

Saint John of God Hospitaller Services

Alcazar Court

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 30 October 2015 and was unannounced.

Alcazar Court is a supported living service. The service consists of 45 flats and people are given varying levels of support with personal care dependent on their needs.

The service does not have 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. The acting manager has applied to the Care Quality Commission to be the registered manager for the service.

Our previous inspection on 17 July 2014 found that the service did not meet the standard relating to consent, because the registered manager hadn't considered issues of unlawful deprivation of liberty that might arise when confining equipment is used to keep people safe. The provider wrote to us and told us that they would introduce an assessment toolkit that would highlight the risks from confining equipment to people who used the service. At this inspection we found that the service had carried out and appropriate assessment and where necessary referred to the Local Authority so that they met requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Summary of findings

Staff understood people's rights to make choices about their care and the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

We found a breach of regulation at this inspection. People may be at risk as there had been no assessment and care planning to support them to manage their medicines themselves.

There was an accessible complaints policy which the acting manager followed when complaints were made to ensure they were investigated and responded to appropriately.

Staff were deployed in sufficient numbers to meet people's needs. Staff knew how to keep people safe. Staff knew how to identify abuse and the correct procedures to follow if they suspected that abuse had occurred.

People were kept safe from the risk of abuse. Risks to people were identified and staff took action to reduce those risks. People were provided with a choice of food.

Care was planned and delivered in ways that enhanced people's safety and welfare according to their needs and preferences. Staff understood people's preferences, likes and dislikes regarding their care and support needs.

People were treated with dignity and respect. People using the service, relatives and staff said the acting manager was approachable and supportive.

At this inspection we found one breach of regulations in relation to the management of medicines. You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe. The risks to people from administering their medicines themselves had not been assessed.

People's needs were always met as staff were deployed consistently.

Procedures were in place to protect people from abuse.

The risks to people were identified and managed appropriately.

Requires improvement



Is the service effective?

The service was effective. The registered manager had taken sufficient action to comply with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's healthcare needs were monitored and information about people's ongoing health needs was up to date.

Staff received training to provide them with the skills and knowledge to care for people effectively. Staff were supported through regular supervision to meet people's needs.

People received a variety of meals and the support and assistance they needed from staff with eating and drinking, so their dietary needs were met.

Good



Is the service caring?

The service was caring. Staff were caring and knowledgeable about the people they supported.

People and their representatives were supported to make informed decisions about their care and support.

People's privacy and dignity were respected.

Good



Is the service responsive?

The service was responsive. People were supported to engage in meaningful activities.

People's care was planned in response to their needs.

People and their relatives were supported to raise concerns with the provider as there was an effective complaints system in place.

Good



Is the service well-led?

The service was well-led. The provider had effective systems to check and monitor the care of people received.

The culture of the service was open and transparent.

Good



Summary of findings

<p>The manager regularly checked the quality of the service provided and ensured people were happy with the service they received.</p>	
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Alcazar 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.

This inspection took place on 30 October 2015 and was unannounced.

The inspection was carried out by an inspector and a specialist professional advisor who was a nurse with knowledge of needs of older people.

Prior to the inspection we reviewed the information we held about the service. This included information sent to us by the provider, about the staff and the people who used the service. 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 spoke with the local safeguarding team and a GP to obtain their views.

During the visit, we spoke with 13 people who used the service, two visitors, five care staff and the acting manager. We spent time observing care and support.

We also looked at a sample of ten care records of people who used the service, nine medicine administration records, three staff records and records related to the management of the service.

Is the service safe?

Our findings

Five people's care records showed that they were administering their medicines by themselves. However none of these people had a risk assessment that showed how the risks of them managing their medicines independently had been assessed and appropriate action to mitigate any identified risks had not been taken. The service's medicines policy stated that any self-administration of medicines must be risk assessed and documented in the care plan. There was no evidence to show that the service had followed this procedure. The policy also stated that a plan should be jointly prepared with the person who used the service and the service provider regarding the secure storage of their medicines. When we visited people's flats we observed that medicines were left out and had not been placed in secure storage. People may be at risk as there had been no assessment and care planning to support them to manage their medicines themselves. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person said, "I understand what my medicines are for, and they are always available." Arrangements were in place for recording the administration of medicines. These records were clear and fully completed. The records showed people were getting their medicines when they needed them, there were no gaps on the administration records and any reasons for not giving people their medicines were recorded. Staff told us how medicines were obtained and we saw that supplies were normally available to enable people to have their medicines when they needed them.

