Alexander's Care & Support Limited

Campbell Place

Inspection report

Reading Road North
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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
Campbell Place is an Extra Care housing service within a purpose-built residential block which consisted of 74 flats and a range of communal areas people could freely access. At the time of the inspection 40 people were in receipt of support with personal care provided by Alexander's Care and Support Limited. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
People told us they felt safe when being supported by care staff. There were appropriate systems in place to protect people from the risk of abuse.
People's rights and freedoms were upheld. When appropriate staff acted in the best interests of the people they supported.
There were enough staff to meet people's needs. The provider had effective systems in place to ensure safe recruitment practices.
People's needs were met in a personalised way by staff who were competent, kind and caring. Staff respected people's privacy and protected their dignity.
Individual and environmental risks were managed appropriately.
People were empowered to make their own choices and decisions. They were involved in the development of their individual care plans.
People felt listened to and knew how to raise concerns. When complaints were received these were investigated and responded to in line with the provider's policy.
Management processes were in place to monitor and improve the quality of the service. There was a positive, open and empowering culture.

The home has been rated Good overall as it met the characteristics for this rating in all five of the key questions. More information is in the full report, which is on the CQC website at: www.cqc.org.uk

Rating at last inspection
This was the first inspection to award a rating of this service following a change to the registered provider's details.

Why we inspected
This was a planned inspection based on our inspection timescales.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Campbell Place

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by one inspector.

Service and service type
Campbell Place is an Extra Care housing service. This service provides care and support to people living in specialist 'extra care' housing. Extra Care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing 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.

The service had a manager registered with the Care Quality Commission. 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. The registered manager had moved onto a new role and the team manager was in the process of being registered with CQC.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection. Inspection activity started on 21 June 2019 and ended on 28 June 2019.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We also reviewed information we held about the service including statutory notifications which providers are required to inform the CQC of, such as accident or incidents that have happened at the service. We used this information to plan our inspection.

During the inspection-
We spoke with three people and one relative about their experience of the care provided. We spoke with seven members of staff including the operations manager, an area manager, the team manager, a senior care staff, and three care staff. We also spoke with two visiting healthcare professionals.

We reviewed a range of records. This included five people's care records and multiple medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, quality assurance audits and accidents and incidents were reviewed.

Good

Is the service safe?

Our findings

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

At this inspection this key question was rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

● People we spoke with consistently told us they felt safe. One person told us, "I feel safe, I can lock my doors and they [staff] always knock." Another person said they felt safe and added, "It is the fact that someone is just a button [call bell] away that is nice and comforting." A family member said, "I feel [my relative] is safe."

●The provider had appropriate systems and processes in place to protect people from the risk of abuse. Staff had received safeguarding training and could recognise abuse and knew how to protect people from the risk of harm. A health professional told us, "Yes people are absolutely safe here. I have never seen anything untoward."

● Staff we spoke with were clear on their roles and responsibilities to ensure people remained safe. Staff were confident any concerns they shared would be listened to and investigated where appropriate by senior care staff and the team manager.

● We reviewed records which demonstrated the team manager and senior staff completed thorough investigations when concerns were shared, which included actions that had been taken to keep people safe. For example, the team manager had identified a series of minor medicine administration errors. These were investigated, lessons learnt identified and an action implemented to ensure all staff received additional training and competency checks to minimise the risk of reoccurrence. Since this action had been completed no further medicine errors have occurred.

● There was a robust approach to reviewing any concerns, accidents and incidents. For example, falls were monitored and analysed both by the team manager for the service and by the operations manager across all of the provider's services. This has led to a staff member becoming a falls prevention champion; laminated signs placed in people's homes to remind them to use their mobilising equipment and timely referrals to the appropriate health professionals.

Assessing risk, safety monitoring and management

● Support was delivered in ways that supported people's safety, welfare and choice. Staff understood where people required support to reduce the risk of avoidable harm.

• Risks to people were appropriately managed. These were robust and detailed risk assessments in place for people. These related to the environment and people's healthcare needs. They were personalised and provided information to help staff understand how to reduce those risks for people. For example, one person had a risk assessment in place to inform staff how to support them when they left their home to visit a theme park.

