

Mr & Mrs L Alexander

Alexander's Care and Support Agency

Inspection report

36 Alexandra Road
Farnborough
Hampshire
GU14 6DA
Tel: 01252 675674
Website: www.parkgroupcare.co.uk

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 7 and 8 October 2015 and was announced.

Alexander's Care and Support Agency provides a domiciliary care service to support people living in the Farnborough area. Care is provided to enable people to regain and maintain their independence so

that they can remain living in their own homes. The agency also provides supported care for a set number of hours, also known as 'extra care', to people living in 15 houses in the local community.

At the time of our inspection, Alexander's Care and Support Agency supported eight people with personal care, although another 60 were supported with care that

Summary of findings

is not regulated by the Care Quality Commission (CQC). People support needs meant that many had previously required personal care from Alexander's Care and Support Agency staff on their journey to independence.

People supported by Alexander's Care and Support Agency had a range of needs which included those living with conditions including dementia, mental health issues, and/or managing addictions that affected their health and wellbeing. Four staff focused on supporting people with regulated activities, but all staff were trained to provide appropriate care to meet people's diverse needs. Regulated activities means care that a provider must be registered by law to deliver and includes providing personal care.

The agency had a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager was the Operations Director. The person managing the service on a daily basis was in the process of applying for the role of registered manager, and is referred to as the manager in this report.

People were supported by staff of suitable character to meet their needs safely. The provider had completed checks in accordance with the Regulations, but had not always documented this in full. They took action following our inspection to update their records appropriately.

People told us they felt safe with staff. People were protected from the risk of abuse, because the provider ensured staff understood signs indicating people were at risk, and reported and addressed issues to promote people's safety. Staff helped people to understand safeguarding concerns, and supported them to reduce the risk of harm.

Risks affecting people's safety, or that of staff supporting them, had been identified, and appropriate actions put into place to protect people from harm. Accidents and incidents were reviewed, and any learning shared with staff to ensure the risk of repetition was reduced. Contingency plans protected people from risks associated with unexpected incidents.

People described staff time keeping as good. Staffing levels were sufficient to meet people's needs safely. Rosters were managed to ensure staff had sufficient time to meet people's social, health and wellbeing needs.

People were supported to take their prescribed medicines safely. Most people self medicated, which meant they could take their own medicines without additional support. Staff followed the provider's procedures to check that people received and took their medicines as prescribed.

People were supported by staff with the required skills and knowledge to meet their needs effectively. Staff completed training to ensure they were able to meet people's specific health needs, and were supported through supervisions and team meetings to address issues and meet aspirational wishes, such as developing their knowledge and leadership skills.

People were supported to make informed decisions about their care and support. Staff understood and implemented the principles of the Mental Capacity Act 2005. Staff supported people to plan and cook nutritious meals.

People were supported effectively to book and attend health appointments. Social workers supporting people's mental health needs described the staff as providing support which was "Above and beyond" what was commissioned. Staff understood when it was appropriate to refer people for additional healthcare professional support, or seek immediate assistance by calling the emergency services.

People told us staff were caring, friendly and supportive. Many people told us staff supported them to regain or retain their independence, and provided advice, counselling and guidance to help them make positive changes in their lives. People told us staff listened to their comments and provided care and support as they wished. People spoke positively about the way staff protected their dignity, and treated them with respect.

People's care was person centred and individualised. People agreed actions and goals with staff to ensure staff were able to support them to regain and retain their independence. People were enabled to alter their care and support plans with ease, in response to their changing needs. People were encouraged to socialise and use the local community. Staff had identified safe

Summary of findings

havens in local amenities where people could relax in the company of others who understood their conditions and treated them respectfully. People were empowered to become effective members of the community through fundraising, volunteer placements and employment.

A range of opportunities enabled people and others to provide feedback on the quality of care they experienced, and suggest changes to the service delivery. The provider reflected on this feedback to identify and address areas of improvement required. People understood and felt able to use the provider's complaints procedure to address issues that could not be resolved informally. The manager followed the provider's complaints policy to resolve complaints effectively.

