

## Alexandra Homes (Bristol) Limited

# Alexandra House - Bristol

### Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires improvement 

Is the service well-led?

Requires improvement 

### Overall summary

This inspection took place on 25 February 2015 and was unannounced. The previous inspection of Alexandra House was on 15 September 2013. 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.

People told us they felt safe and could talk to staff if they had any concerns. However, action was not always being taken to ensure people were well protected and risks were reduced. Staff did not always feel they had received the right training when responding to incidents.

The arrangements being made for staffing the home lacked a planned and consistent approach. There was a

# Summary of findings

risk that staffing levels did not provide a good level of protection at all times and enable people to exercise choice in their routines. We have recommended that a review of the staffing arrangements is undertaken.

People had individual support plans which covered different areas of their lives. These provided guidance for staff about the support people needed. However, there was a lack of information about reviews. There was a risk that the plans did not reflect people's current needs and they would not receive the right support.

The arrangements being made for quality assurance did not ensure that standards in the home were well checked and improvements made where needed.

Staff helped people to manage their medicines in a safe way. Other support was provided which helped people to stay healthy. People enjoyed the meals that were produced for them and also liked having the opportunity to buy and prepare their own food.

Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 and respected the decisions people made. Overall, staff felt they had the support and supervision they needed to do their jobs well.

People spoke positively about the staff and how they were treated. One person commented "Its relaxed here, we can do things at our own pace." The relationships between staff and people at the home were friendly and respectful. People's independence was being promoted. In particular, the bungalows provided a good opportunity for people to develop their independence.

We found two breaches of regulations during our inspection. The regulations have changed since we inspected the home and the breaches we found correspond to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## 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 not consistently safe. Risks to people had not always been assessed and action then taken to ensure people were well protected.

The staffing arrangements lacked a planned approach and one which was based on people's individual needs.

People's medicines were safely managed by staff. Staff understood their responsibility to safeguard people from abuse and they knew how to report any concerns.

Requires improvement



### Is the service effective?

The service was effective. People spoke positively about the support they received from staff. Their independence was being promoted.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005. They respected the choices and decisions people made about their daily routines.

Staff felt supported in their work and undertook training that was relevant to their role.

Good



### Is the service caring?

The service was caring. The relationships between people and staff were friendly and positive. Staff spoke in a respectful way about the people they supported.

People received support which helped them to maintain and develop good relationships.

Good



### Is the service responsive?

The service was not always responsive. People had the opportunity to talk about their care and support. However, their support plans were not being updated regularly. This meant there was a risk that people would not receive the support they needed.

People had a range of activities in the community which they enjoyed and provided them with new experiences.

Requires improvement



### Is the service well-led?

The service was not always well led. The arrangements for quality assurance did not ensure all aspects of the service were well audited and improvements made where needed.

Staff understood the aims of the service, which included promoting people's independence and social inclusion.

Requires improvement



# 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 25 February 2015 and was unannounced. The inspection team consisted of an inspector and a specialist advisor. The specialist advisor had experience of risk management within this type of service.

Before the inspection we reviewed the information and notifications we had received about the service. A notification is information about important events which the provider is required to tell us about by law.

During our inspection we spoke with seven people who lived at Alexandra House and with five staff members. We spoke with the registered manager and with other members of the management team. We made observations throughout the day in order to see how people were supported. We looked at four people's care records, together with other records relating to their 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

One person commented "it feels like a safe place" when talking about living at Alexandra House. People said they could talk to staff if they had any concerns. Staff spoke about the action they took to help ensure people were safe. We heard for example that staff talked to people about how to keep safe when out in the community. Staff also told us about the training they had received in protecting people from abuse. They were aware of the procedures for safeguarding people and the need to report any concerns they had about people being at risk of harm.

Although staff had identified some risks to people, action was not always being taken to ensure people were well protected and risks were reduced. There were risks to people because the provider's policy on restraint was not being fully implemented. Staff had not been trained in accordance with the provider's policy on restraint. We spoke with staff who had received some training in physical intervention. However, staff felt further training was needed in order to be able to manage situations in a safe way. The training that staff described to us did not include the specialist training as set out in the provider's policy. The policy listed different aspects of restraint that were to be covered in training for all the staff. When talking about the need for training, one staff member commented "I just want to do my job properly." Other staff member said they wanted to learn the correct way of intervening when incidents happened in order to prevent injury. There was a risk that incidents would not be responded to by staff in a safe way.

