

St Alex Support Limited

# St Alex Support Limited

## Inspection report

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Date of inspection visit:  
06 September 2016

Date of publication:  
21 October 2016

### 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** ●

# Summary of findings

## Overall summary

This announced inspection was carried out on 6 September 2016. St Alex Support Limited is registered to provide personal care and support for people in their own homes. At the time of our inspection 20 people received care and support from this service across six supported living schemes that were managed by St Alex Support Limited. The majority of people living at the services had mental health needs, with each scheme offering a service to men or women.

This was the first inspection since the service was registered by the new provider in November 2015.

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

People told us they felt safe at the schemes and that staff were caring and capable of doing their job well.

Staff understood how to recognise and protect people from abuse. They received ongoing training around how to keep people safe. Safeguarding concerns had been dealt with appropriately. Staff were not allowed to start work until references had been received and checks had been made to make sure they were suitable to work with the people that used the service.

People told us that they felt confident that staff had the knowledge and skills to provide the right care and support. We found that staff had regular refresher training in the key areas including medicines administration and health and safety, to enable them to deliver safe and effective care. Supervision took place on a regular basis.

Health and social care professionals told us that the staff were responsive if people became unwell, and we could see from records that that staff supported people to access healthcare professionals when needed. People were supported to take their medicines safely when they needed it.

Care plans and risk assessments were in place. We identified two risk assessments which did not contain the most up to date information and guidance for staff on specific risks. We have made a recommendation in relation to quality audits to minimise risk assessments containing out of date information.

People told us they had choice over the support they received and nothing was done without their consent. We saw all documents were signed by people using the service. This showed they were involved in their care and support planning.

The majority of the schemes we found were in good decorative order, but two services were not maintained to a good standard of cleanliness. Following the inspection these services have been deep cleaned. We

found some minor repairs were outstanding across the schemes.

Medicines were administered safely but the temperature for storage was not routinely recorded. This was of concern as the efficacy for some medicines is reduced if stored incorrectly.

We checked how complaints and accidents were recorded and managed. Both were dealt with safely and effectively and we could see areas in which corrective action had taken place as a result.

The staff spoke well of working for the organisation and there was a culture of openness. The registered manager was embedding systems in the new organisation to ensure the service was of a good standard.

There was one breach in relation to medicines management and we have made recommendations in relation to quality audits, fire safety and collation of local community information at the schemes.

You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe. Storage of medicines temperatures was not recorded which can affect efficacy so we could not be confident medicines were safely stored.

Risk assessments were on all files and contained guidance for staff regarding the majority of risks identified.

Recruitment of staff was safe. Accidents and incidents were safely managed.

### Is the service effective?

**Good** 

The service was effective. Staff received mandatory training in key areas and had regular supervision.

People received support to access health care services as needed, and health and social professionals told us staff were responsive to changes in people's health needs.

Staff understood the importance of gaining consent to provide care.

### Is the service caring?

**Good** 

The service was caring. People told us staff were caring and treated them with dignity and respect.

People were encouraged to be as independent as possible.

### Is the service responsive?

**Good** 

The service was responsive. We could see that people were involved in their care plans and key worker sessions took place regularly to ensure people were being provided with the assistance they needed.

Formal complaints were dealt with effectively and in a timely way, and people told us they knew how to make complaints.

The majority of people told us they were supported to access activities and opportunities locally.

### Is the service well-led?

Good ●

The service was well-led. People told us the registered manager was accessible and staff confirmed this.

Audits were taking place and there were systems to remind staff when key events needed to take place, for example, supervision, training and safety checks for key services across the properties.

# St Alex Support Limited

## **Detailed findings**

### Background to this inspection

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

The inspection took place on 6 September 2016 and was announced. The provider was given 48 hours' notice because the location provided a domiciliary care service and we needed to be sure that the registered manager would be available. The inspection was carried out by one inspector and two experts-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care 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 also looked at information CQC held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

As part of the inspection process we spoke with twelve people using the service, the registered manager and two other administrative staff. We visited five of the six schemes run by the provider and walked around the premises including viewing people's bedrooms.

We looked at four care records and four staff records. We viewed policies and procedures, training and supervision information, and accidents, incidents and safeguarding records. We also checked records relating to the premises safety.

Following the inspection we spoke with two staff members and four health and social care professionals for their view of the service. The registered manager and administrative staff also provided us with additional information to complete the inspection process.

# Is the service safe?

## Our findings

People at the schemes told us, "I feel safe here" and "I feel safe and the staff are caring." Only one person told us they had felt slightly uncomfortable with a previous member of staff but this person no longer worked at the service.