Staff demonstrated the provider's values, as they supported people with compassion, and empowered people to acquire and maintain the skills required to promote their independence. People and staff spoke positively of the leadership and support provided by the manager. People told us they experienced an exceptional quality of care.

People's views and comments underpinned the provider's annual business improvement plan. The manager reviewed guidance and feedback from health professionals to ensure people were supported effectively in accordance with mental health best practice principles. Systems were in place and reviewed regularly to drive improvements to the quality of people's care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were supported by staff of suitable character to meet their needs safely.

People were protected from the risk of abuse, because staff understood and followed the correct procedures to identify, report and address safeguarding concerns.

People were protected from harm, because risks had been identified and were managed safely.

Staffing levels were sufficient to meet people's needs safely. Staff skills and interests were matched to people to promote compatibility and trust.

People were protected against the risks associated with medicines, because appropriate checks and records ensured that they were supported to take their prescribed medicines safely.

Good



Is the service effective?

The service was effective.

People were supported effectively by staff who were trained and skilled to meet their health and support needs.

Staff understood and implemented the principles of the Mental Capacity Act 2005 to support people to make informed decisions about their care.

People were supported to maintain a nutritious diet. Staff worked effectively with health professionals to maintain and support people's health and welfare.

Good



Is the service caring?

The service was caring.

Staff supported people with kindness and compassion.

People were supported to regain and retain their independence. People's views were listened to, and informed the care they experienced.

Staff understood and respected people's wishes, interests and preferences, and promoted their dignity.

Good



Is the service responsive?

The service was responsive.

People's care was person centred, because staff discussed and reviewed their care and support needs with them regularly. People were empowered to regain and retain their independence.

People were enabled to participate in and become effective members of the local community as staff had identified and nurtured safe haven locations.

Good



Summary of findings

Opportunities for feedback ensured people and their representatives were enabled to raise and discuss their views and concerns, and this information drove improvements to the quality of care people experienced.

Is the service well-led?

The service was well-led.

Staff understood and demonstrated the service culture to place people at the centre of all they did.

People and staff spoke positively of the leadership and support provided by the manager, and people told us they experienced high quality care.

People's views and comments underpinned the provider's annual business improvement plan.

Systems were in place and reviewed regularly to drive improvements to the quality of people's care.

Good



Alexander's Care and Support Agency

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 checked 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 7 and 8 October 2015 and was announced. The provider was given 48 hours notice of the inspection to ensure that the people we needed to speak with were available.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give the Care Quality Commission (CQC) some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We considered this information during our inspection to review the quality of care people experienced.

We spoke with 14 people supported by Alexander's Care and Support Agency, including three people who we visited in their homes, with their permission. We spoke with six support workers, and the person managing the service on a day to day basis. We also spoke briefly to the Operations Director, who is also the registered manager, and the provider during our inspection. Two social workers working for the Hampshire mental health team, which commissions people's care from this Agency, also spoke with us during our inspection.

We reviewed four people's care plans, including daily care records and medicines administration records (MARs). We looked at four staff recruitment files, and records of their supervision and training. We looked at the working staff roster for four weeks from 7 September to 4 October 2015. We reviewed policies, procedures and records relating to the management of the service. We considered how comments from people, staff and others, and quality assurance audits, were used to drive improvements in the service.

We last inspected this service in February 2014. We did not identify any areas of concern.

Is the service safe?

Our findings

One person told us the manager “Doesn’t employ just anyone. Staff have to have a warm and caring nature. They are very good like that. I find it very pleasant”.

