

## Alexander's Care & Support Limited

# Place Court

### Inspection report

Place Court  
Pool Road  
Aldershot  
Hampshire  
GU11 3SW

Tel: 01525313054

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07 March 2019

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service:

Place Court provides home care services to people who live in their own homes which are based in one location at Place Court. At the time of the inspection the service was supporting 28 people. People supported included older people and people living with dementia.

For more details, please see the full report which is on the Care Quality Commission website at [www.cqc.org.uk](http://www.cqc.org.uk)

### People's experience using the service:

- People received a service that was safe. The provider had systems and processes in place to protect people from the risk of harm and abuse. Medicines were managed safely, however there had been a number of medicines errors within the last six months, the provider was addressing this and supporting staff with extra training to minimise the risk to people.
- People received care and support from staff who were trained sufficiently and had the right skills and knowledge, this led to good outcomes for people.
- Staff respected and promoted people's independence, dignity and privacy, staff developed caring relationships with the people they supported.
- People's care and support met their needs and reflected their preferences.
- Management processes were in place to monitor and improve the quality of the service. There was a positive, open and empowering culture.

### Rating at last inspection:

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

### Why we inspected:

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

### Follow up:

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

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was Safe.

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was Effective.

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was Caring.

Details of our Caring findings are below.

**Good** ●

### **Is the service responsive?**

The service was Responsive.

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was Well Led.

Details are in our Well Led findings below.

**Good** ●

# Place Court

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection team consisted of two adult social care inspectors.

#### Service and service type:

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

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

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

#### Notice of inspection:

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

Inspection activity started and finished on 7 March 2019 where we visited the office to see the registered manager, service manager and staff, and to visit people, look at care records, policies and procedures.

#### What we did:

Before the inspection we looked at information we held about the service:

- Due to technical problems the provider was not able to complete a Provider Information return. This is

information we require the provider to send us to give some key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

- The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications received since the last inspection.
- We reviewed the previous inspection report and the providers website.

During the inspection:

- We spoke with three people who used the service and one district nurse and one professional from an integrated care service who were visiting.
- We spoke with the registered manager, service manager, the operations manager and three staff members.
  
- We looked at the care records of four people.
- We looked at three staff records, including training and recruitment records.
- We looked at other records to do with the management of the service.

# Is the service safe?

## Our findings

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

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

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

- There were processes in place to minimise the risk of harm and abuse.
- The provider's systems, processes and staff training made sure people felt safe.
- People we spoke with said that they felt safe.
- One person told us, "I was living in my house before and started to have a few falls. I still have my independence but I feel really safe knowing there's always someone around."
- Another person told us, "I do like the staff, I must say. I trust them all, they're all very caring."
- Staff were aware of the risk of abuse, signs to look out for, and how to report any concerns they may have.
- Staff told us they felt confident the provider would manage any safeguarding concerns effectively.
- We saw evidence that where staff had raised concerns about people's safety, the management team had reported the concerns to the local authority and to the CQC.

Assessing risk, safety monitoring and management:

- People had comprehensive risk assessments in place to manage potential risks, such as risks associated with falls, moving and handling or the risk of skin breakdown.
- Environmental risk assessments were carried out to ensure people's and staff's safety when in their own homes.
- One person had a comprehensive risk assessment with regards to them displaying behaviour that might be a danger to themselves. There were clear procedures for staff to follow should they be concerned about this person.
- There were personal emergency evacuation plans in place for each person which outlined how people could be kept safe in the event of an emergency, such as fire and flood.

Staffing and recruitment:

- There were sufficient numbers of suitable staff to support people safely according to their needs.
- People and staff told us there were enough staff to meet people's needs.
- One person told us, "I don't need that much but the staff are there if I need them, and they never seem to be in a rush."
- One staff member told us, "Yes, I would say there are enough staff. Some days are busier than others but the managers listen and if something needs to be changed to help us, they do listen."
- The provider recruited regularly to maintain staffing levels in line with agreed care packages, and covered any absence with employed staff from this site or the providers other services.
- The provider's recruitment process was robust, and included all the necessary checks to ensure that candidates were suitable to work in the care sector.
- The provider kept the necessary records to show recruitment processes were followed.

