

Alexandra Homes (Bristol) Limited

Alexandra House - Bristol

Inspection report

250 Wells Road
Knowle
Bristol
BS4 2PN

Date of inspection visit:
11 April 2016

Tel: 01179778423
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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

This inspection took place on 11 April 2016 and was unannounced. The previous inspection of Alexandra House was on 25 August 2015. There were no breaches of the legal requirements at that time.

Alexandra House is a care home for up to 16 people with Asperger Syndrome and Autistic Spectrum Disorders. The accommodation consisted of a main house and two self-contained bungalows.

There was a registered manager in post. 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.

Procedures were in place which helped to ensure people were safe. These included having enough staff to support people and taking action to reduce the risk of people being harmed. Staff received training in how to provide safe care and they knew how to follow up any concerns about people's wellbeing.

Staff helped people to manage their medicines safely. People received support to stay healthy and to have positive relationships. Individual support plans were produced with people. The plans were kept under review to ensure they were up to date and reflected people's current needs.

People told us they liked the meals and could prepare their own food if they wished to. Staff promoted people's independence and supported people to take part in activities they enjoyed. People told us they liked going out with staff, for example to attend sporting events. The interactions we observed between people and staff were friendly and respectful.

Staff received training and supervision which helped to ensure they were competent in their work. Staff spoke positively about working as a team to ensure they met people's needs. People's rights were respected because staff worked in accordance with the principles of the Mental Capacity Act 2005.

The quality and safety of the service was being checked regularly. This meant that any shortcomings would be identified and action taken where necessary. People's feedback about the home was obtained and reviews undertaken to see where improvements were needed and the service could be further developed.

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.

Risks to people's safety were assessed and action taken to reduce these. Staff understood their responsibility to safeguard people from abuse and knew how to report any concerns.

Checks were undertaken to ensure new staff were safe to be working with people. The staffing arrangements were kept under review so that people received support which met their needs.

People's medicines were managed safely by staff.

Is the service effective?

Good 

The service was effective.

People said the service was meeting their needs. Their independence was promoted and staff helped people to make choices.

People's rights were respected because the service complied with the Mental Capacity Act 2005.

Staff were well informed about people's needs and provided support which helped people to stay healthy. People enjoyed the meals and were able to prepare their own food with support.

Staff received training and support which helped them to do their jobs well.

Is the service caring?

Good 

The service was caring.

The relationships between people and staff were friendly and positive.

Staff helped people to maintain good relationships with the people they lived with.

People were given opportunities to talk about any concerns and

their independence was promoted.

Is the service responsive?

The service was responsive.

People's needs were kept under review; they had individual support plans which were updated regularly.

People took part in a range of activities outside the home. These reflected people's interests and individual needs.

Good ●

Is the service well-led?

The service was well led.

People told us they liked living at Alexandra House. There was an effective management structure in place, with clearly defined roles and responsibilities for staff and managers.

There were systems in place for monitoring the safety and quality of the service. This helped to ensure that any shortcomings were identified and improvements made where necessary.

Good ●

Alexandra House - Bristol

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 11 April 2016 and was unannounced. The inspection team consisted of two inspectors.

Prior to the inspection we looked at the information we had about the service. This included statutory notifications we had received. A notification is information about important events which the provider is required to tell us about. We had also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and the improvements they planned to make. We received the PIR on time and reviewed the information to assist us in planning the inspection.

We contacted nine health and social care professionals who had been involved with Alexandra House. This was to ask them for their views about the home and the service people received there.

During our inspection we spoke with four people who lived at Alexandra House and with five staff members. We spoke with the registered manager and with two other members of the management team. Some people were not able to make their views known to us and we made observations in order to see how people were supported. We looked at four people's care records, together with other records relating to people's support and the running of the service. These included staff employment records and records in relation to quality assurance.

Is the service safe?