Recruitment files demonstrated that the provider had reviewed evidence regarding applicants’ identity and suitability for their care role. Reference from previous employment in a health and social care service was sought to ensure the candidate was of suitable character and Disclosure and Barring Service (DBS) checks were completed to ensure applicants did not have a criminal record that made them unsuitable for the role of support worker. Three of the files we reviewed did not fully account for the applicants’ employment histories, as there were gaps, or only the years, rather than month and year, had been documented. This meant there were potential gaps in applicants’ employment history that could have placed people at risk of receiving care from staff that were not suitable for their care role. The manager and provider explained that this information had been discussed with the applicant during interview, but had not been documented. The manager updated records following our inspection to ensure all the required information was documented.

People told us they felt very safe with staff, and they knew how to raise any concerns should they have them. One person told us “I feel safe with staff, I trust them in my home.” Staff were trained to recognise signs that may indicate people were experiencing abuse, and were confident in the process of reporting and addressing safeguarding issues. The importance and significance of safeguarding was embedded through staff and supervisory meetings and quizzes to ensure their knowledge was current.

Safeguarding incidents had been reported and thoroughly investigated by the provider. Learning from these incidents was shared appropriately with staff to ensure the risk of repetition was reduced. Actions were implemented in agreement with the local safeguarding team and social workers to ensure people were supported to resolve issues in the home environment that may place them at risk of abuse. Staff supported people to understand ‘mate and hate’ crimes, where people’s trusting nature may be

exploited by others in their social network. Information to help people report these issues was provided in a format appropriate to people’s needs, and included in the provider’s welcome and information booklet.

Contact numbers for supporting agencies, including the local safeguarding team, citizens’ advice and addiction support groups, was displayed in the staff office for easy staff reference. A flowchart ensured staff understood the process to report and record concerns. The provider had appropriate systems in place to ensure people were protected from the risk of abuse.

Risks affecting people’s health or wellbeing had been identified, and actions put in place to reduce the risk of harm to the individual or staff supporting them. We observed staff were aware of these risks and reminded people of the steps to follow to promote their safety, such as using walking aids in their home. Risks associated with the care people received, such as scalds when bathing, had been identified, and suitable measures were in place to protect the person and staff from potential harm, such as checking water temperature before stepping into the shower. Care files in people’s homes included a welcome booklet which provided information about positive risk taking. This is when risks are identified and actions put into place to support the person to continue to do the things that they want to safely.

The provider ensured contingency actions protected people’s information and supported the smooth-running of the service in the event of unexpected incidents. Electronic records were backed up on external hard drives to ensure information was secure in the event of a power cut. Managers were trained to provide care in the event of short notice staffing absences. Appropriate actions had been taken to protect people from unexpected disruptions to their care.

People told us staff time keeping was good, and staff informed them when they were delayed, for example by traffic conditions. When one person raised a concern about time keeping during our inspection, the manager immediately investigated the cause and put actions into place to ensure this was not repeated.

Staff rosters were planned and shared with staff well in advance, to ensure staff were aware of their working routine, and staff shared this information with people. Staff travel time was factored into rosters. Staff told us they were

Is the service safe?

willing to work flexibly to cover staff absence or changes to people's support times, for example to attend health appointments. A four week staff roster demonstrated that sickness absence was low, and staff were willing and available to pick up extra work to ensure people were supported as they wished.

Rosters were planned to support people with the same staff as far as possible. This promoted a consistency of care and helped to build trust and communication between people and staff. People and staff confirmed that they saw the same staff regularly. Sufficient time was included in visit times to allow staff time to chat with people. Staff told us they did not feel pressured to meet deadlines and they were able to build relationships with the people they supported. This meant that staff were able to chat through and resolve people's issues or concerns with them at the time they were raised.

The manager had reviewed staff skills in June 2015. This information was used to match staff skills, interests and abilities with the people they supported. The manager ensured compatibility between people and the staff who supported them. We observed one person discussing a mutual sporting interest with their support worker and enjoying the conversation. People were supported by sufficient staff with suitable skills to meet their needs safely.

People told us staff prompted them to take their medicines, or checked with them that they had done so. All the people

we met with were able to take their own medicines without additional support from staff. Staff observed that people had taken their prescribed medicines where necessary and only documented that people had taken their medicines after observing this or checking medicine stocks. For some people, staff held the keys to their medicine storage cabinet and gave people their prescribed medicines at the time prescribed.

