

Queen Alexandra College

# Queen Alexandra College

## 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: Queen Alexandra College is a residential home. It provides accommodation and personal care for up to 51 people with a visual impairment, autism and learning disabilities. At the time of the inspection there were 28 people living at the service.

People's experience of using this service: People felt safe and happy living at Queen Alexandra College. The service met its aims of developing people's independent skills through person centred programmes. People had choice and control over their lives.

Care plans were person centred. People were supported to enhance their social networks and experience different leisure opportunities.

Individual risks and health support needs were identified, and guidance was in place to support people safely whilst maximising independence.

The environment was clean. The provider acknowledged improvements to the building and technology accessibility were required and had a strategy to develop this.

People enjoyed the food at the service and were encouraged to be involved in cooking and preparing meals.

People were encouraged to be involved in the development of the service through meetings, groups and surveys.

Systems were in place to monitor and improve the quality of the service. These were reviewed to ensure that quality was continually improved.

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

Rating at last inspection: Good (June 2016).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Queen Alexandra College

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was carried out by one inspector, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience's area of expertise was learning disabilities and autism.

#### Service and service type:

Queen Alexandra College is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means 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:

The inspection was unannounced.

#### What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about. We assessed the 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 sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection we spoke with eight people living at the service and nine members of staff, this

included the registered manager. After the inspection we spoke with two relatives of people who lived at the service and gained feedback from three others. We reviewed four people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, training records, policies, audits and complaints.

# Is the service safe?

## Our findings

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

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

### Assessing risk, safety monitoring and management

- Risk assessments were in place for people in areas that had been identified, such as community activities, money management and travelling. These gave guidance to staff on how to support people safely, whilst enabling people to be independent.
- Regular checks were completed of the environment and the maintenance and safety of equipment. For example, hot surfaces and portable electrical appliance testing. A contingency plan was in place for unforeseen events and circumstances.
- Environmental risk assessments were in place to reduce risks. These focused on enabling people to maintain their independence whilst minimising risks to them. Risk assessments indicated where training and development was provided to people to learn about managing risks.
- Fire safety systems and equipment were serviced, checked and audited regularly.
- Personal evacuation plans detailed the support people required in an emergency situation. These plans had been tested in a drill and amended accordingly in relation to people's responses. A recent external check had prompted some changes. For example, implementing colour coded zone cards.

### Using medicines safely

- Medicines were safely received, stored and administered. Medicine administration records were completed accurately. People received their medicines as prescribed.
- There were systems in place for people's medicines when they were away from the service.
- People were assessed and supported to manage their own medicines where appropriate. One person said, "I self-medicate, it's [medicines] in a safe."
- Clear guidance and information were in place around people's health protocols and as required medicines. These detailed what staff should be observant of and when and how actions should be taken.
- There was an allocated staff member for medicines on each shift. Regular checks and audits were conducted.

### Staffing and recruitment

- Rotas demonstrated staffing numbers were kept at the level assessed as required by the provider. Assessments were conducted to determine people's individual staffing requirements. A staff member said, "There are enough staff on duty." One person said, "Sometimes I think there's too much staff for me personally!"
- We observed there was enough staff to support people.
- The provider followed safe recruitment processes to ensure staff employed were suitable for the role. People using the service were involved with the interview process of new staff.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person said, "Yes I feel 100% safe, it feels like my second home." A relative said, "I don't worry. I feel reassured, it is safe and [Name of person] is well looked after."
- Staff were knowledgeable about potential signs and types of abuse and how to report concerns. Staff received regular training in safeguarding adults.
- The registered manager was aware when concerns required reporting to the local authority and Care Quality Commission.

Preventing and controlling infection

- People were protected against the risk of infection.
- The service was clean throughout. People were supported to clean their personal space. One person said, "I'm trying to maintain it [bedroom] myself." Another person said, "I clean my room, I vacuum it myself."
- Systems were in place to prevent and control the spread and risk of infection. Staff were aware of infection control procedures and we observed staff adhering to these.

Learning lessons when things go wrong

- Incidents, accidents and near misses were reported and recorded. Actions taken at the time and afterwards to mitigate future risks were completed.

# Is the service effective?

## Our findings

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

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

Adapting service, design, decoration to meet people's needs

- The service was not always homely in places although people's rooms were personalised.
- Areas of the environment that required refurbishing or redecorating had been identified by the provider. An estate plan detailed planned improvements to upgrade the environment.
- Improvements that had already been made included a kitchen area with lowered work surfaces for wheelchair users.
- People and relatives told us about the ongoing issues with poor Wi-Fi. This impacted people being able to contact family and friends and utilise technology that could support people's independence. The provider was aware of these issues and was working to resolve them.