Our findings

People said they felt safe living at Alexandra House. Staff told us about the arrangements in place to help ensure that people did not come to harm. These included assessing risks to people when going out and in their day to day activities. A staff member described the risks that had been assessed when they accompanied a person on a trip abroad. Possible incidents had been identified and actions taken to reduce the risks arising from these.

One staff member commented "People's risk history is in their care file" and another told us "Risk management is tailored to the individual". Risk assessments were also described as "person centred" and a member of staff told us "We encourage positive risk taking." This helped to ensure that people were safe when taking part in their chosen activities.

In people's records we saw that risk assessments were regularly reviewed and updated to reflect any changes in people's circumstances. Staff told us that relevant information and observations were recorded so that any changes in risk would be picked up when the assessments were reviewed. Records of accidents and incidents were also maintained. These provided more detailed information about significant events and the action being taken to prevent a reoccurrence and reduce the risk of people being harmed.

We saw that staff were readily on hand to respond to any incidents or to concerns that people raised. People's records included guidance for staff about how to de-escalate any incidents and how people should be supported in different situations. The staff training programme included a course in how to prevent and defuse potentially harmful situations. One staff member said that the course had made them feel confident when incidents arose between people and they needed to intervene. We were told by staff that the actions they took were preventative; one staff member commented that there was no "culture of restraint".

Staff told us they had received training in safeguarding; they were aware of different types of abuse and the need to report any concerns they had about people's safety. Notifications received from the service showed that incidents had been followed up and reported to the local authority in accordance with safeguarding procedures.

We saw staff spending time with people and being available to help them. People commented positively about staff and how they were assisted. One person felt more confident having staff present with them; another person said that they liked going out with staff "for support". The registered manager told us that people often received one to one support with activities but said that nobody's placement at the home had conditions relating to their supervision by staff on a one to one basis.

Staff described staffing levels as "good" and "generally high", with people being well supported with what they wanted to do. Feedback from staff indicated that there were enough staff but that it was important that the deployment of staff throughout the day was kept under review. This was to ensure that the staff arrangements reflected any changes in people's needs. Comments were less positive about the recent use of agency staff to cover a vacancy at night; we were told that the arrangements were now more settled

following the appointment of permanent staff. Staff said that regular checks were undertaken during the night and that people had call alarms in their rooms which they could use to contact staff.

The registered manager told us that staffing levels were kept under review, with particular attention being given to the arrangements at night. Records showed that an assessment of people's needs and risks relating to their night time routines was undertaken monthly. The registered manager said the deployment of staff was reviewed in the light of these assessments to ensure people were safe and received the level of support which reflected their current needs.

New staff members had been employed since our last inspection. Actions had been taken to ensure that staff were safe to work with people at the home. Staff employment records showed that a range of checks had been undertaken to determine applicants' suitability for the work. References had been obtained and information received from the Disclosure and Barring Service (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with vulnerable adults. Other checks had been made to confirm the applicant's identity and their employment history.

Procedures were in place for the safe management of people's medicines. We saw that people's medicines were being kept securely. This included items that were awaiting disposal, however these were not stored discreetly away from people's current medicines; we discussed this with a senior member of staff who confirmed that a suitable facility would be provided. Records were maintained of medicines kept in the home and of their administration to people. We looked at a sample of records which showed that people received medicines as prescribed. Protocols had been produced for the administration of medicines that were prescribed for use on a PRN (as required) basis. The protocols helped to ensure that these medicines were only administered in a safe way and as part of a planned approach to supporting people at the home.

Is the service effective?

Our findings

People said that the service was meeting their needs. They told us they received support from staff in different areas of their lives. People's feedback showed that the support that staff provided with activities was important to them and they enjoyed having the company of staff when outside the home. We saw that for some people it was important for them to know that staff were available to talk to and to help them with planning their day. Staff were on hand to support people as and when this was needed. Staff told us they supported people in areas such as cooking, road safety and sporting activities.