Records demonstrated that checks were completed to ensure a safe process for ordering and administering medicines was followed. Staff told us they were confident in this process, as they had been trained in medicines administration, and the manager had assessed and reviewed their competency to do so. Two staff carried out weekly stock checks to ensure records of each person's prescribed medicines balanced with the medicines held in the person's home.

Leaflets were held in the office for staff reference to ensure staff understood what each medicine was prescribed for and to be aware of any adverse symptoms associated with them. Records demonstrated that medicine administration errors were reported and investigated appropriately, and the learning from these used to drive improvements to promote people's safety. Actions had been taken to address issues identified through a medicines audit conducted in November 2014, such as noting expiry dates for medicines. People's medicines were managed safely.

Is the service effective?

Our findings

One person told us “There’s nothing [staff] are not good at”. Without exception, staff told us they felt supported in their roles and loved their work. They enjoyed the training provided and felt skilled to support people effectively. Comments included “Communication works really well”, and “I’m massively supported. I couldn’t ask for more”.

Staff meetings were held every four weeks, and provided an opportunity for staff to raise and discuss issues and concerns, and for the manager to share learning and de-brief from incidents and audits. Meeting minutes documented discussion of specific areas of support required. These included discussing concerns relevant to people supported, improvements required to record keeping and a reminder to update training in accordance with the provider’s training schedule. Staff were thanked by the manager and provider for their hard work. Senior support workers confirmed they were supported through additional monthly meetings, and provided with the opportunity to discuss and address any concerns identified.

Individual supervisory meetings, held at least quarterly, ensured staff were able to raise and discuss issues, training and development needs and wishes. One support worker told us “I feel quite good, the manager gives me a lot of support and makes me feel valued”, and another stated “We can bring anything up” at supervision meetings. The manager had an open door policy which meant that staff could speak with them at any time. Staff visited the office throughout the days of our inspection to discuss any issues or seek guidance, and the manager told us this was usual. This indicated that staff felt at ease to ask questions or seek support from the manager.

Staff were positive about the quality and quantity of training they received. One support worker told us “The training here is fantastic”, and staff told us the trainer was “Excellent”. Staff told us they were provided training in areas such as safeguarding, moving and handling, food hygiene and infection control. In addition staff could request additional training to gain further understanding of any particular health or wellbeing issues affecting the people they supported. Leaflets and electronic guidance on specific health issues and mental health conditions were made available for staff reference, and updated regularly. Staff had completed or were in the process of

completing training on mental health issues. This provided them with in depth knowledge of mental health conditions, and ensured they had the skills required to meet people’s support needs effectively.

All staff new to the service, regardless of previous experience, were required to complete the provider’s four week induction programme. This included mandatory training and competence observations, to ensure that staff had the skills and attitude to support people effectively and compassionately. Staff told us they were responsible for updating their training, although the manager reviewed records of completed training to ensure staff retained the skills required. Quizzes, discussions at team meetings and senior staff’s observations of the care and support people experienced ensured that staff had the skills and understanding required to support people effectively.

People shopped with staff to encourage the selection of healthy foods, and staff supported people to plan and cook nutritious meals as part of their development towards independent living. Staff confirmed they always asked for consent before providing people with any personal care or support. One support worker stated “We listen to the clients, and explore their feelings. We try to persuade them to follow healthy options, but we never force them”. Another said “We don’t make decisions for people. We offer options and suggestions, for example ‘would you like me to do this for you’? I ask people what they would like me to do for them at the start of each support visit”.

People had signed a document consenting to information sharing about their care and support with appropriate authorities, such as social workers and care coordinators. All the people supported with personal care had the mental capacity to make informed decisions about their care and support. Staff understood and respected people’s rights to make an unwise decision if they wished. This is a decision that others may consider contrary to a person’s best interests.