Staffing and recruitment

● Staffing levels ensured that people received the support they needed safely and at the times

they needed. One person told us there was enough staff adding, "You have the same staff, continuity is good, you get to know them and they get to know you, which is good."

● There was a plan in place to manage short term staff absence through the use of overtime and staff from one of the provider's other services. In addition, where necessary the management team and office staff were available and trained to provide care and support to people using the service. The team manager told us they would only use agency staff as a last resort. A member of staff told us, "There is enough staff. Sickness is covered. Staff will normally help out. I know on a couple of occasions [the team manager] has stepped in and helped."

● Recruitment processes protected people from being cared for by staff that were unsuitable to work in their home. A range of recruitment checks took place before staff started working at the service. These included the requirement for staff to complete a Disclosure and Barring Service (DBS) check prior to commencing their role. This enabled the provider to check the applicants' suitability for their role. One new member of staff told us, "I had my interview with [the team manager] but had to wait for my DBS to come through and then I could start."

● The provider kept the necessary records to show a robust recruitment process was followed.

Using medicines safely

● Not all people provided with care and support required assistance with their medicine management. Where people were able to complete this independently, provisions were in place to support this and care records clearly documented people's abilities.

● Each person's care plan reflected their individual medicine needs. They gave detailed information concerning the level of assistance individuals required, in addition to how and when medicines should be administered.

● People received their medicines from trained staff who had their competency checked regularly. One member of staff told us, "I had not done medication before so I was very nervous, but the training was very good and someone came out and checked I was doing it right. So, I feel quite confident now."

● Where people had medicines prescribed on an 'as required' (PRN) basis, they had detailed individual PRN protocols in place. Information clearly identified why, when, and how staff should support people to manage these medicines. This ensured people received their medicines when needed and as prescribed.

● Where people required assistance applying topical creams, records provided information on where and when these should be applied and included visual body maps to identify where staff were required to apply creams for each person.

Preventing and controlling infection

● Staff completed infection control and food hygiene training during their induction and updated their training in these areas every two years. Staff's adherence to the infection control guidance and polices was then monitored through regular spot checks of their practice.

● People told us that staff wore the appropriate personal protective equipment (PPEs), such as gloves and disposable aprons when supporting them. One person told us, "Yes they always wear their gloves and aprons when they come to help me." A member of staff said, "I have done my infection control training and I have gloves, aprons and [hand sanitising] gel we take round with us."

Good

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.

At this inspection this key question was rated as Good. This meant 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 needs were assessed before they moved into the scheme. The team manager told us they worked collaboratively with the housing provider and local authority when exploring people's suitability to move into the scheme.
- The information gathered during the assessment process included people's preferences, backgrounds and personal histories. This provided staff with the information necessary to enable them to understand the people they were supporting.
- People and their families, if appropriate were involved in the assessment process. One person told us, "When they came to see me they sat down and spoke about what my needs were. They asked very pertinent questions."

Staff support: induction, training, skills and experience

- People and their families felt staff were competent to give them the care they needed, and flexible with the support they provided. One person said, "They [staff] all understand my needs and how to look after me. I think staff are well trained." A family member told us, "The staff have the right skills [to look after my relative]." A healthcare professional said, "Yes staff the right skills, they assess people and tell us if there is anything wrong."
- People were supported by staff that had ongoing training that was relevant to their roles, such as safeguarding training, moving and handling, fire safety and medicines management. One member of staff told us, "It is good training. They let you know if things have changed, regulations and things so we are always up to date."
- Staff had additional training around people's specific conditions if needed, for example, supporting people who were epileptic or diabetic, and supporting people who were fed through a percutaneous endoscopic gastrostomy (PEG), which is where a person is fed through a tube surgically passed into their stomach through the abdominal wall.
- Staff who joined the service carried out a comprehensive induction process, including a period of shadowing a more experienced member of staff. Those who were new to care were also supported to complete the care certificate. This is awarded to staff who are new to care work who complete a learning programme designed to enable them to provide safe and compassionate care.
- Staff told us, and records confirmed that staff were supported in their roles and had regular supervision and one to one meetings with their manager to discuss their care practices and development opportunities. One member of staff told us, "I have had supervisions with [manager]. She gives me feedback on how I am doing and what I can improve on. She asks what you want to discuss." Another member of staff said, "In supervisions you get asked any extra training. I have done diabetes training and asked for end of life

training."