Staff support: induction, training, skills and experience

- New staff completed an induction which was aligned to the Care Certificate. This involved training, orientation to the service and systems, and shadowing more experienced staff members.
- Staff received ongoing training in areas relevant to their role. This included fire safety, fluid and nutrition and equality and diversity. Training specific to people's needs such as epilepsy, wheelchair support and epi-pen use were available to ensure staff had the required knowledge and skills to support people effectively. A staff member said, "Training is personal to student's needs." One person said, "Yes, staff are trained."
- Workshops were held where staff could develop and discuss the training they had received to ensure it was understood and how it applied to individuals they were supporting. Staff spoke positively about the workshops and how it enabled them to put what they had learnt into practice. A staff member said, "The workshops are really good."
- Staff received regular supervisions and personal development meetings. One staff member said, "They are regular and useful." Meaningful and individualised targets were agreed to support staff to develop in their role. For example, one staff member had identified they lacked confidence around public speaking.

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

- People said they enjoyed the food at the service. One person said, "I like the food, yes we get enough. I can make a drink whenever I want."
- People were involved and encouraged to participate in meal preparation for themselves and others to develop their independent living skills. One person said, "I cook my own food, I learn how to stay healthy."
- People's diets were catered for in regard to health and cultural requirements. For example, gluten free meals were available and halal meat. One person said, "They make sure what allergies you have and what you can and can't eat."
- Information was available about people's dietary needs within the service and in people's care plan. This



showed sensitivities and intolerances to food and people's preferences of where to eat their meals.

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

- Where people required additional advice or input from health professionals this was sought.
- The service worked with healthcare professionals to ensure people had full opportunities. Different approaches were considered to ensure the best outcomes for people. One relative told us about how a recent health diagnosis of their relative was managed, "Queen Alexandra College have supported him and us well during this difficult period ensuring that he is safe."
- People were supported to access external services available that were beneficial for their mental and physical well-being. For example, some people attended a drama club and had enjoyed participating in a performance of their work.

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- DoLS applications had been made where appropriate.
- People's capacity to make specific decisions had been considered.

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

- Staff had a clear understanding of the MCA and gave examples of how they supported people in their decision making. For example, one staff member described how they supported a person to choose music events they wished to attend and plan how to travel there.
- People told us they were empowered and supported to make their own choices and decisions. One person said, "If I want to go out and spend money I have a bank card, I like to be direct." Another person said, "I do whatever I like," when asked if they had a choice of how they spent their time.
- Care plans clearly showed how people made choices in different aspects of their lives and how staff should support them in a way that promoted and maximised their independence. For example, one person's care plan detailed how to support a person to choose their own clothes by them feeling the material and how to lay out the clothes to ensure the person could dress themselves.

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

- People's health needs were documented in their care plans. There was clear and detailed guidance in place which explained how people's health conditions and impairments were managed and what action staff should take in particular circumstances. For example, around epilepsy and sensory impairments.

# Is the service caring?

## Our findings

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

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

Ensuring people are well treated and supported; equality and diversity

- People were supported by staff who were kind and caring. One person said, "The staff are kind, they're very kind." Another person said, "The staff are amazing." One relative said, "Staff have good relationships with people, students really like the staff."
- People's protected characteristics under the Equality Act 2010 were identified and respected. This included people's needs in relation to their culture, religion, diet and gender preferences for staff support. For example, one person's care plan showed what assistance they preferred from a female staff member.
- Care plans explained how people's cultural and religious needs were met. People told us they were asked about their beliefs and how they chose to express these.
- Staff knew people well and supported them in their preferred way. One person said, "They [staff] are helpful, polite, kind and friendly." A relative said, "They [staff] spend time to talk to her and listen to her."
- The service had received numerous compliments. One said, 'We would like to take this opportunity to convey our thanks and gratitude to you and all the staff for the dedication, encouragement and consistent support our son has received. .... To see him experience and develop upon such a range of transferable skills.' Another compliment read, 'Just wanted to let you know that [Name of person] was very happy to arrive at Ashwood House yesterday. We received such a lovely welcome and everyone was really helpful and friendly, they made everything so much easier.'
- We observed a positive atmosphere at the service. There was lots of laughter and chatting. People chose where they wished to spend their time and what they wanted to do. One relative said, "There is a nice feel about the place."

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

- People were involved in planning and making choices about their care. For example, how they would like to spend their time and their individual goals.
- People chose their own keyworkers. Keyworkers oversaw particular areas of people's care and support.

Respecting and promoting people's privacy, dignity and independence

- Supporting people to develop their independence was a key aim of the service. One person said, "I am more confident definitely, at home I wasn't doing anything, here you're learning how to do things for yourself like washing up, it's not expected but you are persuaded!" Another person said, "Staff encourage students in a nice way."
- Relatives commented about how the service had enabled people to develop their own independent skills. A relative said, "It has transformed her." Relatives told us how the service had supported people to learn skills they had not had before such as walking to places and doing their washing independently. One relative said, "The programme of support has been brilliant, and [Name of person] has made great progress."