People told us staff reminded them to attend health appointments and supported them to book these when required. Health appointments were recorded in service diaries to ensure staff were available to assist people to attend. People told us they were encouraged to maintain their physical health, for example by joining a local gym. People were supported effectively to maintain their health and wellbeing.

Is the service effective?

An audit in November 2014 identified that staff understood the principles of the Mental Health Act (MCA) 2005, but sometimes struggled to explain this. Explanation of the Act had since been displayed in the office for people and staff reference, and minutes demonstrated that the MCA 2005 had since been discussed at staff meetings to promote staff understanding. Staff were able to clearly explain the principles of the Act to us. This demonstrated that actions had been taken to effectively support staff to understand and explain the principles of the MCA 2005.

At the time of our inspection, no one had their liberty restricted under the Deprivation of Liberty Safeguards (DoLS). The DoLS are part of the MCA 2005 and are designed to protect people's interests to ensure they receive the care they need in the least restrictive way. The manager understood when it was appropriate to apply for these restrictions to ensure people were supported safely and effectively.

Community mental health team social workers described communication between staff and themselves as effective and responsive to people's changing needs. Staff understood when it was appropriate to refer people for health care professional support or seek immediate assistance by calling the emergency services. The social workers told us they had no issues or concerns in the quality of care people experienced, describing staff as willing to go "Above and beyond" the level of care commissioned. One social worker stated "It's great working with them. Regardless of the issues, they get stuck in, we can trust them to get on with it. It's all about the clients for them. They understand mental health issues, and are brilliant at communicating. They respond well to crises".

Is the service caring?

Our findings

People described staff as helpful, brilliant, lovely and caring, and told us they liked the staff who supported them. Comments included “There’s nothing they’re not good at”, “Without them I wouldn’t be very well”, “They provide counselling, they do quite a lot for me. I’m treated respectfully”, and “I’m looked after like the Queen”.

One person explained they had been supported by other agencies, but “None are like here. I wouldn’t change it for the world. I feel like this is my family. I love it here, they are very caring”. People told us staff listened to them, and supported them as they wished. One person explained “They give me emotional support, and talk through my concerns. They are very supportive, and listen to what I say”.

Staff told us the care provided was “All about the clients”, and they aimed to treat people with kindness and respect, in the same way that they would like to be treated by others. A seating area in the office provided people with the opportunity to go into the office for support or a chat as they wished. Tea and coffee facilities were made available in the office to encourage people to stop and chat, and these were used by people and staff throughout the day. We observed people readily called in to update the manager and other staff on their plans and activities, or seek guidance or reassurance. People were always greeted warmly with a smile. Staff knew people by name, and were aware of their planned activities and appointments. They showed an interest in people’s plans, and provided them with encouragement and support as required. Staff spoke with people courteously, and people appeared at ease with staff and to enjoy their company, as they sought staff’s reassurance and praise.

People telephoned the manager during the day. The manager smiled as she spoke with them, indicating she enjoyed the conversation, and asked the callers how their day was going. She was able to provide guidance or reassurance to people’s satisfaction when they called.

People told us how staff supported them to regain their independence. One person said “Staff ask us ‘how are you,

do you need any help with anything’. We take our own initiative, but they prompt and support us”, and another stated “The staff have helped me to be independent. They help me. I mean that from the bottom of my heart”.

People were encouraged to share their life histories and inform staff of how they could best be supported at staff and general meetings. This enabled staff to understand their needs and health conditions, and ensure the care they provided met people’s requirements and wishes.

People understood and signed up to house rules to ensure they respected the people they lived with. They kept to signed agreements regarding their plan to address addictions or manage other health issues. One person told us “They [staff] keep us on our toes, and remind us to do things”. People appreciated this guidance and the requirement to keep to the rules. They told us they did not abuse the trust placed in them.

A ‘buddy’ system had been started for people to provide support to those new to the service. This was to help them to settle into the local community and provide an avenue to discuss issues or concerns with others with a similar experience. This provided people with responsibility and showed that staff valued their life experiences and progress towards independence.