We checked medicine records against stocks. They tallied and were accurately recorded. However, there were no records of the temperature medicines were stored at. This was a concern as the efficacy of medicines can be affected by temperatures over 25 degrees Celsius.

The above concern was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Essential equipment, for example, gas and electrical installations and portable electrical equipment were serviced in the last twelve months, or within timescales recommended to ensure the buildings were well maintained. We could see from records the fire alarms were tested weekly, and the fire extinguishers were checked every two months across the schemes to ensure they were visually still fit for use. We could also see the provider had undertaken a fire risk assessment of each service. There were no fire drills taking place, and the doors within the premises were of regular thickness, and were not self-closing fire doors. Following the inspection the provider made contact with the fire brigade for advice relating to fire drills and the type of doors required for a supported living scheme.

We recommend that the provider seeks fire safety and prevention advice from a suitably qualified professional to ensure all aspects of fire safety are addressed including the maintenance of fire extinguishers.

Risk assessments were on people's care records and covered a broad range of risks identified in care plans. We noted that two risk assessments did not contain the most up to date actions to take in relation to managing issues of food for one person and alcohol for the other. However, there was other documentation on their care record to guide staff in managing the person's alcohol usage.

We recommend the provider's auditing process incorporates a system to check care records are up to date and provide accurate information to staff to manage risks.

We saw that minor repairs were needed at two of the schemes as kitchen cupboard doors and a handle were missing. The registered manager told us this was the responsibility of the landlord to fix and that the work had been reported. However following the inspection the registered manager undertook to complete these repairs to ensure they were carried out quickly.

Thorough recruitment checks were carried out before staff started working at the service. We looked at staff records and saw how there was a safe recruitment process in place. Each record had two references. The recruitment policy stipulated one had to be from a previous employer, the other could be a character

reference. We saw the provider had completed Disclosure and Barring Service checks on staff prior to them starting work and their files contained the reference numbers. This meant staff were considered safe to work with people who used the service. We saw records of people's right to work in the UK where relevant.

Staff were able to tell us about safeguarding adults from abuse. They knew the different types of abuse and what to do if they had any concerns. There was a safeguarding adults policy in place and staff had received training in safeguarding adults. We could see from records that safeguarding alerts in the past 12 months had been dealt with appropriately.

The cleanliness in the schemes varied significantly. The kitchen in one scheme was not clean throughout. Whilst the fridge was clean, the cooker and cupboards were not clean, and grime had accumulated over time. We also found dirty pots stored in the back garden and under the sink. The kitchen cupboards in a second scheme were sticky with grime which also had accumulated over time.

People living at the service were expected to clean the kitchen after use but the staff were not monitoring this sufficiently well. We spoke with the registered manager regarding the cleanliness overall of both schemes. He undertook to ensure they were thoroughly cleaned and that future monthly audits would monitor cleanliness. Since the inspection the registered manager employed a company to 'deep clean' both premises, and re-introduced a staff checklist which prompts staff on each shift to check cleanliness of the kitchen as a routine task.

We checked the rotas for three of the schemes for one month. Staffing was consistently provided over a 24 hour period. We could see from care records that most people were independent with tasks but some required supervision whilst cooking or with managing their affairs. There were enough staff to meet people's needs.

Incidents and accidents were dealt with safely and effectively and we could see areas in which corrective action had taken place as a result. For example, one person living at the service had fallen when leaving the property. Although there was no evidence she fell as a result of a small step to the pavement, the registered manager installed a ramped area to minimise the risk of this person falling again.



# Is the service effective?

## Our findings

We asked people if the staff were good at their jobs. People told us, "Yeah good at their jobs. I sometimes help the house mopping the hall and living room floors" and "Yeah, good working hard."

We could see from looking at records that staff received regular supervision and had been trained in key areas including medicines management, safeguarding, food hygiene, mental health, behaviours that challenge, and mental capacity and deprivation of liberty safeguards. This meant they were provided with suitable training and support to do their role.

We could see people had access to health appointments as necessary. People told us of good health support. Their comments included "Yeah, every month I have a blood test and have my blood pressure taken." Another person told us, "Yes, help me with exercise." A third person said, "I like to go to the GP myself and staff are supportive. They help me attend appointments and make sure these are arranged."

The service encouraged people to attend GP services near to the schemes to make the collection of prescriptions manageable. One person told us, "The GP I have doesn't offer choice, I had to register when moving and would have liked a bit more choice, as I don't normally see the same person now." We discussed this with the registered manager who explained that whilst people were encouraged to attend a local GP, they could exercise choice in this matter.

Health professionals confirmed the staff helped people attend appointments where they needed support or booked them if this was required.