Action had not been taken to reduce the risks associated with window openings. The windows were not restricted and a senior manager told us that window openings and the risk they presented to people had not been assessed. The Health and Safety Executive identify this as a serious issue and have produced advice for care providers about how to manage the risks. Our findings in relation to window openings were brought to the attention of the registered manager. During the inspection, they told us that restrictors to limit window openings were to be fitted in a few days' time.

The failure to adequately identify, assess and manage risks is a breach of Regulation 10 (1)(b) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 17(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Our findings also highlighted a lack of a planned and consistent approach to the staffing arrangements. When looking at the recruitment records, we saw that one staff member had started working at the home in September 2014, although an 'Adult First' check with the Disclosure and Barring Service (DBS) had not been received until December 2014. This check is carried out in order to see if a potential employee is barred from working with adults. The registered manager told us this person was known to them, having worked as a volunteer with the organisation in 2012. Although a check with the DBS had been carried out at that time, this recruitment practice did not provide a good level of protection for the people who used the service.

We heard different views about how well the staffing levels met people's needs and helped to ensure their safety. There was a general view that there were sufficient staff during the day if they were deployed in a planned way. However, feedback varied about the arrangements after 10.30 pm when there was a change in staffing levels. This involved a reduction in the number of staff from between 11 and 13 down to three, which included two staff on 'sleeping -in' duty. One person told us they were expected to be in their own room after 10.30 pm and there would "not be enough staff around if people were up." One staff member described this as "a rule" and we heard that it would be difficult to manage after 10.30 pm with the reduced number of staff if people were using all parts of the home.

The registered manager confirmed there was an expectation that people would retire to their rooms after 10.30 pm. They told us this was in order to promote "a normal sleep pattern." They also said there were occasions when people had activities which meant they were up after 10.30 pm. However, no tool had been used to help inform staffing levels at the home. The registered manager told us the staffing arrangements as a whole had not been assessed. Overall we found there was a lack of clarity about staffing. The arrangements did not demonstrate a well

## Is the service safe?

planned approach. There was risk that staff were not deployed in a way which ensured people's safety and enabled them to exercise choice and flexibility in their routines.

People told us the staff helped them with their medicines and reminded them when they needed to be taken. They were happy for staff to provide this support as they felt it was safer for them. We met with a senior staff member who had responsibility for managing medicines in the home.

The procedures they described were safe and there were suitable facilities in place for the storage of people's medicines. We saw that appropriate records were maintained to show that people had received the correct medicines at the right time.

**We recommend that a review of the staffing arrangements is undertaken to ensure that all relevant factors are being taken into account in the calculation of staffing levels.**

# Is the service effective?

## Our findings

People told us the staff helped them in different areas of their lives. This included support with budgeting, cooking and with managing their day to day activities. We heard positive comments from people, such as "Staff help me with my money" and "Its relaxed here, we can do things at our own pace."

People told us they did a lot of things for themselves and felt the staff gave them the support they needed. One person commented "I'm gradually getting my independence."

The meal arrangements were flexible to take account of people's different routines and preferences. At lunchtime, people arrived at different times for a meal that had been prepared for them. People told us they enjoyed the meals, which one person described as "really good". They said there was a menu, but they could always have something different if they didn't like the meal that had been planned. One person told us that staff "Always ask you if you want an alternative".

People could choose to prepare some meals for themselves. This was an alternative to eating with other people. They told us they were given a set amount of money with which to buy the food for a meal. They then cooked their meal independently. People said they liked this arrangement; it was a good way in which people developed their skills and learnt to manage independently. Staff said that healthy eating was being promoted through menu planning and the advice they gave to people. This was reflected in people's support plans which included information about their diet and any changes people wished to make.

Staff spoke about the range of support they provided to people. They said people managed their own personal care, but were prompted and encouraged to do this effectively. We were told support with healthcare reflected what people were able to do for themselves and the things they found difficult. Staff said most people were able to ring up and book appointments themselves. Information had been recorded in people's care records about their involvement with a range of external health professionals to ensure their health needs were met.