People had been informed about the planned CQC inspection as posters had been placed on view for their reference in the office and in shared homes. This meant that people had been provided with the opportunity to speak with inspectors about their experience of care and support from Alexander’s Care and Support Agency if they wished. Several people had taken time out of their planned day to ensure their feedback about the quality of care they experienced was shared with us.

One person told us staff “Treat me with respect and protect my dignity. It’s like a social evening [when they visit], staff are absolutely great, we have a laugh a minute. I would recommend them to anyone”. Other people confirmed that staff took care to protect their dignity when providing personal care, and treated them respectfully. People spoke positively about support workers’ caring nature when assisting them. People were supported by staff who cared about their wellbeing.

Is the service responsive?

Our findings

People talked with pride of the progress they had made to develop life skills and spoke with gratitude of the support they had received from staff to enable them to make this progress. One person told us “I came here poorly, but they helped me to make my life better, they sorted my medication out”, and another said “If there’s a problem in the house they’re really quick” [to address the problem]. Staff described how they encouraged people to develop their independence. Initially they supported people with personal care, but this often developed into prompting people to care for themselves and in some cases led to employment in the local community. Staff took pride in the fact that they enabled people to develop their self-confidence and self-worth, and to gain an enhanced sense of wellbeing.

Staffing was planned flexibly to support people to activities and wellbeing meetings. Communication was used effectively to share information. For example, daily diaries in the office and extra care houses were used to alert staff to incidents and paperwork errors. These included identifying unsigned documents, details of planned appointments, changes to people’s care or support needs, staff meetings and planned activities. This ensured that staff were available and informed to be able to meet people’s changing needs and address errors identified.

Two people told us they had initially had difficulties understanding one support worker’s accent, but this had since improved as they had got to know them. The manager had offered to change the support worker but this had been refused as people were so positive about the quality of care they experienced from this member of staff. People’s views were listened to, and staff worked with people to ensure their wishes were met.

Staff were responsive to people’s changing needs. They had the skills and confidence to identify changes in people’s mental and physical health or wellbeing, and understood the process to report or seek guidance. Staff understood their role to support people to meet their planned goals and reach their potential. One person told us “Staff know me and my likes. They’re very good”.

People with mental health issues were supported through a 13 week wellness recovery action plan (WRAP). This was a plan of care developed and agreed with the individual to

support them as they required and wished. People were empowered to proactively plan for and develop their independence. Documentation demonstrated that people met weekly with staff to review their progress towards agreed steps and goals. This provided the opportunity to review goals, identify additional support or guidance people required and recognise and celebrate progress. People were awarded a certificate of achievement when they completed their WRAP plan, which showed them that staff valued their success.

People’s care plans were centred around the individual’s needs and wishes. People’s preferred routines were documented to ensure staff supported people as they wanted, and times of visits were agreed to ensure people were assisted when it was convenient for them. People told us they were easily able to arrange changes in the level or times of care they required, because staff worked flexibly to support them, and office staff communicated change requests effectively.

Staff completed a care monitoring form and daily notes. These documented the daily tasks completed and support provided for people, such as providing meals, or ensuring people had taken their medicines, and noted when people had declined their planned care. This information was reviewed by the person’s keyworker and manager regularly, to identify any changes or trends in people’s needs. A keyworker is a member of staff who knows the individual well, and takes responsibility for communicating with them and updating information about them. Staff told us they discussed changes with people to ensure the care they received continued to meet their needs and wishes.

Families were encouraged to share comments when people gave permission for them to be involved in their care. One support worker explained how a communication sheet held in one person’s home helped staff and family to communicate about a variety of needs. This included shopping that was required, or to suggest changes to improve the person’s wellbeing. People told us conflicts in shared homes were addressed promptly and staff confirmed that review dates were kept short to ensure issues were resolved quickly. Effective communication ensured staff were responsive to meet people’s changing needs.

