

Alexandra Homes (Bristol) Limited

# Alexandra House - Bristol

## 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

The inspection took place on 06 November 2018 and was unannounced. The service was last inspected on 11 April 2016 and was rated Good in all areas at that time.

Alexandra House accommodates 16 people with Mental Health needs in one main, adapted building, and two additional, purpose built one bedroomed bungalows. Alexandra House is a care home. People in the care home receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. There were 15 people at the home on the day of our visit.

There was a registered manager for the service. 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 were well supported to stay safe and to take appropriate risks in their daily life. They were supported by well trained staff and up to date systems and procedures in place, to keep people and others safe. This meant people lived in a home where they could develop and live a fulfilling life but still be supported to stay safe.

People, relatives, professionals and staff gave positive feedback about the home. Comments included "The staff are very good at what they do" "I never cease to be impressed by what they do", and "Yes I would recommend this place to anyone, this is my home."

People were supported by a team who were led by managers who were very committed to providing people with highly responsive and very flexible support. The care and support people received was goal and aspirations led. This in turn meant people thrived and could achieve long term goals and outcomes. Care was well planned to respond to people's individual needs and goals.

People were well supported with activities that were highly personalised to them and their specific interests. Care plans were personalised with information co-written with people at the home. This supported staff to provide high quality care and support that fully met peoples needs.

People, relatives and staff were at the centre of Alexandra House's quality checking programme. The management team followed a wide range of systems to gain their feedback and views. Systems included regular meetings and a range of satisfaction surveys.

People, relatives and staff, told us the home was very well run and well-led by the management team. One person told us "I see the manager all the time I can talk to him about anything". Another person said, "They ask me what I want and I am involved in my care plan."

People were supported by a team that were committed to providing them with a person-centred service. Staff who showed specific interests in areas, such as safe responses to behaviours that challenge were designated 'leads'. These leads continued to play a key role in developing and improving practice as well as sharing best practice.

People and staff benefited from a management team with a long term vision for the service and an understanding and appreciation of people's needs. The team worked with people and planned people's care in ways that were creative and person centred in approach. This meant people were at the centre and 'heart' of how the home was led and managed. The management team were always looking to find new and dynamic ways to support people to lead a really fulfilled daily life.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# 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 checked 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 last inspection took place in April 2016. The service was rated Good in all domains at that time. This inspection took place on 06 November 2018 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we reviewed the information, we held about the service to plan for our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let the Care Quality Commission know about.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with seven people who lived at the service and three relatives. We also received feedback from two health care professionals. We interviewed seven members of staff, the registered manager and the care manager of the home.

We reviewed the care of three people. We observed staff respond to people's care and support in communal areas and we spoke with people in private. We also checked records that related to how the home was being run as well as the quality monitoring systems in place.

# Is the service safe?

## Our findings

The service continued to be safe. People felt safe when in the company of staff and in their home. One person told us, "Yes we are all safe and none of them are bossy." Another person said, "Yes, I feel safe here, the staff are very nice to me."

There was a system in place for the reporting of safeguarding. The management team understood what constituted abuse and how to report it to the local Safeguarding team. There was a comprehensive log of all the recent safeguarding incidents, alongside detailed incident reports which described what had happened in each case. According to the records seen, training in safeguarding had been provided to all the current staff. Management staff had received training from the local authority and so were able to manage investigations where appropriate. Staff understood likely scenarios where safeguarding matters could arise, were aware of the correct reporting procedures and confirmed that they had received safeguarding training.

Incident reports were seen to be very thorough as they described what happened leading up to the incident, during and after the incident. There were sections dealing with the management response and debriefs for staff. There was room to record the persons own views on the matter as well as learning and action points. The last section identified feedback to staff teams which was entered in a communications book; however, some staff said that they only received feedback on some occasions. The manager agreed to check that written feedback had been verbally communicated where appropriate.

The management team had identified some changes to the service as a result of learning from incidents. For example one trend noticed was related to the environment being experienced as "noisy and busy". This has resulted in the layout of the dining room being redesigned allowing a quiet area for relaxation. A quiet lounge had also been created as a peaceful area with some soothing equipment such as lava lamp and subdued lighting.

There were enough staff deployed at any time to safely meet people's needs. The management team showed us a "Support Needs and Staffing Review" which identified very clearly the staff required to meet the needs of each individual person living at Alexandra House. Some people needed two to one staffing levels when they were outside the house accessing community resources; others required one to one support for specified activities inside the home. This document enabled the management team to allocate staff according to each person's individual needs. The manager told us that the staff needs analysis is undertaken every month to ensure that information is up to date and relevant to the needs of the people who live at Alexandra House.