Support was provided with personal care although staff told us this was often in the form of reminders and encouragement to make sure people were managing their own care effectively. People were involved in making healthcare arrangements to varying degrees. Some people booked their own appointments; others were assisted by staff and were accompanied on visits. Care records included information about people's involvement with healthcare professionals to promote their wellbeing and ensure physical care needs were met. Support for people was available from counsellors and consultants who specialised in Asperger Syndrome.

People told us they liked the meals and there were arrangements in place which promoted people's independence. These included a kitchen where people prepared their own breakfast. One person told us they sometimes cooked for themselves with support of staff but they also liked to have the meals that were prepared by the staff. We observed the arrangements at lunchtime and saw these were flexible, taking into account people's different routines and what they liked to eat. People could choose where to eat and those people who liked to have meals in the dining room came in at different times. Staff asked people about the lunch they wanted and informed people about the options available.

Records showed that people's nutritional needs had been assessed. Staff we spoke with were aware of people's dietary requirements and individual preferences. One person was vegetarian and another person had a culturally specific diet; staff told us that this person did all their own cooking. Some staff felt that the meals served to people could be healthier but also recognised that people had the right to make their own decisions about what to eat.

People's rights were respected because staff worked in accordance with the principles of the Mental Capacity Act 2005. This is legislation which protects the rights of people who may lack capacity to make certain decisions. Staff understood that it should be assumed that people have capacity; they were also aware of the need to assess people's capacity on occasions and to provide support with making choices and decisions. One staff member for example said there had been a concern about one person's safety when outside the home and their capacity to understand the risks involved. An application had then been made to the local authority for the person's liberty to be restricted under the Deprivation of Liberty Safeguards (DoLS). This showed that the service had acted in accordance with the legislation and obtained the approval that was needed to deprive a person of their liberty. Staff told us that this person was now accompanied by staff when outside the home to ensure their safety.

Staff we met with spoke knowledgeably about people's individual needs and the areas in which they required support. They told us that procedures were in place to ensure that information about people was passed on effectively. These included regular handover meetings and records that were completed each day about people's support and wellbeing. In their feedback to us, a health and social care professional said that the staff they met when visiting had clear and up to date knowledge about people.

People benefited from staff who were competent and supported to do their jobs well. This included having regular supervision meetings; one staff member told us the meetings were "constructive" and gave them "strategies and tips" to support people more effectively. We were also told about the informal support that staff received from colleagues and the management team. One staff member said "I'm supported by the team" and another commented "I am well supported. If I have any issues I can speak to managers. Someone is always there to speak with."

Staff spoke positively about the training they received. One staff member said they had undertaken the Care Certificate during their induction and this had been a very positive experience for them. On-going training was described by staff as "really good" and "wide ranging." Staff told us they could ask for training when having supervision.

Training covered a range of subjects relating to the specific needs of people at the home, such as 'relationships', 'mental health' and 'drugs and alcohol'. Staff found this training very relevant and comment was made by staff that it could be beneficial to have been given the specialist training earlier in their employment. We discussed this with the registered manager so they could review the timing of when certain training was provided. The sample of training records we looked at showed that staff members had individual training plans and had attended courses covering a variety of subjects.

Is the service caring?

Our findings

People commented positively about their relationships with staff members. The interactions we observed were friendly; we saw that people were relaxed and comfortable in the company of staff. People took opportunities to talk to staff about what they were doing. At lunchtime in the dining room, staff sat down with people which helped to make the meal a social occasion.

Staff spoke respectfully to the people they supported. They were also respectful in how they talked about people and about people's strengths and needs. One staff member said that something the service did well was to be "Inclusive and respecting diversity". Another staff member commented that a caring approach was "Offering choices, respecting people, encouragement for people to do meaningful activities but respectful of their choice not to".