Staff arranged activities and informed people of community events to ensure people had opportunities to socialise. Safe haven drop in areas had been identified in

Is the service responsive?

the local community, for example in the local pub, café and dance hall. This ensured people were not isolated and knew venues that would be supportive of their needs. One support worker told us “The community knows them and keeps an eye out for them”. The provider explained that they placed an emphasis on developing and nurturing networks of support in the local community to empower people to live a full and engaged life. People were supported to gain voluntary and paid employment in the community. Some people worked in the office or helped to deliver newsletters, which provided them with confidence and a sense of self worth. The service was creative in supporting people’s progress towards independence.

Staff understood the impact of changing seasons and social isolation on people’s wellbeing. Although people’s commissioned care did not fund activity planning or delivery, staff ensured there were planned trips or activities available for people daily. They worked with people to share the planning or lead for these, encouraging people to consider new activities that interested them. One person told us about a trip staff had recently arranged and how much they had enjoyed it. “It was a good day out, about 10 of us went in two taxis”. Trips and activities were evaluated to ensure they provided the entertainment and wellbeing people wanted.

The Agency placed importance on people participating in the local community and actively involved people in planning events and activities, such as in the delivery of a planned local Mental Health Awareness Day. People were encouraged to fund raise for charities. This helped people to develop their confidence and self worth as they were contributing to other’s wellbeing as well as raising awareness of people’s needs in the community. Bi-monthly newsletters provided people with information about planned activities and events, meeting dates and new staff. This ensured people were aware of what was available and how they could participate.

The provider’s complaints policy was included in people’s welcome booklets, and displayed in the office and shared homes. This ensured that people were aware of the process to raise concerns or complaints. One person told us of a

complaint they had raised. They felt this had been dealt with promptly and the issue addressed appropriately to their satisfaction. Another person stated “I would feel perfectly at ease to raise any issues with the manager”.

We reviewed the three complaints made in 2015. These had been investigated and resolved in accordance with the provider’s complaints procedure. We observed that the manager was responsive to concerns raised in the office, took actions to investigate and resolved these promptly. People were provided with feedback to inform them of the actions taken to resolve the issue and were satisfied with this. A record of compliments held in the office demonstrated that people and their families appreciated the care and support people experienced, providing positive feedback to the manager and staff.

People elected a representative to speak on their behalf at staff meetings and management planning events. Records demonstrated that this person met with the manager monthly and provided a liaison role to discuss people’s views and concerns, for example to address maintenance issues. This ensured that the service was responsive to meet people’s wishes. Quarterly outreach meetings, held in shared houses, provided an opportunity for people to discuss house rules, address any areas of conflict, and suggest changes. Staff supported people to live together harmoniously.

People, their relatives, staff and health professionals were asked to complete an annual questionnaire in December 2014. This provided them with the opportunity to provide feedback on the quality of care and support the service provided. Responses were overwhelmingly positive, with the majority of responses scoring the service in the highest possible category for the care and support provided. People stated that they felt involved and informed in their care. Staff were satisfied with their workload and the support they experienced. Health professionals stated staff understood people’s needs, and communicated effectively. All the responses indicated that the service was focused on delivering person-focused care, and strived to achieve excellence in the care provided.

Is the service well-led?

Our findings

People spoke positively about Alexander's Care and Support Agency. They described the service as "A really good organisation". One person explained how they had been offered an employment opportunity in the service, and how staff were "Always there when you need them". Another person told us "I have nothing but praise for the staff and the company, they fulfil their duties to the highest standard".

The manager told us "I'm proud of what we do". The provider and manager described the service as person-led, as they ensured people's views informed and led service development. People were invited to an annual meeting to discuss a business plan for the coming year. This was held in the local community and provided an opportunity for people and staff to discuss what they wanted changed. This was also an opportunity for people and staff to say what they liked or disliked about the service. Documents demonstrated that this information was used to inform and drive the service business plan, to ensure it reflected people's wishes. Progress towards completion of the business plan was reviewed throughout the year, and this information was shared with people on notice boards. This ensured people could gauge how the service was progressing towards the goals they wanted, such as arranging trips and outings, updating policies and procedures, and agreeing house rules. The service's goals were transparently shared with people and staff, and the manager and provider understood their responsibility to deliver these goals.

