

St Alex Support Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

St. Alex Support Limited provides care and support to people living with a mental health condition. Care is provided in seven locations across North London. Each location is a residential house within which people have their own flats.

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. At the time of the inspection there were five people receiving a regulated activity.

People's experience of using this service and what we found

People were positive that they felt safe with the staff at St. Alex Support Limited. There were detailed risk assessments that allowed staff to understand how to minimise people's known risks. People's medicines were managed safely, and people received their medicines on time. Staff were recruited safely to ensure that people were safe.

Staff were positive about the training and support that they received. Staff had regular supervision, appraisal and training to support them in their role. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to plan, shop and prepare meals within their budgets.

People and relatives told us that they felt staff were genuinely compassionate and caring and we received positive feedback. Staff understood how to support people of differing cultures and faiths. People's dignity was upheld, and people told us that they felt respected by the staff that supported them. People were involved in planning their care.

There was good management oversight of the service. Regular checks were completed to ensure the quality of care. Where issues were found we saw that these were addressed in a timely way. The service actively asked people, relatives and staff for their opinions of the service and how it could be improved. People were positive about how the service was run and the care that they received.

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

Rating at last inspection

The last rating for this service was Good (28 April 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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?

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 are in our caring findings 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 ●

St Alex Support Limited

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

This service provides care and support to people living in seven 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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.

Notice of inspection

We gave the service 24 hours' notice of the inspection visit to ensure the manager would be present and to help arrange visits to where people were receiving the service, as the service is spread across a wide geographical area.

What we did before the inspection

Before the inspection we looked at information that we had received about the service and formal notifications that the service had sent to CQC. We reviewed the Provider Information Return (PIR) which the provider had sent to us. A PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We used all of this information to plan our inspection.

Inspection site visit activity started on 18 April 2019 and ended on 30 April 2019. On 8 May 2019 we made telephone calls to relatives. We visited two schemes in Enfield. We also visited the head office to review paperwork.

During the inspection

We spoke with six members of staff including the registered manager, the compliance manager, the administration assistant and three care staff. We also spoke with three people that used the service. We looked at three care records and risk assessments, three people's medicine records, six staff files and other paperwork related to the management of the service including staff training, quality assurance and rota systems.

After the inspection

We spoke with five relatives of people that used the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant that people were safe and protected from avoidable harm. Legal requirements were met

Systems and processes to safeguard people from the risk of abuse

- People that we spoke with told us that they felt safe. People told us, "The thing is they are looking after me, they are protecting me, the staff" and "I'm safe here, I think so." A relative said, "I've never seen him happier or healthier. They're doing a fantastic job there really. Yes, he definitely is safe there."
- Staff had training on safeguarding which was refreshed each year.
- Staff understood their responsibilities around safeguarding and understood how to report any concerns. A staff member told us safeguarding was, "Protecting vulnerable children and adults from abuse and neglect. I would report it to my line manager. If they did nothing I would report it to CQC or the local authority."
- Staff understood what whistleblowing was and who to report any concerns to.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had detailed risk assessments that provided staff with guidance on how to minimise people's known risks. Risks documented included, self-neglect, drug and alcohol misuse, fire and absconding.
- Each person had a detailed risk assessment around their mental health including relapse indicators, triggers and how to support people if they were breaking down.
- Staff received training in breakaway techniques if people became physically challenging. However, staff that we spoke with said that this was a last resort and they used de-escalation techniques such as talking and distraction. Staff said that they had not needed to use this training.
- Each house completed regular fire checks and there were systems in place to monitor fire equipment.
- Staff understood how to report any accidents and incidents. Accidents and incidents were well documented with what had happened and the outcome.
- Where there were areas to learn from, we saw that this was discussed in staff meetings.

Staffing and recruitment

- Each scheme had one staff member on each morning and evening shift during the day. There was also one staff member that slept-in overnight. This meant that people always had access to staff if needed.
- People told us they felt there was always a staff member around if they needed any help or support. One person said, "There's always someone around."
- The service did not use any agency staff. Staff worked in different schemes so that people got to know them. We saw that people knew staff well.
- Staff were recruited safely. Staff files showed two written references, an application form with any gaps in employment explored and proof of identity.
- A Disclosure and Barring Service check (DBS) was also completed. This informs the service if a prospective

staff member has a criminal record or has been judged as unfit to work with vulnerable adults. In line with best practice, we saw that the service re-checked staff members DBS every three years.

Using medicines safely

- At the time of the inspection all people using the service had their medicines administered by staff. Medicine administration records showed that people received their medicines safely and on time.
- Medicines were stored securely. Each house had a locked medicine cabinet in their office.
- There were systems in place to ensure safe disposal of medicines and regular checks of medicines stocks.
- All staff received medicines training which was refreshed each year.
- The registered manager told us that if identified as a care need, people would be supported to self-medicate. There were systems in place to ensure this was done safely and people would be appropriately supported.

