

Alexander's Care & Support Limited

St Johns Court

Inspection report

St. Johns Road
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Tel: 01252373358

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21 February 2019

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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 ●

Summary of findings

Overall summary

About the service:

St John's Court provides home care services to people who live in their own homes which are based in one location at St John's Court. At the time of the inspection the service was supporting 25 people. People supported included older people and people living with dementia.

For more details, please see the full report which is on the Care Quality Commission website at www.cqc.org.uk

People's experience using the service:

- People received a service that was safe. The provider had systems and processes in place to manage medicines safely and protect people from the risk of harm and abuse.
- People received care and support from staff who were trained sufficiently and had the right skills and knowledge, and that led to good outcomes for people.
- Care workers had developed caring relationships with the people they supported. They respected people's dignity and privacy, and promoted their independence.
- People's care and support met their needs and reflected their preferences.
- Management processes were in place to monitor and improve the quality of the service. There was a positive, open and empowering culture.

Rating at last inspection:

- This was the first inspection at St John's Court since it registered with the Care Quality Commission. The service was registered on 5 June 2018.

Why we inspected:

- This was a planned inspection to check that this service was meeting the regulations and to give them a rating.

Follow up:

- We did not identify any concerns at this inspection. We will therefore re-inspect this service within our published timeframe for services rated good. We will continue to monitor the service through the information we receive.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was Effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was Caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was Well-Led.

Details are in our Well-Led findings below.

St Johns Court

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team consisted of two adult social care inspectors.

Service and service type:

The provider provided specialist 'extra care' housing. Extra care housing is a purpose-built building or an adapted single accommodation in a shared building or site. The accommodation was bought or rented and was the occupants own home. People's care and accommodation are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; This inspection looked at people's personal care and support service.

People using the service lived in flats which were on one site.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced due to the staff and people we needed to speak to being on one site.

Inspection activity started and finished on 22 February 2019 where we visited the office to see the service manager and staff, and to visit people, look at care records, policies and procedures.

What we did:

- Before the inspection the provider sent us a Provider Information Return (PIR). Providers are required to send us information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections.

- The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications received since the last inspection.
- We looked at the provider's website.

During the inspection:

- We spoke with three people who used the service and one family member who was visiting.
- We spoke with the service manager, the operations manager and two staff members. The registered manager was on annual leave so we could not speak with them.
- We looked at the care records of four people.
- We looked at four staff records, including training and recruitment records.
- We looked at other records to do with the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- There were processes in place to minimise the risk of harm and abuse.
- The provider's systems, processes and staff training made sure people felt safe.
- People and relatives we spoke with said that people felt safe.
- One person told us, "I lived on my own in a house before I came here. I still have my independence but there's help around if I need it. I feel very safe here."
- One person's relative told us, "The staff here are wonderful. I would definitely trust them to look after people properly."
- Staff were aware of the risk of abuse, signs to look out for, and how to report any concerns they may have.
- Staff told us they felt confident the provider would manage any safeguarding concerns effectively.
- Where staff raised concerns about people's safety arising from third party actions, the registered manager reported the concerns to the local authority and to the CQC.

Assessing risk, safety monitoring and management:

- People had detailed risk assessments in place to manage risks associated with risk of falls, moving and handling and risks associated with skin breakdown.
- Environmental risk assessments were carried out to ensure people's and staff's safety when in their own homes.
- We noted that one person had a comprehensive risk assessment with regards to them displaying behaviour that might challenge. There were procedures to follow if this were to happen for staff to defuse the situation quickly.
- We noted there were personal emergency evacuation plans in place for each person which outlined how people could be kept safe in the event of an emergency, such as fire and flood.

Staffing and recruitment:

- There were sufficient numbers of suitable staff to support people safely according to their needs.
- People told us there were enough staff to meet their needs.
- One person told us, "There's never a problem. If they're [staff] going to be late and they rarely are, they let me know. It works the other way too. If I'm busy or not ready for the care and ask them to come back later, it's no problem to them."
- The provider recruited regularly to maintain staffing levels in line with agreed care packages, and covered any absence with employed staff from this site or the providers other services.
- The provider's recruitment process was robust, and included all the necessary checks to ensure that candidates were suitable to work in the care sector.
- The provider kept the necessary records to show recruitment processes were followed.