Supporting people to eat and drink enough to maintain a balanced diet
● Where people required assistance to manage their diet and nutrition needs, care plans clearly detailed people's likes, dislikes and the level of support they required.
● People were able to access a communal dining area where lunch was provided daily through the on-site bistro as part of their tenancy agreement. This was not facilitated by the care staff. However, where necessary people needed support with their meals, staff were available to support them with their meals in the bistro or in their rooms if they preferred to eat there. Staff were aware of people's dietary needs and preferences and were available to support people with their food whenever they choose to eat. One person told us, "I was watching a film and missed my tea. A bit later I buzzed and they [staff] made me something to eat."
● People were encouraged to maintain their hydration especially during periods of warmer weather. The team manager told us they had worked with the bistro owners to provide an iced water dispenser, which was available for people to use. They also established a series of wellbeing and pop in checks to remind people to remain hydrated. The checks were in addition to people's normal calls.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access healthcare services and support
● People told us they received appropriate support to ensure their health and wellbeing needs were maintained. People shared a range of experiences where they had been supported by staff to contact or engage with health care professionals for both planned and emergency situations. A person said, "They [staff] encourage me to call the doctor when things aren't right." A family member told us, "[My relative] will try and over reach [and have a fall], he has a bell and they [staff] respond really well and err on the side of caution. They will call an ambulance if they are concerned."
● A healthcare professional told us they worked in partnership with the team manager and run two clinics a week at the service. The added "We get called out if they are worried for some one. All calls are appropriate. If it will wait for the clinic they wait. If not, they will just call us. It is fine."

Ensuring consent to care and treatment in line with law and guidance
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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty
● At the time of inspection one person accessing the service was subject to a deprivation of their liberty. This person's restriction had been authorised by the court of protection and managed effectively by the team manager. The management team and staff had received MCA training and the team manager was able to explain the action they would take if a person lacked capacity to make a decision or consent to their care.
● People's care plans reflected where consent had been sought prior to the delivery of care and were signed by the individual to validate this.

Good

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.

At this inspection this key question was rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

● People told us they felt staff treated them with kindness and were caring. One person said staff were, "Brilliant! They will do almost anything for you. The girls are lovely, helpful and very caring." Another person told us, "They [staff] are better than my own family. They are friendly and competent. I have a good laugh and chat with them."

● During our visits to people's homes, we observed people were treated with kindness and compassion. Staff spoke respectfully with people and engaged with them in a friendly, relaxed way. They called people by their preferred name. One person told us, "Staff are starting to get to know me. I was cold as I was sat in the garden and a member of staff saw me and got me a cardigan."

● People were supported by staff who promoted their diversity, choices and preferences. Staff were open to people of all faiths and belief systems, and there was no evidence that people protected under the characteristics of the Equality Act would be discriminated against.

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

● People and family members confirmed that they were involved in discussions about their care. One person told us, "I was in hospital and they spoke with me about what I wanted; my needs had changed so they changed how they looked after me." A family member said, "I am really pleased how they are looking after [my relative]. We are fully involved [in decisions about my relative's care]. They have had a huge impact on our lives in what they are doing for [my relative] and the way they are supporting him."

● People's care plans included information on their 'circle of support'. This used a visual tool to identify key personal and professional relationships that were important to people outside of Campbell Place. This helped staff to understand relationships that were important to people and who the person may wish to support them in their care planning.

● Where appropriate, staff ensured that family members and others who were important to people were kept updated with any changes to the person's care. A family member told us they were kept updated by staff, "It is the little things, like letting me know when [my relative] has done something new [for themselves]. That's really nice of them."

Respecting and promoting people's privacy, dignity and independence

● People were supported by staff who understood the importance of treating people with dignity and respect. All of the staff we spoke with explained how they supported people in a way that maintained their dignity, such as explaining what they were doing, seeking consent, knocking doors and covering people during personal care.