The schemes varied in the level of need of the people living in them and in the style of support offered. We asked people how they managed their food. One person said, "Don't need help, I cook my own food." The staff at the schemes encouraged people to cook for themselves, but offered support where necessary. Four people at one service told us staff were supportive and offered assistance in a dignified manner. One person said, "Staff help me to cook. I normally do things myself, but sometimes I need a bit of support. Staff are generally good at that." Only one person expressed a mild concern "I cook for myself, but I need help from staff sometimes. They are generally good at helping me, but sometimes this could be offered more proactively."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

One person needed to be accompanied if they left the service. We could see from records that the registered manager was liaising with the local authority to pursue an application to be made to the Court of Protection to assess their capacity under the MCA to leave the service unaccompanied.

Staff understood the importance of gaining consent from people before offering any care or support. One person told us, "The staff offer medication respectfully, but I also take my own medications and staff are helpful in supporting me to do this." Staff were very aware of their role in supporting people to move onto their own accommodation and to be fully independent, so choice and control were very important in offering support to people.

We saw from records that an arrangement had been negotiated with one person to manage their alcohol intake. This had been agreed and documented according to their agreement. Another arrangement in relation to the storage of food required documentation but this arrangement had been postponed as the person was not living at the scheme at the time of the inspection. The registered manager understood the necessity of gaining consent for any restriction relating to a person's behaviour or belongings, and told us he would complete the necessary documentation if and when the person returned to the scheme.

The schemes were located in houses in quiet residential roads or set back from the main road. They were not accessible for people with significant mobility needs but this did not present any issue for the people currently living at the schemes.

## Is the service caring?

### Our findings

People told us how staff demonstrated a caring approach to them. One person told us, "They care for me, they show they are caring in the way they care for me." Another person said, "Pleasant and in a caring manner. They care about how I feel." A third person said, "If I sleep over they wake me up. Help [me] to take medication. Help me to tidy up my room. Help with cleaning". Only one person told us they found the support slightly intrusive at times due to different standards of cleanliness between themselves and the staff.

We asked people if they were able to have family and friends visiting them at the scheme. We were told, "My friend [person's name] visits and brings me chocolate cakes and staff are happy with him visiting." Another person told us, "They visit during the day, my Dad comes, staff always happy." We were aware one person's partner stayed over at one scheme. We asked the registered manager about arrangements for people staying overnight. He told us each situation was risk assessed to check if they posed any risk to other people living at the scheme, but where people were safe and did not intrude on others, this was agreed.

The décor varied from one scheme to another, and this impacted on people's experience of living there. Some had been decorated recently whilst others had not. We were told in one scheme, "It's alright here, it's clean and modern." Another person in a different scheme told us, "I have good access to the garden from my room and it's very nice here. The house is well decorated and clean." However, we were also told, "The place needs redecorating and the curtains are old. It lacks a homely environment."

We saw people's bedrooms were personalised and in one scheme people had ensuite facilities. In the other schemes bathrooms and toilets were shared by people living at the service.

Similarly the garden areas varied from one scheme to another. Whilst weeds and grass was overgrown in two of the schemes, two other schemes had well-kept gardens. The registered manager told us they had a gardener who was expected to keep the gardens in good order but he had not been able to complete all the work in recent months. Following the inspection the registered manager undertook to get the all the gardens into good order and we saw records to confirm this. The registered manager also purchased garden furniture to enable people to sit outside without bringing out chairs from within the service.

We could see from records that people were involved in their care. Care support plans were signed as were placement documents and tenancy agreements. Key worker sessions took place regularly at which people could discuss their goals and any other issues they chose to discuss. We asked people if they were supported to be more independent. We were told, "Before I moved here, I was untidy and now I have built up to cleaning my own room and looking after myself. I think I have done well and the staff have supported me." Another person told us, "The staff here are alright, they do their best and help me with cooking and cleaning, I have come a long way."

We could see that monthly meetings took place at the schemes where people could discuss their views. We

were told, "Once a month, [they] ask you if not happy with anything. Ask if there is anything you want to change about the house or building. Ask you if you have any problems."

We noted there were different approaches at the schemes. Whilst some focused on issues such as cleanliness, others included topics such as social events and activities.

We also saw from the monthly audit documents that once a month an individual was asked their opinion as to how the service was run and whether they were happy with their care.

## Is the service responsive?

### Our findings

Care plans were comprehensive and included physical, emotional and mental health needs as well as financial, relationships, household and activities of daily living.

We could see from residents' meetings that some schemes organised social activities whilst others did not. People were expected to participate in hobbies and activities in the local community.