Using medicines safely:

- The provider had processes in place to make sure people received medicines safely, according to their needs and choices, and as prescribed.
- Each person's care plan contained an up to date medicines risk assessment. This provided detailed information of the level of assistance individuals required, in addition to how and when medicines should be administered.
- There were protocols in place for these people who took medicines on an 'as needed' basis, in line with the provider policies, which included guidance on the management of errors, end of life medication and the management of anticoagulants which is a medicine that helps to prevent clotting.
- People received their medicines from trained staff who had their competency checked.
- Records relating to medicines were accurate, complete and up to date. The provider had a system to audit records and follow up any gaps or mistakes in records.

Preventing and controlling infection:

- The provider had processes in place to reduce the risk of the spread of infection.
- Staff had access to hand gel, disposable gloves and aprons. The provider checked the use of this equipment on spot checks.
- The staff we spoke with were aware of issues concerning infection prevention and control. All staff had received recent training in this area, in line with the provider's policy.
- There was guidance in place to protect people from the risk of infection.

Learning lessons when things go wrong:

- There had been a strong focus on ensuring staff knew what to report, which staff demonstrated they understood.
- The management team reviewed all incident reports to identify lessons and how they could improve people's care.
- The incident logs included details of the type of incident, the people and professionals involved and any actions taken.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's physical, mental health and social needs were comprehensively assessed prior to the start of their care. This ensured they were understood and could be met.
- Where people had more complex needs, the provider took advice from other health and social care professionals such as speech and language therapists and occupational therapists. Staff had acted on advice and guidance given by these professionals in a timely and effective manner.
- Staff told us care plans contained the information they needed to support people according to their needs and choices.
- People felt the care they received met their individual needs.

Staff support: induction, training, skills and experience:

- Staff completed a thorough induction based on the Care Certificate, which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- The time period for staff induction was flexible to meet the staff member's individual needs, for example if they required extra experience of shadowing staff before working alone with people.
- Staff completed mandatory training such as moving and handling, as well as training specific to people's individual needs, such as dementia and dealing with challenging behaviour.
- The management team had an effective system to monitor that staff training and competency checks were up to date.

Supporting people to eat and drink enough to maintain a balanced diet:

- People had the choice of either nutritious food being delivered for them by an outside agency, or staff supported people with food preparation and with eating if required.
- If people were at risk of poor nutrition their care plan took into account their needs and choices around food and drink, and appropriate records were kept to check their intake.
- People's food and drink preferences and nutrition and hydration requirements were identified during their initial assessment. This included any food allergies, specific dietary requirements and choking risks. Staff had a good understanding of what people liked to eat and any associated risks.

Staff working with other agencies to provide consistent, effective, timely care:

- Where appropriate care workers recommended that people consult other healthcare professionals, and supported people to attend appointments, we saw evidence of this in people's care plans.
- The service manager told us they worked in partnership with district nurses, pharmacies, GPs and other professionals to meet people's needs. Where advice was given from professionals this was noted in people's

care files for staff to refer to.

Supporting people to live healthier lives, access healthcare services and support:

- We noted from people's care plans, that people were able to access a wide variety of core and specialist external services. For example, referrals had been made on behalf of people to agencies such as dieticians.
- Staff were informed of what the person's diagnosis was and were provided with any supplementary information to ensure they knew how to care for them.
- Staff were able to observe and note any change in the person's day to day presentation which may indicate further investigation was required. Staff told us how they liaised other professionals about people's care as required.
- One person following an operation had additional requirements to their care. The service manager had been on training and liaised with relevant professionals to ensure the service could meet this person's needs.

Ensuring consent to care and treatment in line with law and guidance:

- Records showed people consented to their care and support plans.
- Care workers sought consent each time they supported people with personal care.
- The Mental Capacity Act 2005 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 found the service was working within the principles of the Act.
- Staff received training in the Mental Capacity Act 2005 and understood how to make best interests decisions if people lacked capacity. At the time of our inspection the provider did not support anyone who lacked capacity.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- People we spoke with consistently praised the staff who cared for them. One person told us, "You'll have to go a long way to find a more caring group of people. Nothing is too much trouble. They're like family really." One relative told us, "I just can't praise them enough, all of them. I don't know how the manager has managed to surround themselves with such a lovely bunch of caring people. It's not easy to achieve that I would think."
- The staff we spoke with were knowledgeable about the people they were caring for and were able to explain to us people's individual needs and requirements.
- Staff training included equality and diversity, so staff were aware of and ready to deal with care needs arising from people's social or religious background. The provider arranged for a regular church service to be held so that people could attend if they wished.