#### Using medicines safely:

- The provider had processes in place to make sure people received medicines safely, according to their needs and choices, and as prescribed.
- Each person's care plan contained an up to date medication risk assessment. This gave detailed information concerning the level of assistance individuals required, in addition to how and when medicines should be administered.
- There were protocols in place for people who took medicines on an 'as needed' basis, in line with the provider policies, which included guidance on the management of errors.
- There had been a number of medicines errors, these were minor with no impact or harm to people. The provider had arranged and carried out extra training and competency checks to manage this.
- People received their medicines from trained staff who had their competency checked regularly.
- Records relating to medicines were accurate, complete and up to date. The provider had a system to audit records and follow up any gaps or mistakes in records.

#### Preventing and controlling infection:

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

#### Learning lessons when things go wrong:

- The registered manager reviewed all safeguarding reports to identify lessons and improvements to people's care.
- The management team reviewed all incident reports to identify lessons and how they could improve people's care.
- The providers incident logs included details of the type of incident, the people and professionals involved and any actions taken.
- Where accidents and incidents happened, the registered manager reviewed them to identify any trends or required changes needed.

# Is the service effective?

## Our findings

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

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

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

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

Staff support: induction, training, skills and experience:

- Staff completed an intensive five-day induction based on the Care Certificate, which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. This was done prior to new staff being allowed to work with people.
- Staff completed mandatory training which was refreshed yearly. Staff had also been trained in specialist areas when the need arose such as, dementia and working with behaviour that challenges.
- The management team had an effective system to monitor that staff training and competency checks were up to date.

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

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

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

- Where appropriate care workers recommended that people consult other healthcare professionals, and supported people to attend appointments, we saw evidence of this in people's care plans.
- The service manager told us they worked in partnership with district nurses, pharmacies, GPs and other professionals to meet people's needs. Where advice was given from professionals this was noted in people's care files for staff to refer to.
- One visiting health professional told us, "Sometimes I'm not able to get a full history from someone, maybe



because they're confused. The staff here are able to help and give me clear information because they know them so well."

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

- People's care plans, that people were able to access a wide variety of core and specialist external healthcare services. For example, referrals had been made on behalf of people to agencies such as dieticians.
- Staff were informed of what the person's diagnosis was and were provided with any supplementary information to ensure they knew how to care for them.
- Staff were able to observe and note any change in the person's day to day presentation which may indicate further investigation was required. Staff told us how they liaised other professionals about people's care as required.
- If people were not able to attend healthcare appointments themselves then the provider would support them to do this.

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

- Records showed people consented to their care and support plans.
- Care workers sought consent each time they supported people with personal care.
- The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found the service was working within the principles of the Act.
- Staff received training in the Mental Capacity Act 2005 and understood how to make best interests decisions if people lacked capacity. At the time of our inspection the provider did not support anyone who lacked capacity.

# Is the service caring?

## Our findings

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

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

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

- People we spoke with consistently told us that the staff who cared for them were kind and caring. One person told us, "That's the thing. They are all really caring, from top to bottom."
- We observed positive interactions throughout the day of inspection between people and staff, who consistently took care to ask permission before intervening or assisting.
- The staff we spoke with were knowledgeable about the people they were caring for and were able to explain to us people's individual needs and requirements.
- The provider took care to ensure people's individual needs were catered for and that their human rights were respected.
- The service had recently supported a person at the end of their life with strong cultural and religious beliefs. That person's community from the area was welcomed in to be with this person through this time.
- A person who was struggling to come to terms with their sexuality had been supported by staff and given details of local support groups.