The staff rota showed that there was a minimum of nine staff on duty to provide care and support during the day time for 15 people living at Alexandra House. There were also supernumerary members of the management team which included the registered manager, general manager and deputy manager. The staff of 22 were structured into two teams of 11 to provide consistency of care. At night there were two staff who were awake and two staff who slept-in. One of these was a senior manager who was on call. The manager explained that sickness and leave were covered by existing staff members, although in exceptional

circumstances agency staff were used from one agency which provided the same staff wherever possible. This meant there were sufficient staff to keep people safe.

There was a system for safe recruitment of staff. We saw the records of staff recruitment which demonstrated the process was robust. Standard checks such as Disclosure and Barring Scheme Checks, two references, ID checks and application forms were in place. There was a probationary period in place for new staff, with meetings after four, eight and twelve weeks. This period could be extended if necessary to enable staff to fully complete their induction and satisfy management that they were able to fulfil the role for which they were employed. New staff were enrolled on the Care Certificate which represents the core skills and knowledge required to work in the care sector.

Infection prevention and control processes were in place and were well documented and audited by the management team. This included legionella risk assessments and testing.

The safety of the premises was seen to be monitored through regular fire safety checks by designated fire safety marshals, and an external contractor who checked fire alarms, smoke detectors and fire extinguishers. Gas safety checks and servicing of the boilers and gas appliances had been undertaken. The emergency call system was checked monthly and serviced annually. Electrical safety was being checked regularly and small electrical items testing was recorded annually. There was a maintenance schedule for the lift and the window restrictors were reviewed monthly.

The management team told us that health and safety matters were reviewed weekly at the managers meeting. An overarching generic risk assessment of the building was undertaken annually.

Medicines were managed safely in accordance with national guidance by properly trained staff. People were supported if they wanted to be to work towards managing their own medicines. There was clear guidance and detailed risk assessments in place for each person. We saw that people were given their medicines when they needed it. There was suitable secure storage available for medicines. Medicine supplies were kept securely and regular checks of the stock were carried out. Medicines recording sheets were accurate and up to date. They demonstrated people were given the medicines they required at the right times. Each person had a medicines profile. The profiles clearly explained what their medicines were for any side effects, as well as how the person preferred to take them. For example, whether they liked water or juices with their medicines.

## Is the service effective?

### Our findings

People continued to receive care and support that was effective and met their full range of needs. All the staff on duty supported people with their needs using approaches that showed they were very skilled at providing effective care and support. The staff demonstrated a good understanding of people's range of complex mental health needs and how they could impact on their lives. The staff spent time with people who needed support due to their mental health needs. Staff were aware of their tone of voice, their own body languages and the way they spoke with each person.

People told us they enjoyed the meal choices at the home. Examples of comments included "The food here is good and we chose what we want", "The staff cook good food " and "I like cooking I cook my own lunch and breakfast". People could independently make drinks and meals if they wanted to. We saw people made tea, coffee, and other drinks throughout the day. There were also snacks such as fruit and biscuits freely available for people. People who needed further support with nutrition had their own detailed and up to date guidance set out in their care plans. Staff were aware of this information and it helped staff to deliver effective care and promote physical health and wellbeing. Records of the meals people had eaten were maintained and showed an appropriate diet was provided.

People were cared for by staff who had completed training in subjects which were relevant to their needs. The records of training recently undertaken by staff were up to date. These included Safeguarding, NAPPI (Non- abusive psychological and physical intervention) first aid, social and sexual expression, Mental Capacity Act and DoLS (Deprivation of Liberty Safeguards). Also listed was training in safe handling of medication, person centred approaches, care planning, learning disability awareness, activity planning, risk assessment, food hygiene, equality, diversity and inclusion, support for people with autism, Asperger awareness and information governance. Also, there was some role specific training for staff with management responsibility such as supervisory skills, team leading and counselling. Within the management team one staff member had undertaken training to NVQ level 5, and the general manager had undertaken the Registered Managers award which was an NVQ level 4 qualification. Each staff member had an annual evaluation of their training needs which resulted in an action plan.

Some staff members said that their learning style was better suited to face to face training whilst other staff preferred the training offered through written material or online. The management team provided support for staff who had difficulty with written material.

Additional training for staff was provided by a consultant psychiatrist, a consultant psychologist and a therapist who all visited monthly. Examples have been topics such as personality disorder, side effects of psychiatric medication, Asperger's syndrome, social and sexual expression. We spoke with managers and staff members about staff supervision. We saw the form on which supervision was recorded and noted that it included roles and responsibilities, performance, development and action points. We were told by staff and management that these meetings occurred on a 6-8 weekly basis. Staff told us that they found one to one supervision meetings very supportive and a place where they could raise issues of their own to be discussed. One staff member told us "I have time to talk in supervision, I can talk

about how the team is run"; another staff member told us "my manager is especially understanding and approachable. They have been very supportive when a family matter had an impact on my work".