Preventing and controlling infection

- People were responsible for keeping their flats clean.
- Where people required staff support to ensure their environment was clean, this was documented in people's care plans. People told us that staff helped them.
- We saw three people's flats and observed that they were clean and in a good state of repair.
- Staff had received training in infection control and food hygiene.

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 the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. 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

- The service completed a pre-assessment before people moved into one of the houses. These looked at people's histories and current care and support needs. Once the pre-assessment was completed the service was able to decide if they were able to provide the right care and support for the person.
- Initial care plans were written from information gained through the pre-assessment.
- People and relatives were involved in the pre-assessment.

Staff support: induction, training, skills and experience

- Staff received a detailed induction when they began working with the service.
- Induction included training, shadowing more experienced staff and observations by senior members of staff. The registered manager told us that staff only began working alone when management were satisfied that the staff member was safe and competent.
- The registered manager told us that staff had supervision every two months. Staff that we spoke with and records confirmed this.
- We saw that staff received annual appraisals which allowed them to assess their performance and set goals for the coming year.
- Records showed, and staff confirmed, that they received regular training. There was a schedule in place to refresh training yearly. This included safeguarding, mental capacity, breakaway training and health and safety.
- All staff were able to electronically access policies and procedures. If there were any updates, staff were notified. The registered manager was able to check on the system that staff had read any updates.

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

- Some people were able to prepare their own food. Where people were unable to, staff supported people to shop, plan meals and cook. This was clearly identified in people's care plans.
- This was a supported living service and people were responsible for budgeting and buying their own food. Where there were concerns around people's budgeting skills to ensure they were able to buy food, we saw that this was documented in their care plans.
- We observed a person being supported to cook their lunch. The person was able to choose what they wanted to eat, and staff gently guided the person to prepare their meal safely.
- We also observed staff preparing breakfast for a person. The person told us that they had chosen what they wanted to eat and that, "It was really nice."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to make and attend regular healthcare appointment such as GP's, opticians and dentists.
- We saw that people had regular appointments with psychiatrists and mental health professionals to support their mental wellbeing.
- Where there were any changes in care needs as an outcome of these appointments, we saw that this was documented and actioned by staff.
- People told us that staff always helped them if they needed to make appointments and reminded them when they were.
- Staff understood how to report any changes in people's physical or mental health and how to make appropriate referrals.

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.

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.

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 had the appropriate legal authority and were being met.

- One person was subject to a court of protection order. The person also had an advocate in place to ensure that their rights were upheld.
- Staff understood what this meant and how this impacted on the care that the person received.
- However, the details of how the service needed to support the person around their capacity was not documented in their care plan. We raised this with the registered manager who told us that this would be addressed. Following the inspection, the registered manager sent us an updated care plan detailing how staff should work with the person.
- Staff had received training on the MCA which was refreshed yearly.
- Staff understood what the MCA was and how this was part of the care that they provided. One staff member told us, "It's if the individual has the capacity to make decisions, if he or she cannot make decisions then the professionals will do an assessment. Sometimes one could have capacity but may lose it when they become unwell."

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 the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. 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

- We asked people if they felt that staff treated them well and were caring. Comments included, "They're kind, they cook me dinner. They speak nicely to me", "They are kind. We went shopping yesterday together" and "I like here, I'm happy."
- Relatives were also positive about the care that people received. One relative commented, "I'm just happy he's in a stable place. He's clean and he's warm and they genuinely do care for him."
- We observed warm and genuine interactions between people and staff.
- People knew staff well and appeared comfortable approaching them for help or just for a chat.
- Staff also demonstrated in our discussions with them and our observations, that they knew people well.
- People's faith was noted in their care plans. Where necessary staff supported people to attend a place of worship. For example, 'I am a Christian and I go to church every Sunday'. If family are unable to take the person staff arranged transport for them.

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

- Each house completed 'house meetings' once a month. Records showed that people were encouraged to discuss any issues or concerns as well as how the individual house was run.
- People were involved in creating their care plans. People told us that staff discussed their care with them and that their opinions were listened to.
- Where people wanted, their relatives were involved in planning care.

Respecting and promoting people's privacy, dignity and independence

- We observed that staff understood that people's flats were their own space and respected people's privacy. We observed staff knocking on people's doors and waiting for a response before entering.
- Staff used respectful language when discussing people and their care needs.
- People told us that they felt they were treated with respect. One person said, "They [staff] care and it's ok. They [staff] treat me respectfully."
- People were encouraged to be as independent as possible. This included daily activities and addressing their healthcare.
- Staff that we spoke with understood each person, what they were able to do and supported them accordingly. For example, some people were very independent whilst others required a higher level of support.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant that people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans recognised that each person experienced their mental health differently. There was specific guidance for each person to explain to staff how they could best work with people to support their mental health.
- Each person had a key-worker. This is a staff member who has the responsibility for meeting with people and ensuring that they were receiving the necessary care to maintain their well-being.
- People's ability to take part in daily tasks such as cooking, shopping and cleaning was assessed for each person. Care plans documented how staff should support people and what people were able to do on their own.