People told us how they felt about living at Alexandra House; they said they were happy at the home and that staff respected the choices they made. Staff spoke about the importance of creating a positive atmosphere; one staff member commented "It is a caring environment, it's down to the staff; they genuinely care". In their feedback to us, a health and social care professional commented that the environment was homely and that staff they met with when visiting were very polite.

People received support to maintain good relationships with those they lived with. In people's records we saw information about behaviour and guidance for staff about how to respond and diffuse incidents that may arise between people. This helped to ensure that people's relationships with each other were positive. A staff member commented "People get on well, it's harmonious most of the time; the dynamics work". There was an occasion during our visit when one person became upset; staff listened to the person and supported them in a calm and reassuring way.

Meetings were arranged so that people could talk through any issues which concerned them in the home. The meetings were an opportunity for people to resolve any issues with the support of staff. They also enabled people to give their opinions on topics such as the menus and social events.

People's relationships with friends and families were positively promoted. One person told us about the visits they made to family members who lived some distance away. Staff said they were keen to help people to develop new relationships and networks. We were told that two people were now involved in a local football team which had provided them with the opportunity to meet new people outside the home.

There were facilities at the home which enabled people to develop their independence. These included two self-contained bungalows which were close to the main house. The bungalows were designed to be used as a step towards moving to a more independent form of accommodation. This meant that people gained experience in managing by themselves whilst knowing that support was available close by, for example if a problem arose.

Within the main house there were facilities which enabled people to prepare their own food and drinks, and also to do their own laundry. People were encouraged to take responsibility within the home and to be involved in household tasks such as recycling.

People told us they liked their accommodation in the home. One person said they had been in the same room since moving in and had been able to personalise it as they wished. The communal rooms included two lounges, so people could choose between spending time in a quieter area or one where there was more activity.

Is the service responsive?

Our findings

People's needs had been assessed and were being kept under review. The referral and assessment procedures had been amended during the last year with the aim of ensuring that accurate and up to date information was available about people's needs and life histories. The registered manager highlighted the changes that had been to the admission and assessment documentation. These included making amendments to the client referral document so there was better information about the person and the type of placement they required.

Individual support plans had been produced with people. The plans covered different areas of people's lives, such as lifeskills, communication and healthcare. People had written lists of their likes and dislikes and there was information about how people liked to be supported. Information in the individual plans and other records helped to ensure that people received personalised support from staff.

Staff told us how they gave people choices and responded to their individual needs. One staff member for example said they helped people to make choices about what to wear or the type of shower gel they would like. They commented "I am patient and wait for an answer; this could be verbal or a gesture".

People's support plans were being reviewed on a monthly basis; we saw that any actions taken as a result of the review were clearly identified. The plans had been amended so that the information about people's needs and any risks was up to date. For example, we saw that plans had been updated in relation to 'hobbies and interests', 'cultural activities' and changes in risk.

We saw other records were maintained in relation to behaviour and staff described the way in which people received support with managing behaviour. This included information about "signs and triggers" relating to behaviour and the actions staff could take to help ensure a positive outcome for people. A staff member commented that people were helped "to build their own coping strategies."

Procedures were in place so that good information was available when people's needs were being reviewed. Staff told us that they wrote daily notes about people's support and reported on anything "out of the ordinary". A communication folder was maintained which included the daily notes, 'information reports' and reports of incidents. A staff member, for example, said that if someone's medicines changed, this would be written in the communication folder. People's records included copies of incident reports; the examples we saw were detailed and provided guidance for staff about how the incidents had arisen and the actions to take to help prevent a reoccurrence.

People told us they took part in activities they enjoyed and received the support they needed from staff. One person said they regularly went to different sports events with the support of staff. They thought that the home was in a good location as it was on a bus route and there were shops nearby. Staff told us that, in addition to sports and exercise related activities, a range of social events and entertainments were offered to people throughout the week.