The management team told us that they received supervision as a team from the consultant psychologist who attended monthly. A senior manager oversaw the supervision process and ensured that the system worked well and has audited the supervision records to check that all aspects were covered. This auditing had resulted in some improvements to the supervision process.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DOLS). We saw that two DOLS applications had been approved.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The DoLS requires providers to submit applications to a 'Supervisory Body' for authority to restrict people's liberty.

The home were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS applications had been made to the local authority as legally required to make sure any restrictions on people were lawful.

People's care records included detailed information about their mental state and ability to make decisions. Records included evidence which had been signed by people to consent to the care provided as identified in their care plans. Staff told us they had been on training about the MCA and were aware of the need to fully consider capacity and what to do when people lacked capacity. Care records showed how that capacity was assessed and considered when needed. We found that a best interest decision, including a capacity assessment, had been recorded.

## Is the service caring?

### Our findings

People had formed close relationships with staff which they felt had made a positive impact on their lives. One person said, "I have a key worker and I am definitely fully involved in my support plan. Staff are there for you I recommend living here to anyone. I trust them." Another person said, "They are helpful and they are all nice."

People all said that staff were very kind and caring to them. People also told us there was always warm and kind communication with staff. We saw that the staff on duty engaged very positively and openly with people.

People were encouraged to be actively involved in all decisions about their care and support needs as well as the activities they liked to do. To further support people to make their views heard there were house meetings and one to one support worker meetings held regularly. These were further opportunities for people to meet with their key staff other members of staff. This was a time for people to discuss what was important to them and how they wanted the staff to best support them to achieve what they wanted.

If needed, people could receive the support of an independent advocate. There was up to date and easy to read information available for people that told them how they could access this support. Advocates support and speak for people who may not have family or friends to support them. This is often at times when important decisions are being made about their lives. Some people told us they had asked the registered manager to be an advocate in meetings such as those with social workers and other healthcare professionals.

Every staff member we spoke with told us that they felt a real passion for their work. One member of staff said, "We are a very supportive team everyone pulls together."

Staff took plenty of time to speak with people as they supported them and were patient in manner waiting for people to respond to them. Staff prompted people in a discrete and respectful way when they needed support during conversation.

The home had a dignity in care lead on the team. This was a member of staff who took responsibility for ensuring people were treated with dignity. The scheme aimed to embed the belief for all staff that care services must be compassionate and person centred.. We saw dignity in care guidance displayed in the home. This was to inform people at the home how they should expect to be treated by staff. It also reminded staff of the need to always uphold the dignity of the people they supported.

Staff understood what equality and diversity meant when they supported people. They were aware that this concept meant respecting that everyone was unique and supporting people to live their life in the way they chose. The staff training records confirmed the team had attended training to help them understand how to apply the principals of equality and diversity with people. There was also a policy in place to guide staff to ensure they always respected people's equality and diversity.

The home was designed in such a way that helped to give people privacy. There was a garden and seated area where people could walk safely as well as an activities room and quiet lounges. People sat in the different shared areas in the home away from staff. This helped give people privacy and their own 'space' when they needed. The kitchen was open for people to use and we saw them make themselves drinks and light meals. This also showed how the environment supported people to be independent. Each bedroom was for single occupancy which also gave people privacy. People's rooms were personalised with people's own possessions, photographs, artwork and personal mementoes.

## Is the service responsive?

### Our findings

People were extremely positive about the high quality of care and very flexible support they were provided with. Comments included "They are amazingly good and they help me in all areas of my life I am able to do what I want " and "The staff are really good, If I need support I go and ask them they are always there for me", "The staff are kind they will listen to you, we have a review and we go through what I want put in my care plan". A relative told us "The staff look after X very well."

A healthcare professional said that the team were "Always responsive" in how they supported people. Healthcare professionals also gave us some very positive feedback about the home and the highly flexible responsive service people received. One health care professional said they could see definite improvements in the people they supported who lived at the home. People had become " more self-confident" and they had seen a "marked improvement" in people's mental health. They said this was due to the highly responsive and very well planned care and support that people received at the home.

People were provided with highly person-centred care and support. People worked in close collaboration with the staff team. This was to ensure their care and support was individual and personalised to who they were, and their wishes and aspirations. There was a very detailed assessment in place for each person. Everyone we asked confirmed that they had been directly, and actively involved with staff in planning their care. Each person's views of their care and support needs, as well as their wishes, aspirations, and goals for their life were fully considered. Care plans also included goals and outcomes for people.