- People's privacy and dignity was respected. One person said, "They'll knock and I'll open the door." Another person said, "I can lock my bedroom door."
- Care plans described how people's privacy and dignity was upheld. For example, by leaving the room when people were getting dressed and how to support people discreetly in a way that made people feel comfortable with feminine hygiene.
- People were supported to maintain and develop social and family relationships. One person said, "I have friends here." People told us how their family came to visit, and also told us they had made new friends and relationships with people at the service.
- Staff had a clear understanding around their role regarding confidentiality of information.

# Is the service responsive?

## Our findings

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

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

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

- Care plans were person centre and contained information about people's interests, routines and support strategies. They were detailed yet concise.
- Care plans described people's preferred methods of communication. Guidance was provided to ensure communication was effective.
- Information was provided and displayed in different formats to meet the Accessible Information Standards. This included braille, Makaton and large print.
- Care plans showed how staff should support people effectively when they were distressed, anxious or in relation to specific support needs. For example, in relation to people's sensory needs.
- People were supported in activities of their choice. This included going to the gym, drama club, the pub, shopping, judo, swimming and the cinema. One person said, "I choose what I want to do, there's enough to do, I am never bored."
- We observed people going out in the evening to participate in different activities. People were given the level of support they required. A relative said, "The care and support that [Name of person] has received while in residential has been first class."
- Regular meetings were held with people to gain feedback. One person said, "There are [meetings] yes, we have meetings downstairs, I can talk about anything." After a recent unannounced fire drill this had been discussed in a meeting, so people could feedback their experiences.
- People had a nominated keyworker they had chosen to oversee and review their care and support. People and relatives spoke positively about the keyworkers input. People told us how their keyworker had supported them to source new activities and opportunities.

Improving care quality in response to complaints or concerns

- People were aware of how to make a complaint and used the procedure to raise concerns. The complaint process was in an accessible format.
- There had been three complaints received since January 2019. Complaints were investigated and responded to in line with the complaints policy. For example, after several complaints in regards to the Wi-Fi in 2018, meetings were held explain the issues and detail the planned actions. One person who had raised a complaint about a different matter said, "Yeah it was resolved."

End of life care and support

- This area of care was not considered as it was not people's permanent residence.

# Is the service well-led?

## Our findings

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

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

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

- Systems were in place to meaningfully monitor and review the quality of the service. This included audits of areas such as incidents, medicines, safeguarding and the environment. Actions were agreed and reviewed for effectiveness and completeness. Audits ensured improvements were identified and made.
- Senior staff attended events and conferences to enhance their learning and development.
- Strategies were in place to plan longer term improvements. For example, around IT systems and estates.
- Managers received regular supervision and support in their roles.
- The provider had displayed their Care Quality Commission (CQC) assessment rating at the service and on their website.
- Notifications of important events were submitted to the CQC as required.

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

- Staff, relatives and people said the service was well run and managed. One relative said, "[The registered manager] is an inspirational leader." One person said, "Yes [managers are] approachable."
- Systems were in place to communicate and inform staff. This included handovers, staff meetings, and information sheets which detailed key changes to people or in relation to the organisation.
- Relatives told us they were kept informed. Keyworkers sent regular updates to family members. A comment recorded by a relative said, 'We have really valued their [staff's] communication, keeping us in the loop.' Another relative said, "We have a good open and honest communication." However, we also received some feedback that further input by managers would be appreciated.

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

- The provider had attended learning events provided by a recognised social care body about recruitment and involving people in the interview process of new staff.
- A staff wellbeing programme was in place. A staff member said, "The wellbeing programme sets us apart." Staff had access to counselling, gym membership and yoga classes. Staff told us how their individual needs were supported and accommodated within their roles.
- A student involvement strategy was in place which explored ways to further engage people in service changes and improvements. Ideas taken forward were cross house activities and suggestion boxes.
- A survey had been completed with a high response rate from people. Results were overall positive. All

feedback had been created into a working action. For example, people had raised about others not flushing the toilets. Therefore, an action had been made to work with people to design a sign to be put in each bathroom.

#### Continuous learning and improving care

- A mentor system was in place where new staff were allocated ongoing support and guidance from a more experienced staff member.
- Department meetings were held to review and analyse information. For example, data collected around incidents and accidents was reviewed and analysed to identify patterns and trends. Particular times in the term had been identified when people joined and transitioned from the service. Additional measures were taken at these times to support people's emotional well-being.
- Audit reviews ensured that the methods used in audits were effective and drove quality improvements.

#### Working in partnership with others

- The service offered benefits to employees which built links with local businesses.
- Parents told us that the services worked in partnership with them and supported them when people transitioned from Queen Alexandra College.
- Two people were part of an external sports mentoring programme which aimed to increase people's confidence.