There were arrangements in place to protect people from the risk of abuse. People who used the service told us that they felt safe and could raise any concerns they had with staff. One person said, "I feel safe, if I am concerned I can call the office." Information regarding who to contact if people or their relatives had concerns about the way they were treated by the service was available. Staff understood the service's policy regarding how they should respond to safeguarding concerns. They understood how to recognise potential abuse and who to report their concerns to both in the service and to external authorities such as the local

safeguarding team and the Care Quality Commission. Staff had received training in safeguarding vulnerable adults. Health professionals told us that staff were very trustworthy and responded to any concerns they raised.

Risks to people were managed appropriately. Assessments were undertaken to identify any risks to people who used the service and staff. People and relatives told us that risks arising from the care they received were monitored and addressed. One person said that they had recently needed more support to move around their flat and staff had carried out a risk assessment to make sure that this was done safely. The person's risk assessment and care plan identified how they should be supported to move safely and transfer from chair to bed. Staff spoken with understood the possible risks when providing care to people who used the service. Risk assessments identified the action to be taken to prevent or reduce the likelihood of risks occurring. Where necessary professionals had been consulted about the best way to manage risks to people. An occupational therapist had been consulted by the service regarding a person who needed equipment and adaptations to their flat so that they could retain their independence and be self-caring with some staff support.

There were sufficient staff, people who used the service and relatives told us that the availability of staff was tailored to meet their individual needs. One person said, "Staff come to my flat in the morning at the time I have agreed and help me with the things I had asked for help with." The acting manager explained that as part of people's assessment before they used the service it was agreed with them how much staff support they needed each day. We looked at ten care plans and these identified when and for how long staff would visit people's flats. Care plans also specified the care needs that staff would support people with. One person told us that they had recently requested more support with personal care first thing in the morning. The service had provided extra staff time so that the person had the care they wanted. The person told us, "I asked for more help and the duty manager came and discussed this with me." We looked at the person's care plan it showed that these changes had been recorded. Staff spoken with felt that sufficient staff were deployed to meet people's needs. Staff told us they could ask for more support if people's needs had changed.

Safe recruitment procedures were in place that ensured staff were suitable to work with vulnerable adults as staff

Is the service safe?

had undergone the required checks before starting to work at the service. We looked at three files of staff who had recently been recruited to work with people who used the service. These files contained disclosure and barring checks, two references and confirmation of the staff's

identity. We spoke with one member of staff who had recently been recruited to work at the service they told us they had been through a detailed recruitment procedure that included an interview and the taking up of references.

Is the service effective?

Our findings

At our inspection of 17 July 2014 found that the service did not meet the standard relating to consent, because the registered manager hadn't considered issues of unlawful deprivation of liberty that might arise when confining equipment is used to keep people safe. The provider wrote to us and told us that they would introduce an assessment toolkit that would highlight the risks from confining equipment to people who used the service. At this inspection we found that the service had carried out and appropriate assessment and where necessary referred to the Local Authority so that they met requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

We found that the service had policies and procedures in place that ensured staff had guidance if they needed to apply for a deprivation of liberty for a person who used the service. The acting manager had attended a forum run by the local authority on the recent legislation regarding DoLS. They said they had considered people's needs in regard to this legislation, and were liaising with the local authority to establish whether people needed to be assessed. People's records showed they had powers of attorney and living wills in place, and staff were aware of these.

Referrals under the DoLS had been made where people lacked capacity to make decisions about their care. Where necessary people had a DoLS in place. The registered manager explained that they had involved professionals and people's relatives and made sure that the least restrictive option was taken when a person could not consent to care and treatment.

Staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff were able to explain the restrictions placed on people who used the service. Staff had also completed training on managing behaviour that might challenge the service. Care plans gave detailed guidance of how staff were to respond to these behaviours, and where they were to take decisions in the person's best interests as the person had been assessed as not having capacity to make certain decisions about their care. Staff understood people's right to make choices for themselves and also, where necessary, for staff

to act in someone's best interests. Staff were able to describe people's rights and the process to be followed if someone was identified as needing to be assessed under DoLS.

People who used the service received effective care as staff had the necessary knowledge and skills to meet their needs. People and relatives told us that staff understood and knew how to meet their needs. People said, "The staff know how to help me," and "The staff are really good." Staff said that the training they received enabled them to meet people's needs effectively. A member of staff who had recently started to work at the service confirmed they had received a detailed induction. The training matrix showed that all staff had completed the necessary mandatory training (for example, infection-control, food hygiene and first aid). Refresher training had also been planned so that staff maintained their skills and knowledge in these areas.

The acting manager explained that staff received supervision every two months. This was in line with the service's policy on supervision. The three staff records we looked at showed that staff had received regular supervision. This had focused on their developmental needs and the work they were doing with people who used the service. Staff confirmed that they had regular supervision and this enabled them to better understand and meet the needs of people. One member of staff said they were "well supported" through their regular supervision sessions.

People told us that they liked their meals. A person said, "The food is nice." Staff explained that meals were prepared in people's flats. Relatives brought in pre-prepared or frozen meals, and these were given to people each day. We observed that staff asked people what they wanted to eat before preparing their meals. Where people had diets that reflected their cultural religious backgrounds meals were prepared that met their needs. People's nutritional needs were assessed and when they had particular preferences regarding their diet these were recorded in their care plan.

Where necessary we saw that people had been referred to the dietitian or speech and language therapist if they were having difficulties swallowing. People's weight was being recorded in their care plans. Where people needed support with their nutritional needs their fluid and food intake was being monitored.

Is the service effective?

People told us that they had been able to see their general practitioner when they want. When they asked staff to contact their GP this was done quickly. Staff gave clear information about the people's needs to the GP. A person told us, "They told me my doctor was coming and I can see them in my flat."

People were able to access the medical care they need. Care records showed that the service liaised with relevant health professionals such as GPs and district nurses. Care plans showed that other health professionals, for example, dentists, opticians and chiropodists had been consulted about people's needs. People's care plans showed that they had access to the medical care they needed.

Is the service caring?

Our findings

People and their relatives said that staff were caring and supported them to express their views about how their needs should be met. One person said, "Yes, the staff are respectful and very friendly." They told us that when staff cared for them they were always "kind" and "helpful," and "They listen to what I have to say." Staff knew people's preferences and personal histories. This included whether or not they wanted a care worker same gender care. One person told us that they had asked for same gender for personal care and that, "I asked for a female care worker and they got one for me." The acting manager explained this was a question asked to all clients at the beginning of their stay.

We observed staff were very polite and respectful in their manner when speaking with people who used the service and their relatives. One person said, "Staff talk to us with respect and they are very caring." People told us that staff did not enter their flats without first knocking and asking their permission to enter. People and relatives confirmed that they had been involved in the planning of their care. One relative commented that they met monthly with the acting manager to discuss their relative's care, and these meetings were recorded in the person's care plan.

Staff treated people with respect and as individuals with different needs and preferences. Staff understood people's needs with regards to their disabilities, race, sexual orientation and gender and supported them in a caring way. Relatives had been asked about people's cultural and religious needs. Care records showed that staff supported people to practice their religion and attend community groups that reflected their cultural backgrounds.

Care plans showed that people and their relatives had been consulted about how they wished to be supported. Relatives had been involved in decisions and received feedback about changes to people's care where appropriate. Care plans contained information about people's preferences regarding their care. People's likes and dislikes regarding food, their interests and how they wanted to spend their time were also reflected in their care plans. Where possible, people had also been supported to be as independent as possible and manage their needs. People's care plans showed that they had been involved in managing aspects of their care.

People told us that they understood and had been involved in making decisions about their care and support. All the care plans we looked at had been signed by either the person or their relatives.