Supporting people to express their views and be involved in making decisions about their care:

- People were actively involved in their care and support decisions with their relatives where appropriate.
- People, their relatives or representatives had ongoing input into the content of their care plans which were subject to regular review.
- The people we spoke with told us that communication within the service was good, particularly in reference to the care and support they received. One person said, "I'm treated like an adult. The support I get is done to how much I say I need. Anything that needs doing is done straight away and I'm always kept informed."
- The provider sent out annual questionnaires to gather people's views on the service provided. Results from the latest questionnaire were positive and no changes had been suggested.
- In addition to daily contact with their care workers, people could speak with the management team at any time.

Respecting and promoting people's privacy, dignity and independence:

- People and relatives confirmed that people were treated with dignity, respect and that their independence was promoted. One person told us, "If you need the help they are there but they won't do it if you can do it for yourself. One of the girls told me that would rob me of my independence and she was right."
- Staff we spoke with told us how they knew the people they cared for well and promoted people's independence and respected their privacy and dignity.
- We observed staff interacting with people throughout the day. We noted staff were respectful and kind to people using the service. We observed many instances of genuine warmth between staff and people. On these occasions, staff took time to explain their actions in order to minimise people's anxiety.
- People's care plans considered what people could do themselves and had specific instructions for staff

regarding what people wanted the staff to do for them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Staff planned care and support in partnership with people and where appropriate their relatives.
- People's needs were captured in care plans which contained detailed information about how they wished to receive their care and support.
- The provider complied with the Accessible Information Standard, this is guidance which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The provider gave information in a format that people could understand.
- The provider supported people if required to access the community, such as; taking them shopping. People also had access to a wide range of activities such as; bingo, film club, BBQs and arts and crafts. This helped reduce the risk of social isolation.
- The provider had linked in with a national youth project, young people came to the home as part of their project to do activities with people.

Improving care quality in response to complaints or concerns:

- The provider had systems in place to log, respond to, follow up and close complaints.
- We reviewed the complaints and concerns that had been raised. These had been dealt with in line with the providers policy and closed.
- The provider had information on how to make a complaint displayed in the communal areas.
- The people we spoke with confirmed they knew how they could make a complaint if needed. They were confident that any complaints or concerns would be dealt with promptly.

End of life care and support:

- The provider did not currently have any people receiving end of life care.
- We discussed with the service manager how they would support people at the end of their life. The service manager confirmed they would work closely with the person's GP and specialists where appropriate to ensure a dignified and pain-free death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- There were effective management systems in place to promote person-centred care.
- The provider was supported to deliver high quality care by the management team and staff who took a direct interest in the service.
- There was a very positive culture within the staff team, and staff worked in line with the provider's values.
- Our feedback and the provider's own surveys showed that people were satisfied with the care and support they received.
- The provider was aware of their responsibility to be open in communications with people and others involved in their care.
- One person had told us, "I don't know how someone (the manager) so young is able to do this job so well. It just seems to be natural to them."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The provider had systems and processes in place to monitor the quality of the service. However, these were not always documented clearly. The provider stated they would improve this following inspection.
- The management team regularly reviewed the quality of service and were very visible within the service.
- There were regular quality checks on care files, care logs, medicines records, and other records.
- Spot checks and competency checks were carried out on staff care calls to monitor the quality of the care being given.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- In addition to day-to-day contact with people who used the service, there was an annual customer satisfaction survey. The results of this were very complimentary and positive.
- The service manager had an "open door" policy and regular team meetings and supervisions to engage with staff.

Continuous learning and improving care:

- Processes were in place to continually evaluate the quality of the care provided.
- The provider used incidents as the opportunity for learning. One example was that following some medicine errors the provider had introduced a six point check system. Staff had clear instructions of six things to check when giving medicines. This was documented on the back of their ID badges for quick

reference.

- If any improvements were found during competency or spot checks the provider addressed this with staff and put in place extra support or training where required.

Working in partnership with others:

- There was a good working relationship with the local authority and other agencies such as GPs, pharmacies, and district nurses.
- The service manager had sought support and training from external professionals when needed, such as for catheter care.