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.

- We saw that where people required support around communication this was documented in their care plans.
- One person's care plan talked about how the person found it hard to understand people and documented, 'I need people to speak slowly and repeat themselves when they talk to me. I need things to be clearly and simply explained to me'. We observed staff interacting with the person and slowly explaining things to them.
- Where English was a person's second language, care plans documented what they were able to understand both verbally and written, and what support they may need with regards to accessing information.

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

- Care plans documented who was important in people's lives.
- People were encouraged to maintain contact with their family and friends. Staff knew how to support people with this. For example, one person was supported to phone their family each week.
- We observed a person wishing to get their nails done in preparation for a family party. Staff were supportive and arranged a time for the person to go.
- People told us they were supported to go out. Comments included, "I go out a lot, Thursdays I go to [day centre], I go church and I do my shopping" and "They asked if I want to go a see a film."

- Care plans also documented future goals and activities that people had identified they would like to do.
- Each person had an activity timetable that was tailored to their interests and needs.

Improving care quality in response to complaints or concerns

- How to make a complaint information was included in the 'service user guide'. This is a document that tells people what they can expect when they move into one of the houses.
- The service took all complaints seriously including day-to-day issues that people had such as food and cigarettes.
- There had been no formal complaints since the last inspection.
- People told us that they would talk to staff or the registered manager if they had any concerns. The compliance manager and registered manager visited the houses every Monday and spoke to all people, this included asking if they had any concerns or complaints.
- Relatives understood how to make a complaint and were positive that any concerns would be addressed by the service. One relative told us, "Well, if I had any concerns I would go to [registered manager] straight off. He would deal with it yes."

End of life care and support

- Due to the type of people that the service supported, people did not always want to discuss end of life wishes.
- People's opinions were respected, and people were not forced to discuss this aspect of their care.
- Where people did want to discuss this, information on their end of life wishes were documented in their care plans.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager or compliance manager visited each house daily from Monday to Friday.
- We saw that people knew the registered manager well and greeted him warmly when they saw him.
- We observed that people appeared comfortable talking to the registered manager and discussing any issues.
- Relatives spoke highly of the registered manager and felt that they had good communication. Comments included, "[Registered manager] is very good. He does genuinely care about people. He answers his phone or will always call back. He's a genuinely nice man."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager was aware of their legal responsibilities to both the CQC and local authority.
- Relatives were confident that they would be kept informed if there were any concerns. A relative told us, "Oh my gosh, yes, if there's any problems he [registered manager] will call me. He goes through things."
- Staff told us that they felt supported by the registered manager and felt their views would be listened to.
- Management made sure that staff knowledge was up-to-date through regular training and discussion in staff meetings.

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

- Staff were aware of lines of accountability and who to contact if they had any concerns or questions.
- Each Monday morning, the compliance manager visited each house and completed a weekly medicines audit. Any paperwork that needed to be returned to the office was also collected at this visit.
- There were detailed audits of staff recruitment, training and supervision which were updated monthly. Any gaps in training or staff supervision were addressed immediately.
- There were weekly medicines audits that looked at stock control, administration and any people that may have refused medicines. The audits identified any issues and an action plan was put in place that was checked at the next weekly audit.
- There were three monthly quality audits completed for each house. These included, staffing, environment, paperwork and health and safety.
- There was good management overview of staffing within the houses. Staff sent an e-mail when they

started and finished a shift. This ensured that management knew that houses were always staffed.

- There was an on-call system in place for any out-of-hours issues that may arise. Staff told us that they were always able access a member of the management team. One staff member said, "I can always contact them, yes definitely."
- The registered manager and compliance manager were aware of the potential difficulties of BREXIT and had a plan in place to address this. The compliance manager told us, "I don't think that will have an impact on us. We are still trying to recruit as we know it will be really hard when it does happen."

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

- We saw that the service completed monthly staff meetings. These involved staff from all of the houses. Staff were able to discuss any concerns, hear about any changes within the service and put forward any ideas.
- At the three-monthly quality audits, people were spoken to about their view on the care and how the house they were living in was run. If there were any concerns, these were addressed.
- The service was in the process of conducting an annual survey with people, relatives and healthcare professionals. This looked at satisfaction with care, any concerns or changes people responding to the survey would like to see.

Working in partnership with others

- We saw that the service worked in partnership with external agencies such as psychiatrists, and physical health professionals to maintain the health and wellbeing of people.
- Where there had been referrals, appointments or on-going engagement with a partnership agency, this was well documented in people's care files.