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

- People were actively involved in their care and support decisions with their relatives where appropriate.
- We looked at people's support plans in order to ascertain how staff involved people and their families with their care as much as possible. Support plans and risk assessments were devised, reviewed and signed by staff. People or their representatives had ongoing input into the compilation of support plans which were subject to regular review.
- The people we spoke with told us that communication within the service was good, particularly in reference to the care and support they received. One person told us, "I'm quite an intelligent person and wouldn't react well to be kept in the dark. The staff here treat me as an equal, not someone who doesn't need to know what's happening."
- The provider sent out annual questionnaires to gather people's views on the service provided. Results from the latest questionnaire were positive and no changes had been suggested.
- In addition to daily contact with their care workers, people could speak with the management team at any time.

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

- People and relatives confirmed that people were treated with dignity, respect and that their independence was promoted. One person told us, "They [staff] don't interfere. I just get on with it but they're always there, lurking in the background if I need them."
- Staff we spoke with told us how they knew the people they cared for well and promoted people's independence and respected their privacy and dignity.

- We observed staff interacting with people throughout the day. We noted staff were respectful and kind to people using the service. We observed many instances of genuine warmth between staff and people. On these occasions, staff took time to explain their actions in order to minimise people's anxiety.
- People's care plans considered what people could do themselves and had specific instructions for staff regarding what people wanted the staff to do for them.

# Is the service responsive?

## Our findings

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

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

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

- Staff planned care and support in partnership with people and where appropriate their relatives.
- People's needs were comprehensively captured in care plans which contained detailed information about how they wished to receive their care and support.
- The provider complied with the Accessible Information Standard, this is guidance which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The provider gave information in a format that people could understand. One example was of the provider creating a mood board for a person who had a learning disability, this enabled the person to communicate their feelings if they were unhappy or distressed without having to explain verbally.
- The provider supported people if required to access the community, such as; taking them shopping. People also had access to a wide range of activities such as; karaoke, arts and crafts, and the recently introduced music therapy. This helped reduce the risk of social isolation.

Improving care quality in response to complaints or concerns:

- The provider had systems in place to log, respond to, follow up and close complaints.
- We reviewed the complaints and concerns that had been raised. These had been dealt with in line with the providers policy and closed.
- We noted the complaints procedure was available for all to view in communal areas. It contained information about how and to whom people and representatives should make a formal complaint. There were also contact details for external agencies, such as the Local Government Ombudsman.
- The people we spoke with confirmed they knew how they could make a complaint if needed. They were confident that any complaints or concerns would be dealt with promptly.

End of life care and support:

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

# Is the service well-led?

## Our findings

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

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

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

- There were effective management systems in place to promote person-centred care.
- The provider was supported to deliver high quality care by the management team and staff who actively were involved in the service.
- There was a very positive culture within the staff team, and staff worked in line with the provider's values.
- Our feedback and the provider's own surveys showed that people were satisfied with the care and support they received. The survey showed that one third of the people who completed the survey felt the service was very good, and two thirds excellent.
- The provider was aware of their responsibility to be open in communications with people and others involved in their care.
- We asked people if they felt the service was well led. One person told us, "It's very caring and professional which I presume comes from the manager."

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

- The provider had systems and processes in place to monitor the quality of the service.
- The management team regularly reviewed the quality of service and were clearly visible and accessible for people and staff to go to for support with an open-door policy.
- Spot checks and competency checks were carried out on staff care calls to monitor the quality of the care being given.

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

- The provider used a range of ways to involve people and staff.
- People as well as having the annual surveys had regular resident's meetings held to enable them to communicate any concerns they may have. Following suggestions, the kitchen area had been updated. Information was given to people in these meetings and in the providers newsletter on topics such as hydration.
- Staff had regular team meetings, supervisions and appraisals to enable them to communicate. The service and registered managers had an open-door policy for staff to go and raise any concerns they may have. One staff member told us, "It's a great place to work. I love it and the managers are really friendly and helpful."

Continuous learning and improving care:

- Processes were in place to continually evaluate the quality of the care provided.
- The provider used incidents as the opportunity for learning. One example was that following some medicine errors the provider had booked refresher training and competency checks to ensure staff were supported and to increase their confidence.
- If any other improvements were found during competency or spot checks the provider addressed this with staff and put in place extra support or training where required.

Working in partnership with others:

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