Some people had photos of all their achievements in their care plan. This helped the person to fully understand how well they were doing at the home. For example, some people now went out in the community on their own which they had not done before. Other people now planned, prepared and cooked meals. This had led to people being much more independent in their daily life. All the relevant information was clearly set out in care plans about each person's personal history, individual preferences, interests and hopes. There was also up to date relevant information about important relationships clearly set out. This included sexual orientation to support each person to express themselves and live the way they wished.

People led very fulfilling lives and were well supported to develop friendships with people in the community as well as with other people who used the service. Some people supported the registered manager with a local charity that supported homeless people in the area. Another person told us they had been able to get a voluntary job at a local school. The person concerned told us how much they valued and enjoyed this work.

To further improve and enhance people's quality of life the service was very involved in the community where it was located and the nearby City of Bristol. Strong community links had been built up that benefited people in the home as well as the wider community. For example, one person at the home had made a video, for the local police and communities to use. This had been about the risks that vulnerable people may experiences from 'mate' crime. This is where people pretend to be someone's friend for the purpose of exploitation and abuse. The home had its own Facebook page that people at the home were an active part of. People celebrated personal achievements such as joining a gardening groups, and gaining employment

and uploaded this on the Facebook page. One person told us they now had a job working with children and they valued this activity as it made them feel useful and boosted their self-esteem.

To provide extra support and insight for the team, the provider commissioned their own psychiatrist and psychologist. Support Meetings were held on a weekly basis. This was to offer and provide extra guidance and input to assist the team. The staff said this helped them to work with people to plan, deliver and review care to meet their range of complex needs. For example, some people had behaviours that could be challenging. These meetings helped staff to make sure that they had care plans in place that supported those people in a responsive and safe way. This extra support also helped ensure that people's freedom of movement was not restricted and their independence was still promoted.

Staff and people at the home told us about the strategies that were in place to safely support them if they showed behaviours that may challenge in the home and the community. People told us these approaches and type of support meant they went out into the community every day. People took part in a range of activities they valued. This included going to work, going to concerts, going on holiday, to local community venues and events night clubs, and music events. One person told us they had been supported to gain a part time job.

People, their relatives and staff were actively encouraged to make their views known and raise concerns to drive improvement in the service. Everyone we spoke with was aware of the complaints procedure and said they knew how to raise a concern. No one we spoke with had any complaints. People told us they were encouraged to raise any feedback directly with the management team. Everyone knew the managers well and they said they would always resolve any concerns before they developed into a formal complaint.

There was many ways that people could give feedback about their experiences of the service. There were comments in place as well as an online feedback system. . Suggestions were acted upon. For example, suggestions about house meetings, and proposed social events were acted on in ways that people wanted them to be. This showed how the service acted on suggestions and used them as ways to improve quality.

People, staff and relatives were sent survey forms on a regular basis. These could be filled in anonymously if preferred. We saw that feedback had been analysed. For example, changes to how staff were deployed in the home had been put in place in response to specific feedback. This was to better meet people's needs in a more person-centred way.

## Is the service well-led?

### Our findings

The home was led by a team of very committed, passionate, enthusiastic and experienced managers. The registered manager was highly praised by people. One person told us "He's very approachable "Another person said, "He's very nice and I can go to him whenever I need to. We saw staff approach the registered manager in a very relaxed and positive way through out our visit.

Each person we asked told us they were actively part of the monitoring and reviewing of their own care and support plans. People said there was regular time spent with them and the key team of staff who supported them. There were also in-house meetings with people to seek their feedback about overall quality in the service. Where changes were suggested or felt to be required there were named people to implement them. For example, the home had recently changed how staff were deployed to support people. People now had key teams who supported them and not just a named key worker. Staff and people told us this gave better consistency and they "liked" the system much better.

People, staff and others benefited from a well organised management team who each had well defined roles and worked together effectively. The management team each had their own designated roles. Roles included taking a lead on staff employment, health and safety as well as managing and overseeing quality. Other senior staff took a key role in areas related to the care people received and care plans as well as day to day staff issues. The staff and the people we spoke with told us these organised and clearly defined management roles helped them know exactly who to go to when needed. This also helped ensure issues and matters could be addressed without delay. For example, if staff needed to talk about a care matter they said it was understood they were to go to the senior staff member responsible.

When we spoke with each of the managers they showed a clear understanding of their individual roles and responsibilities. We heard and saw clear and effective communication amongst them. For example, when a person at the home or a staff member needed to see them this was always seen as a priority. We saw that whenever people wanted to see them they were very friendly and attentive in their responses towards them. People and staff told us that the philosophy of the provider and managers was to ensure people were treated like family and respected as unique individuals. People told us this helped them to feel able to live their life in the ways that they wanted to.

The provider was in the process of developing a new training centre for vocational qualifications for the team. It was hoped that this would offer staff a clear way to build and develop in their roles at the home. It will also benefit people as they will continue to benefit from well trained and fully developed staff.