In terms of being supported to get involved in activities there were a range of views. One person told us, "The staff are alright here, I get on well with the staff, but there could be more signposting, leaflets and information about getting involved in different things. It takes time to be followed up." Another person told us, "They [the staff] care, but one or two could be more focused, like finding out about things to do and opportunities. There could be more activities and places to volunteer." A third person told us, "Most staff are supportive, but there could be more support for them to encourage them to interact more and provide guidance."

We highlighted these issues to the registered manager who told us staff did have access to information on local resources and connections were made with local voluntary organisations. He told us some people went swimming or to the local gym. Other people visited their family and friends. Staff we spoke with knew about some resources locally, and examples were given of two people volunteering.

Health and social care professionals we spoke with felt the staff did encourage people to get involved, but people were not always well enough to do so. One person told us, "I feel more confident and hopeful than before, I like to do things, like going to the park and drawing and painting. I feel I have moved on more and feel supported to talk to the staff." Another said, "I want to come off medication, it's a big decision and choice. I get tired a lot. But I know it's something I have to consider and the staff do have honest chats with me about it. That makes me feel someone listens."

We recommend the service consider how to store information at each scheme so people living at the service can access local information on college courses, activities and volunteering and leisure opportunities.

We asked people if they thought the service was open to suggestions, comments and complaints. We were told, "Yeah, I pointed out that the gas stove needed a new battery, they did listen". "We have a three week meeting. We are encouraged to complain. In the meeting we say if we are not happy about our care plan." Other comments included, "Yes, I would wait for the man in charge to arrive", "Yes, I can call on the phone and talk to a manager" and "They always respond, very happy with that."

Only one person told us they didn't know how to complain, but we noted on each notice board in the houses there was information about how to make a complaint. We saw from records that complaints were dealt with appropriately and in a timely manner.

## Is the service well-led?

### Our findings

The service had a clear focus on care. The statement of purpose noted "...a person's route to independence may not always be through a straight line and that it may be necessary for some people to have more support to enable them to progress in life."

During the inspection the registered manager told us about people who had recently left the service to live independently. This was confirmed by health and social care professionals we spoke with. They spoke well of the care and support provided by the service and would consider referring other people to the service, particularly where there were ensuite facilities.

We noted from discussion with the registered manager that he knew the people living in the services well and attended meetings with care co-ordinators on occasion. This was useful as the registered manager was able to support staff if there was a decline in people's health and well-being. People living at the services were aware of who the registered manager was and it was clear from his attendance at the schemes on the day of the inspection people were familiar with him.

We saw that regular monthly audits took place. These covered areas a wide range of areas including: staffing issues such as supervision and training; health and safety issues such as the environment as well as accidents and incidents; care records including risk assessments; medicine records; and maintenance issues. We noted that maintenance issues were logged but there was no date for action required and the following month's audit did not record if all tasks had been completed. There were no audits of cleanliness or the condition of the garden. This was important as cleanliness had been an issue in two of the schemes, and we saw from the monthly audit documentation a broken washing machine had been stored in one garden for many months. We also saw there remained outstanding repairs needed to kitchen cupboards, which the registered manager have told us have since been repaired. We spoke with the registered manager in relation to these issues. He undertook to include cleanliness and the condition of the gardens in future audits, to review how maintenance was undertaken between the landlord and the provider, and how this was recorded to ensure repairs were dealt with promptly.

As part of the monthly audit in each house a member of the administrative or management team would ask one person's views of the care provided, whether they felt staff supported them effectively, whether they were getting support to be independent and if they had any complaints. A survey of all people's views of the service was due to be undertaken in October 2016 as this would mark a year of the new provider taking over.

There were suitable policies and procedures in place to provide guidance to staff and we could see that monthly staff meetings took place at which staff could give their views and information could be shared.

The provider had tried to retain the majority of staff from the preceding employer to ensure continuity of care. Records showed that only a few staff members had left the service. Since November 2015 new systems and processes had been established to monitor the quality of the service and the care provided, which the registered manager was embedding.

The registered manager was keen to keep up to date with best practice and attended provider forums locally. The service was beginning to offer the new Care Certificate to staff and one staff member told us he had been supported to do external qualifications whilst employed at the service.

The registered manager told us he had made links with the local community police so they understood the type of service St Alex Support Limited was offering. He also made links with local voluntary organisations, including the Enfield Mental Health Users Group to improve the sharing of knowledge across the service and opportunities for volunteering for people using the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 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>The provider did ensure the proper and safe management of medicines as storage temperatures were not monitored. This could affect their efficacy.</p> <p>Regulation 12(1)(2)(g)</p>