff needed to take to support their health and well-being.

Staff told us the information in care plans helped them understand people's needs and they had time to read care plans before providing care to people. If any clarification was needed or there were concerns they would discuss with the registered manager or senior carer. They told us, "The care plans give us information about people such as their likes and dislikes; we get time to read them and keep updated."

Staff also communicated about people and their care at handover meetings between shifts. We saw there was a handover record that was completed at each change of duty that provided up to date information about people, and their needs, and also a staff communication book. This allowed staff to pass on relevant information about the people they were caring for.

People told us staff were reliable and the management team ensured as far as possible that people received care from the same care workers who they had a relationship with. All of the people had a "key worker". Key workers are named staff who know the people they support well, their background and needs so they are supported in ways they prefer.

Staff were responsive in providing support for people, one person told us, "If I am not well, and need them for more help, they are really good." During our inspection we heard staff talking to people whose needs had changed and asking how they could support them further to maintain their health and well-being.

The service had a communal room which meant people could choose to meet socially if they wished to and some activities were arranged there. There was a notice board in the main foyer with information about upcoming activities and church services.

People told us they knew how to make a complaint. One person told us, "I know how to complain and we have meetings as well." We looked at the complaints folder which showed there had been no complaints in the last 12 months and all the people we spoke to confirmed they had not needed to make a complaint. People told us if they had any concerns they would discuss directly with the registered manager and staff and we saw there was information in peoples care plans and on the main notice board giving information about how to make a formal complaint to the provider.

We saw there were several compliments made to the service in the form of cards and letters from relatives praising the staff for care they had provided to their family members. One commented on "The wonderful service," provided and another thanking, "Such caring staff."

Is the service well-led?

Our findings

People and relatives were satisfied with the service and people told us they could approach any of the management team and felt they would be listened to. One person told us, "I go to the manager if I have a problem; she is the kind of person you want to run the home." Another said, "The manager is very efficient, you can always talk to her."

People told us they thought the service was well led. Everyone we spoke with told us they felt confident in speaking to the registered manager and that their door was, "Always open." During our inspection visit we saw this and people came to the office throughout the day.

Staff told us they were supported by the management team with regular one to one meetings, and this provided the opportunity for them to discuss their performance and any concerns they had. Comments made about the registered manager were; "She is very understanding and supportive of us, there is an open door policy here." And, "The manager is very fair and supportive. She will bend over backwards to help and we all think highly of her." The registered manager told us they felt supported by the provider and the long term stability of the team was a reflection of this.

Staff told us the registered manager carried out random "spot checks" which enabled them to carry out observations of staff to assess their working practices. Appraisal meetings were held once a year and staff and managers used these to discuss staff performance, the goals staff wanted to achieve and their training needs. There was a 24 hour on call system to support staff if they needed to speak to a manager or team leader out of hours.

Staff meetings were held throughout the year and gave staff a formal opportunity for discussion. The senior carer worker told us, "As we are such a small well established team we tend to have a lot of informal meetings to keep updated." Staff told us they had a good understanding of their role and responsibilities and this was outlined in staff handbooks. We observed staff enjoyed their work and valued the service they provided; they told us that they were happy and motivated to provide high quality care.

The provider and registered manager used a range of quality checks to make sure the service was meeting people's needs. Records confirmed people, and their relatives, were asked for their opinions of the service through spot checks, care plan reviews and satisfaction surveys.

One person told us, "They asked me to fill in a questionnaire for my views. I had no complaints; it's a well led organisation." We looked at a sample of returned surveys the responses and comments were positive about the service. 99% of people living at Alexandra Court were satisfied with the service and 100% of relatives. One person told us they had discussed having new chairs in the communal lounge area and these had been replaced.

The registered manager regularly audited the service to make sure people received their medicines as prescribed and care was delivered as outlined in their care plans. They also spoke with people and staff.

The provider's sheltered housing and care services manager met monthly with the registered manager to discuss the quality audits and also conducted random checks to ensure a high quality service was being provided.

Any identified issues would be recorded and the registered manager would take the necessary action and report back at the next meeting. For example some care records had not been countersigned by senior care staff and this had been addressed.

The registered manager monitored incidents and accidents within the home to identify trends. Where investigations had been required, for example in response to falls, analysis had been carried out to learn from the incident and make improvements to reduce the likelihood of them happening again.

The registered manager understood the responsibilities to submit statutory notifications to us and they had completed the provider information return (PIR). These are required by Regulations. We found the information in the PIR was an accurate assessment of how the service operated.