• One person told us, "They [staff] treat me with respect. They help me to wash but do it in a way that I don't

feel embarrassed." Another person said, "They [staff] always knock on my door."

● People were encouraged to maintain their independence as much as possible. Staff took proactive steps to ensure people's strengths and abilities were recognised and supported. One person said, "Staff are brilliant. I like to be as independent as possible and they [staff] are there to help me with things I can't do myself. They encourage me." A family member told us, "They [staff] encourage [my relative] to be as independent and get back their life skills. They take the time to support him, they are very patient."

Good

Is the service responsive?

Our findings

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

At this inspection this key question was rated as Good. This meant 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

● People were supported by staff who had a good understanding of their care and support needs and their personal preferences.

● Care plans informed staff how they should support people in a way that met their likes and preferences. One member of staff told us, "I look at the care plans, they are helpful and explain step by step [how to support people]. If I have any concerns or questions I would speak with a senior."

● People's care plans contained information about their personal history and information about how they liked to communicate. One person told us, "I always look at my care plan, which changes as I have improved. When I arrived, I needed a hoist; they have helped me until I can do lots for myself [and no longer need a hoist]." A family member said staff, "Understand [my relative], he is not their usual [type of] client." A health professional said, "Staff know residents well, they are really on top of the needs of people who live here."

● People were regularly consulted through a range of group and individual meetings to share their view's and ideas. This included planned tenants' meetings, care reviews and through informal conversations with the team manager and her team. One person said, "They come and check if my needs have changed and how things are."

●Where people were identified as needing temporary or urgent care plans to provide additional guidance to staff, a 'Triple I' (Important; Information; Immediately) was put in place. For example, for people who were receiving a course of antibiotics or suffering from a urinary tract infection (UTI). This care plan was a different colour to ensure it was visible to ensure staff were aware that the person's needs had changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● The provider complied with the Accessible Information Standard, where people were not able to communicate verbally effective, staff understood the need to support people with patience and engaged with people's non-verbal communication, such as body language.

● Information was shared with people in a range of formats. This included display boards with information posters, guidance and photographs. For example, people who were unable to verbalise their choices had access to a picture menu to enable them to express their choice of meal they wanted.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People had access to a wide range of social activities they could attend independently. In addition, the service provided opportunities for people to engage in group activities in communal areas of the extra care housing accommodation. These included, BBQs and summer parties in the grounds of the home; and a film night, bingo and arts and craft sessions. People told us they enjoyed taking part in the various activities, which gave them a change to socialise with other residents.
● Along with activities provided on site, people were supported to access the local and wider community. Where people's needs meant they required support to achieve this, support calls included opportunities for people to go out with staff.

Improving care quality in response to complaints or concerns
● People we spoke with told us they knew how to raise any concerns. People told us they felt comfortable approaching the management team and that their views would be listened to. One person said, "If I needed to complain I would speak with [the team manager] I definitely think they would listen to me and do something to sort it out." Another person told us, "I know how to complain but haven't had anything to complain about."
● Complaints about the service and the quality of the support provided were managed effectively. The provider's complaints procedure was available to people as part of their service user guide and also in an easy read format.
● There had been two complaints since the beginning of 2019. Where complaints had been received these had been investigated in line with the provider's policy and an apology given to the person affected.

End of life care and support
● The team manager and staff were committed to supporting people's wishes to remain in their own home to receive end of life care where this was possible. The service recognised the importance of people wanting to remain in a familiar environment and worked proactively with key agencies.
• Although they were not supporting anyone with end of life care at the time of our inspection the team manager was able to give examples where they had worked closely with a local hospice and the district nurse team to ensure people were supported compassionately on their end of life journey.
• The team manager told us that when people were receiving end of life care a person centred 'Triple I' plan would be instigated to make staff aware of the change in their care needs.

Good

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.