Committee meetings and monthly meetings with the service user representative ensured people had the opportunity to monitor progress, suggest further changes or raise concerns during the year. People had the means to hold the manager and provider accountable for the changes they wanted in the service they experienced.

The manager's service improvement plan for 2014 – 2015 noted actions to promote opportunities to involve and empower people, such as house meetings, and to review staff skills to ensure they were able to support people's needs effectively. Records demonstrated that these actions had been implemented.

The manager had shared responses to the annual questionnaire for people and staff to see. Feedback was

shared in an open and transparent manner with people and staff by displaying this in the office. The manager used the feedback provided to inform and plan changes to improve the quality of care people experienced and shared these plans as part of the feedback displayed. This demonstrated that the views of people, staff and others was listened to, and was the focus to inform learning and drive improvements to people's care.

The provider promoted a positive and inclusive culture for people. The provider's mission statement declared that people should expect to be supported by compassionate, skilled and competent staff, treated respectfully, and be enabled to maintain their independence. All new staff, irrespective of previous experience, were required to complete the provider's induction to ensure they understood the importance of providing care in accordance with this mission statement. Staff commitment to these values was discussed and reviewed at team meetings and supervisory meetings, to ensure staff lived the provider's values. People confirmed that staff were compassionate and skilled in supporting them as they needed and wanted.

One support worker told us "Our purpose is to enable and empower people, promote their independence and development". Staff believed in the culture of the service, and strove to meet its aims in their daily role. One support worker stated "We carry out the values in practice".

People and staff spoke warmly of the manager. One person told us "The staff are very good, especially the manager. She's very good at her job, she knows the role well". Another person described the manager as "Kind-hearted". Staff comments included "The bosses are very caring and considerate, to staff as well as clients. They are very supportive", "I feel quite good, the manager gives me a lot of support and makes me feel valued", "The manager is always available at the end of the phone", "The manager is amazing" and "I can approach the management. We know where we stand – I like that".

All staff spoke positively about the support they received. They told us any issues were addressed promptly, and they were confident that the manager took appropriate actions to resolve issues. They described the manager as a busy person, but always available and willing to take time out to support or advise them. The provider's lone working procedure ensured staff were kept safe. They were required

Is the service well-led?

to contact the manager to inform her when they arrived and left people's homes. Staff confirmed that the manager rang them if they hadn't checked in, to ensure their wellbeing. Staff felt valued and cared for by the manager.

Confidential information, such as people's care plans and staff records, were stored securely. Electronic records were password protected to ensure only those authorised to do so could access personal information.

The Operations Director had carried out audits in November 2014 to review the quality of care provided. Where issues had been identified previously, such as the availability of the complaints procedure in a format suitable for people to understand, and the ability of staff to clearly explain the Mental Capacity Act 2005, it was evident that the manager had taken appropriate action to address the shortfalls.

The manager reviewed accidents and incidents, notifications and reports to identify trends, and ensure actions were taken to drive improvements. She reviewed the effectiveness of training to understand how this could be improved to ensure staff had the knowledge and

confidence to support and empower people. Feedback from people, staff, health professionals and others was considered, to ensure people experienced the care and support they required and wanted. The manager completed monthly reviews of the service improvement plan and business plan to ensure objectives set by people, staff and the provider were on course to deliver and maintain high quality care.

Senior managers and the provider met quarterly to discuss and address issues and any identified trends. This was used as an opportunity to share learning and drive improvements to the quality of care people experienced. The manager reviewed updates from mental health and social care organisations to ensure people experienced care and support reflecting current best practice. The provider, manager and Operations Director used feedback during our inspection to discuss improvements to business delivery that could be implemented across the provider's services. This demonstrated that the service considered and reflected on information to strive for excellence in the care people experienced.