Is the service responsive?

Our findings

People and their relatives told us they were involved in planning and reviewing of their needs. One relative said, "They were meticulous and did a detailed needs assessment, and if there are any changes to what we need these are dealt with." Care plans were detailed and gave staff information about people's care needs and their preferences regarding how they wanted to be supported. Staff were able to explain the cultural and religious needs of people who used the service and how they supported them to meet those needs.

We observed activities taking place in the communal sitting room and people were able to choose if they wished to participate in meaningful activities. One person told us, "I feel at home here and I do my things the way I like to do it. I go out for shopping." We observed that people were listening to music from the 1940's. Sing- a- longs and regular film evenings were organised by people who used the service. Activities were planned based on people's interests as identified in their care plans.

Care plans reflected the needs of people, and these were linked to risk assessments. Care plans and risk assessments were reviewed regularly. Staff understood the importance of recording changes in people's needs. We found that timely and appropriate referrals were made to health professionals this ensured that changes to people's needs were addressed.

People and relatives told us that they had regular meetings with staff to discuss their needs and so that they could be

involved in the development of the service. People's care records showed that they were regularly consulted about their needs and how these were being met. One person said, "I have recently attended my review and discussed changes I wanted made to my care plan."

People were also involved in wider decisions about the service through regular meetings. Minutes of these meetings showed that people were able to make their views known about how they wished the service to be managed. Staff made sure that the people were able to share their concerns and they acted quickly to resolve any issues.

People and their relatives knew how to make a complaint about the service. One person said, "The staff and management here are very open to communication and want to know if things are not right. If you do complain they take it seriously and try to put things right." Copies of the complaints policy were available on notice boards for people and their relatives to consult. Staff told us that the complaints policy had recently been updated with the involvement of people who used the service. People and their relatives had been given a copy of the updated complaints policy so that they knew what to do if they wished to make a complaint about the service. The complaint records showed that when issues had been raised these had been investigated and feedback was given to the people concerned. Complaints were used as part of ongoing learning by the service, so that improvements could be made to the care and support people received.

Is the service well-led?

Our findings

We observed that there was an open and positive culture in the service. Staff, people and relatives told us that the service had a management team that was approachable and took action to address any concerns that they raised. One person told us, "You only have to call the office and the manager comes up and sees you." Staff were approachable and engaged positively with people and relatives. One person highlighted that, "Staff read the care plans and ask you what you need." Staff told us that they worked together as a team.

Staff were positive about the management and told us they appreciated the clear guidance and support they received. Staff told us the acting manager was open to any suggestions they made and they had benefited from clearer communication from the acting manager about how they should prioritise their work.

Supervision records showed that staff training and development needs had been identified. Any issues identified in staff supervision were discussed by the management team and plans were put in place to address these issues. Staff told us that the supervision they received enabled them to understand and improve the way they met people's care needs.

People and their relatives were consulted about decisions on how the service should be developed. A survey had

been carried out and responses were generally positive regarding how the service listened to people's views and involved them in decisions about their care. People were also involved in decisions about the service through their representation on the Tenants Group and meetings. Minutes showed that they were able to share their views of the service and that action had been taken to address any issues they had raised.

Staff knew where and how to report accidents and incidents. There had been four incidents in the last two months. These had been reviewed by the acting manager and action taken to make sure that any risks identified were addressed. Two of these accidents showed that, where necessary, people had been referred to their GP or the district nurse for further treatment and review. Accidents and incidents were monitored so that the risks to people's safety were appropriately managed.

Regular auditing and monitoring of the quality of care was taking place. This included spot-checks on the care provided by staff to people in their flats. These checks were recorded and any issues were addressed with staff in their supervision. Quarterly audits were carried out across various aspects of the service, these included the administration of medicines, care planning and training and development. Where these audits identified that improvements records showed that an action plan had been put in place and any issues had been addressed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met: People who use services were not protected against the risks associated with the self-administration of medicines as there had been no assessment and care planning to support them to manage their medicines themselves. Regulation 12 (2)(b)(g).</p>