At this inspection this key question was rated as Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a clear management structure in place which included the operations manager, an area manager, the team manager, deputy manager and senior care staff. Staff were aware of the different roles, delegation of tasks and who they could seek advice and support from.
- There were systems and processes in place across all levels of the organisation to assess, monitor and improve the quality of the service provided. The area manager provided oversight of the service through a series of audits and reviews, including speaking with people and staff about their experiences of the service. There was also a regular meeting of managers across the provider's services where organisational learning took place, including reviewing trends such as falls, infections and hospital admissions; and updates regarding new legislation and best practice guidance.
- The team manager also regularly completed a range of audits based around their regulatory requirements. This supported the service to continually review their performance, service delivery and identify area's for improvement. The team manager sought information including observations of the care being delivered, people's care records and feedback from people who used the service to inform their judgements. They maintained a rolling action plan to ensure areas of improvement were monitored and managed effectively. A review of the action plan formed part of the area manager's oversight review.

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

- Everyone we spoke with told us they felt the service was well run and they would recommend it to friends and family. One person said, "I think it is well run. I know the manager and [the deputy manager] comes and sees me about what help I need." A family member told us the service was, "well managed. Quality all starts with the management and there is good leadership and staff morale here." A health professional said, "The service is well led, we have a good relationship with the manager and all of the staff. I would definitely recommend it here. This is one of my favourite places to come."
- The providers vision and values for the home included offering people the opportunity to enhance their quality of life by providing a compassionate care that was person centred and promoted people's independence, right to choice and participation. The management team and staff were passionate about delivering care in line with these values. A family member said staff were passionate about encouraging their relative to be independent. They told us, "They [staff] give him his freedom. The have been enthusiastic about his care and how they support him to improve and regain his independence."
- The team manager was fully involved in the daily running of the service. They were visible and accessible to people and staff. A family member told us, [The team manager] is often about so they are seen and don't

ask staff to do things they won't." The team manager demonstrated an open and transparent approach to their role and acted promptly to all feedback provided during this inspection.
● Although they were not yet registered with CQC they understood the requirements of what being registered would mean. There was a duty of candour policy in place to help ensure staff acted in an open way if people came to harm, although no incidents had occurred that met the threshold for its use. When appropriate they had notified CQC of all significant events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider and management team used a range of ways to involve people and staff. This included speaking with people on an informal basis, when providing care or carrying out a 'spot check' in people's home. They also used an annual quality assurance questionnaire to seek people's and their relative's views. We reviewed the feedback from these questionnaires and saw they were generally positive. Where concerns had been identified the team manager had taken action to resolve the concern. For example, some responses to the questionnaire highlighted that not everyone was aware of the out of office phone number or how to complain. As a result of this feedback the team manager recirculated the contact details and complaints policy and spoke with residents to ensure they were aware. One person told us, "They asked me to fill out a questionnaire and asked if I knew how to complaint. I was not sure as I have never had to, so they came and explained it to me." People were also invited to attend service user meetings with the team manager and representatives from the accommodation providers and the catering service.
● Staff had team meetings, supervisions and appraisals to enable them to communicate with the management team. The provider had an open-door policy for staff raise any concerns they may have. One member of staff told us, "Since I have come here the management are very supportive. They all help me. I have an appraisal every year and we have a staff meeting every month, which is good."

Continuous learning and improving care
● The provider promoted continuous learning and development across their services.
● We reviewed audits that had been undertaken by the team manager which demonstrated where findings promoted improvement. For example, an audit of medicines management identified a number of errors. Following analysis of the errors a new medicine training package was agreed with 3 monthly competency checks.
● The team manager kept updated on best practice guidance, legislation and key information through electronic subscriptions to various organisations. This included information published by CQC, Clinical Commissioning Groups and the local authority.

Working in partnership with others
● There was a coordinated approach to people's care. Partnership working with people, their relatives and other external healthcare professionals ensured people received care that was effective and appropriate to their needs. We received positive feedback from health and care professionals about their working relationship with the provider and team manager. One healthcare professional told us, "We get on well with management and have a good working relationship. Carers are always friendly and acknowledge you. This means we can really work well together and improve people's lives."
• The team manager gave us other examples of where they have worked in partnership with other services, such as paramedic practitioners, improving the people have to wait to see a health professional; and a voluntary befriending service to support people and prevent social isolation. They gave an example of where this had benefited one person, improving their mood, with them becoming more engaged with people and improved mental health.