Feedback from staff showed they respected people's independence and the decisions they made about daily routines and activities. The staff understood that informed decision making was dependant on people's mental capacity. They were aware of their responsibilities in relation to the Mental Capacity Act 2005. This is legislation that protects the rights of people who are unable to make decisions independently about their own care.

The staff we spoke with were knowledgeable about people's needs and the areas in which support was required. Although there was a concern about training in relation to restraint, they felt competent to carry out the tasks expected of them. Records showed that staff received training in a range of subjects which were relevant to their roles. Some external courses were attended, for example in connection with safeguarding. However some staff felt there was an overreliance on training through e-learning and watching dvds. One staff member commented "In effect we train ourselves."

Staff were positive overall about the support they received to do their jobs well. They mentioned the informal support they received from colleagues and the regular supervision meetings they had with a manager. One staff member, for example, described their supervision as "useful and relevant."

# Is the service caring?

## Our findings

Staff introduced us to people and the reason for our visit was clearly explained to them. This helped to reassure people. When going around the home, staff showed they were respectful of people's privacy when in their own rooms.

People spoke positively about the staff and how they were treated. One person for example said they were happy to be at the home and "really liked the staff". The relationships we saw between staff and people at the home were friendly and respectful. Staff engaged well with people and humour was used to good effect. At various times, staff asked people how they were and checked if their arrangements for the day were going to plan.

Staff showed a caring approach in the way they spoke about people. They commented positively about people's achievements and strengths, while also showing concern for the things they may find difficult. Staff focussed on people's rights and the need to support people in a way which promoted their independence.

One person told us they liked having their own accommodation in one of the self-contained bungalows. These 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.

There were also facilities in the main house that people could use for preparing their own food and drinks. Work had recently started on new facilities which would help people to further develop their independence. This included creating a facility where people would be able to do their laundry in a more domestic type setting. We saw that people were encouraged to take responsibility within the home and to be involved in household tasks such as recycling.

People told us they had been able to personalise and decorate their rooms as they wished. There were two lounges, so people could choose between using a quieter area or one where there was more activity. The rooms were well decorated and furnished and looked like comfortable places to spend time in. People used the rooms to relax in by themselves and also to meet up with other people.

Meetings were arranged when people could talk through issues which affected them in the home. Feedback from people and staff showed the meetings helped people to resolve any issues. They were also an opportunity for people to give their opinions on matters such as the menus and social events.

People spoke positively about the support staff gave them with their personal relationships. They said this involved getting advice and being able to talk through any problems they experienced. Staff confirmed this was an important aspect of the support they provided to people. People's records also reflected this, with information about the specific goals they wanted to achieve.

People received support to maintain contact with their family members. This included assistance with travel arrangements and reminders about keeping in touch. The provider also sought feedback from relatives and offered them the opportunity to learn about current issues affecting the service. Records showed that a number of relatives had attended sessions relating to medicines and mental capacity. We read that relatives had found these sessions useful and were able to ask questions about the service. The records of feedback from relatives showed they had commented positively about different aspects of the service. These included the way in which staff went about their work and their caring approach towards the people they supported.



# Is the service responsive?

## Our findings

People's needs had been assessed and plans produced which set out how these were to be met. The plans covered different areas of people's lives, such as lifeskills, communication and healthcare. Staff told us they read the plans in order to be familiar with people's needs and the support that was to be provided.

We had looked at the procedure for reviewing people's needs when we last inspected the home in September 2013. At that time, most people's plans had shown that their needs were being assessed in line with the provider's policy. However, there had been gaps in recording and some review sections were blank. It had been difficult to see when reviews had taken place. We had brought these shortcomings to the provider's attention at the time.

At this inspection we also found shortfalls in the recording of care plans and the review process. The plans did not reflect people's own views and so lacked a personalised approach. People had not signed the plans and the registered manager said they had not been asked to do this.

Feedback from people and staff showed that meetings were being held when people talked about their care and support. However, regular reviews were not being recorded as part of the care planning and risk assessment process. There was a lack of information to show that people's needs had been reviewed and whether their support had changed as a result.

Reports were being written about people's day to day health and well being. These provided useful information, although this was not always being taken into account when people's care was being reviewed. People's support plans did not consistently reflect changes in their well being, such as when an increase in anxiety had been reported. This meant there was a risk that the plans did not reflect people's current needs and they would not receive the right support.