Timetables had been produced with people which set out their plans for the week. Staff said that a lot of attention and thought was given to finding activities that reflected people's interests and ambitions. For some people this included being supported into work and with establishing a regular routine during the day. Other people's weekly activities were more flexible; a staff member commented "The timetables for people are very individual; some people's are very structured, others need to see how they are each day and do more spur of the moment things". This showed that the service was responsive to people's individual circumstances and personal preferences.

People had the opportunity to pass on their views in meetings and individually with a staff member or manager. A complaints procedure was available to people; we saw that records were kept of any complaints made and that the actions taken in following up the complaint were clearly documented. The outcome of the complaint was recorded, together with any learning points that had arisen as a result of the investigation.

Is the service well-led?

Our findings

People told us they liked living at Alexandra House. Their comments showed that the service was meeting their needs and provided opportunities to be part of the local community. People mentioned aspects of the service they particularly liked, such as the food, their own rooms and going out with the support of staff.

There was a well established management structure in place. The registered manager was responsible for the day to day management of Alexandra House. Support was provided by a deputy manager and by the provider's general manager who assisted in the running of Alexandra House and another service run by the provider.

Staff and supervisory roles were clearly defined within the home. Staff worked in teams under the supervision of team leaders and assistant team leaders. The feedback from staff indicated that this arrangement worked well and provided people with continuity in terms of staffing and who provided their support.

Staff also spoke positively about the make up of the teams. One staff member commented "It's a good mix" and described staff as having different ages and cultures. Another member of staff told us "We have a diverse staff team; everyone brings something to the table" and "We work well together."

Comments made by staff about the management team and structure were mostly favourable. One staff member told us "It's a good atmosphere here; staff respect managers, their door is always open." Another staff member said "The structure here is good. Managers are passionate and reactive." Staff also commented on aspects they thought could be improved, such as managers attending staff meetings more regularly. The meetings themselves were felt to be positive; one staff member told us "We are encouraged to think of new ideas and bring items on the agenda to discuss."

Staff told us that values and principles had been discussed within the team to ensure there was a consistent approach. They spoke positively about the values they put into practice, such as to "Support people to be independent in a homely way" and "Having a safe environment to increase independent skills." Staff also gave examples of how they valued their colleagues and worked together as a team. These included "having respect for each other" and "If you see a job that needs doing don't leave it for someone else."

There were effective arrangements in place for monitoring the quality and safety of the service. A 'Quality Monitoring and Management Review Plan' had been produced for 2016. This set out a range of actions and reviews to be undertaken throughout the year. They covered areas such as staffing levels, medicines management and the premises. The actions taken as part of the annual plan helped to ensure that any shortcomings would be identified and improvements made where necessary. Other records showed that facilities such as the lift were being serviced and checks undertaken in relation to health and safety and the home environment. These included, for example, checks relating to the fire equipment, window restrictors and the call alarm system to ensure they were in good working order.

Records showed that any accidents and incidents were being documented to give a detailed account of what had happened. Learning points and good practice had been discussed in order to reduce the risk of a similar accident or incident arising.

There were procedures in place for gaining feedback about the service and how well it was meeting people's needs. These included annual surveys sent to health and social care professionals and other people who had contact with the home. The outcome of the surveys had recently been analysed and we saw that a lot of favourable comments had been made about the service. One health and social care professional for example had commented positively on the work done in relation to risk management and care planning prior to a placement commencing.

Where the feedback was less positive, the records showed that action had been taken to address the concern. Improvements to the service were also highlighted in an annual plan. We saw that a new improvement plan had been produced for 2016 – 2017 and that actions identified in the previous year's plan had been completed. These included developing the 'champion' role within the staff team and making a number of environmental improvements.

In the Provider Information Return (PIR), the registered manager gave details of how they kept up to date with current practice and developments affecting the care sector. We were told this included membership of professional associations and attendance at training seminars and conferences. During 2015, the service had maintained its 'Investors in People' status following a process of reaccreditation.