This was a breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's records included information about their individual goals, such as increasing social interaction and developing lifeskills. People told us about the different activities they enjoyed and which provided them with new experiences. This included voluntary work in the community in areas such as catering and retail. One person told us they liked going to the shops each day and meeting new people. Another person commented "We do some nice activities."

Staff said they were allocated to support a number of people each day with their activities. We were told the arrangements were made the day before. This enabled some flexibility to take account of people's wishes at the time. However it was also suggested to us by staff that a more planned approach would be beneficial. This was to help ensure people received the support they needed with achieving their goals. There was a lack of information about evaluations in people's records, which meant it was difficult to see the progress they were making with achieving personal goals.

People told us they could follow their own routines in the home. Some people were making their own breakfast when we arrived. People were able to come and go as they wished. Staff helped people to plan their day and were available to respond to their needs, for example when they wanted to talk about a particular concern that had arisen.

People had the opportunity to pass on their views in meetings and individually with a staff member or manager. We heard about other ways being used to engage with people and to involve them in their support. For example, the registered manager had recently written a letter to one person which set out the options that were available to them for receiving support and confirming who they could speak with.

People were aware of the home's complaints procedure that they could use. The registered manager told us there were no current complaints. Documentation had been produced for the recording of any complaints received and their outcome. One complaint had recently been received from outside the home and this had been resolved.

# Is the service well-led?

## Our findings

The provider had produced policies and procedures in relation to quality assurance and the checking of standards in the home. However, these were not all being followed to ensure that aspects of the service were well audited and improvements made where needed.

We were shown a 'Quality Monitoring and Management Review Plan - 2014'. This set out a range of actions and reviews to be undertaken throughout the year. These had not all been completed, including the writing of an annual improvement plan for 2013 – 2014. There was a risk that shortcomings in the safety and quality of the service were not being identified and followed up appropriately. The outcomes of other plans and audits were not all available. We saw records in relation to audits carried out of medicines; the registered manager told us audits had been undertaken in other areas such as people's care documentation, but these had not been recorded.

The plan for 2014 included the review and update of health and safety risk assessments in November 2014 and of generic risk assessments in December 2014. The plan also referred to the analyses of incidents. The registered manager confirmed their response to a serious incident which occurred in October 2014. They said a number of actions had been taken, including a "debrief" for staff. A change had been made in the admission procedure and we were told the staffing arrangements had been looked at, although this had not been documented. No report was available about the immediate learning from the incident and the actions to be taken in response.

The provider was not operating an effective system for assessing and monitoring the quality of the service. This was a breach of Regulation 10 (1)(a) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had responsibility for the day to day management of Alexandra House. The organisation's general manager provided support in the running of the home. Support staff worked in teams under the supervision of team managers and assistant team managers. The staff we spoke with were aware of the overall management structure and who they could speak to if they had any concerns. Support was also available from counsellors and consultants who specialised in Asperger Syndrome. The registered manager told us these professionals were readily available to support people with their needs. They were also a resource that was available to staff and the management team about current research and practice.

Staff in different roles confirmed they received supervision on a regular basis. They spoke positively about the support they received from colleagues and felt they worked well as part of a team. Staff expressed different views about the involvement of senior managers. For example, comment was made that the registered manager was very supportive and available for a "debrief", if required. There was also a view that managers were too "office based" which meant they may not be familiar with the day to day goings on in the home.

We heard different views about how well information was shared between managers and staff. Staff told us meetings were held, which were useful in keeping them informed of developments affecting the service. A staff member also gave an example of staff not being kept up to date; this concerned not knowing whether one person had started to receive therapy from a counsellor. The registered manager acknowledged that this recent support for the person may not have been clearly recorded and communicated to the staff team.

Staff were consistent in their views about the aims of the service. We heard that promoting independence and social inclusion were key aspects. Staff told us how people had developed new skills and become more confident, for example in taking part in community based activities.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Suitable arrangements were not being made for:

- Assessing and monitoring the quality of the services provided. Regulation 17(2)(a).

- Identifying, assessing and managing risks relating to the people who used the service. Regulation 17(2)(b)

People's support plans were not being updated to reflect changes in their wellbeing and the outcome of reviews. There was a risk that the plans did not reflect people's current needs and they would not receive the right support. Regulation 17(2)(c).