

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 responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out a comprehensive inspection of Alexandra House on 25 February 2015. We found breaches of the legal requirements at that time in relation to:

- The failure to adequately identify, assess and manage risks.
- Support plans not being updated to reflect changes in people's wellbeing and the outcome of reviews.
- The provider not operating an effective system for assessing and monitoring the quality of the service.

After the inspection, the provider wrote to us to say what they would do to meet the legal requirements.

We undertook a focused inspection on 25 August 2015 to check the provider had followed their plan and to confirm they now met the legal requirements. This report only

covers our findings in relation to these areas. You can read the report from our last comprehensive inspection by selecting the 'All reports' link for 'Alexandra House - Bristol' on our website at www.cqc.org.uk

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.

Summary of findings

At our inspection on 25 August 2015 we found that the provider had taken action in order to meet the legal requirements.

Action had been taken to reduce the risks associated with window openings. Training had been arranged for staff which helped to ensure they supported people in a safe way.

A programme of review meetings had been introduced and changes made to people's support plans. Further information was being added to the support plans to give a more comprehensive picture of people's needs.

Action had been taken to ensure a more consistent approach to quality assurance and to checking standards in the home. However, a recommendation we made at the last inspection about staffing had not been followed up as thoroughly as we would have expected.

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?

Action had been taken to ensure risks to people were being reduced and staff supported people in a safe way.

Some action had been taken to review the staffing arrangements, although this did not take all relevant factors into account as recommended at the last inspection.

We judged that the legal requirements were now being met. We could not improve the rating for this key question from requires improvement; to do so would require a record of consistent good practice over time. We will review our rating for safe at the next planned comprehensive inspection.

Requires improvement



Is the service responsive?

Action had been taken to ensure people's needs were regularly reviewed. New documentation had been introduced. There was some variation in the completion of this although overall a new system of support plans was being well developed.

We judged that the legal requirements were now being met. We could not improve the rating for this key question from requires improvement; to do so would require a record of consistent good practice over time. We will review our rating for responsive at the next planned comprehensive inspection.

Requires improvement



Is the service well-led?

We found that action had been taken to meet the legal requirements. There was a more planned approach to quality assurance and to checking standards in the home.

We could not improve the rating for this key question from requires improvement; to do so would require a record of consistent good practice over time. We will review our rating for responsive at the next planned comprehensive inspection.

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. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook a focused inspection of Alexandra House on 25 August 2015. The purpose of the inspection was to check whether the improvements planned by the provider after our comprehensive inspection in February 2015 had been made.

This involved inspecting the service against three of the five questions we ask about services: is the service safe, is the service responsive and is the service well led. This was because the breaches found at the last inspection were in relation to these questions.

The inspection was unannounced and undertaken by one inspector. Before carrying out the inspection, we reviewed the information we held about the home. This included the report we received from the provider which set out the action they would take to meet the legal requirements.

During our inspection we spoke with two people who lived at the home. We also spoke with two staff members and with the home's assistant manager (referred to as 'staff' throughout this report). We met with the home's registered manager. We looked at three people's care records, together with other records relating to their support and the running of the service. These included records relating to quality assurance.

Is the service safe?

Our findings

When we inspected Alexandra House on 25 February 2015 we found that action was not always being taken to ensure people were well protected and risks to people were reduced. In particular, there had been risks to people because the provider's policy on restraint had not been fully implemented. Staff had not always felt well supported in responding to incidents. Action had not been taken to reduce the risks associated with window openings.

This had been a breach of Regulation 17(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection on 25 August 2015, we found the provider had taken action in order to meet this regulation. The provider's policy on restraint had been reviewed since the inspection in February 2015. Staff were required to read the policy to ensure they were familiar with the contents and the principles to follow when supporting people with their behaviour. The policy set out the training staff would receive so that they supported people in a way that was consistent with the policy.

Records showed that the training needs of staff had been reviewed. Arrangements were being made to ensure all staff received training in accordance with the provider's policy on restraint. This included providing refresher training for a number of staff. Some staff had attended courses since the inspection in February 2015 and further staff were to attend courses in the coming weeks.

Staff we spoke with said they were confident in knowing how to respond to incidents and support people with their behaviour. They confirmed the training they had received. They said they felt staff worked in a way which was safe for the people they supported and for themselves.

Action had been taken in relation to window openings and the risk they can present to people. At the time of the last inspection, the opening of windows was not restricted and we had been told that the risk they presented to people had not been assessed. Following that inspection, the provider told us a risk assessment had been put in place and window restrictors fitted to all windows from the first floor, upwards. We saw an example of a restrictor that had been fitted; the registered manager told us that advice had been taken about the type of restrictor to fit to ensure this was suitable for the location.

We had looked at the staffing arrangements at the last inspection and recommended that a review was undertaken to ensure that all relevant factors were being taken into account in the calculation of staffing levels.

In relation to this recommendation, the registered manager told us during the inspection on 25 August 2015 that people's support needs had been reviewed. We saw that a report of the staffing review had been produced although was limited to information about each person's needs. The report did not include conclusions and recommendations about the staffing arrangements as a whole, although the registered manager said there had not been a need to make changes in how staff were deployed. At the last inspection we found there was a lack of clarity about the staffing arrangements at night and whether people were expected to be in their bedrooms by a particular time. This had not been referred to in the report of the staffing review, however it was a relevant matter in view of our findings at the last inspection.

Is the service responsive?

Our findings

When we inspected Alexandra House on 25 February 2015 we found that people's support plans were not being updated regularly. 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 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection on 25 August 2015, we found the provider had taken action in order to meet this regulation. The system for reviewing people's needs and updating their support plans and risk assessments had been developed. This had produced a more co-ordinated approach to the carrying out of reviews and to taking all relevant information into account as part of the review process. This helped to ensure that the plans reflected people's current needs and they would receive the right support.

A timetable for three monthly reviews had been produced so that the meetings could be planned in advance and take place on a regular basis for each person. We were shown

new forms that had been produced as part of the support plan documentation. These were used, for example, for recording people's own views and information about their likes and dislikes.

We looked at three people's care records which included the new support plan documentation. For the most part, the documentation had been well completed and the information was clearly presented. There was some variation in the completion of the forms, as new details were being added and information transferred from other records. One of the home's management team was leading on producing the new documentation and had a plan in place to ensure its completion.

People told us they talked to staff about their support and new things they wanted to do. One person said it had been useful to talk about their needs at a recent review meeting and they felt well supported with the process. We had positive feedback from staff about the support plans and the information they provided about people and their needs.

Is the service well-led?

Our findings

When we inspected Alexandra House on 25 February 2015 we found shortcomings in the arrangements being made for quality assurance. Although the provider had produced policies and procedures in relation to quality assurance, these were not all being followed to ensure that aspects of the service were well audited and improvements made where needed. We had found there had been a breach of Regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection on 25 August 2015, we found the provider had taken action in order to meet this regulation. This included producing a Quality Monitoring & Management Review Plan – 2015. The plan set out a range

of audits and checks to be undertaken at different times throughout the year. In June 2015, for example, the plan included an Environmental Review and Standards Check. Records showed that this check had been completed.

The plan also referred to the completion of a Monthly Quality Audit. Records showed these were being undertaken each month; they covered various areas such as discussions with people and staff, and the quality of the home environment.

The monthly quality audits included an action plan which identified any improvements or work that had been highlighted as a result of the audit. We saw that reports of recent audits had been completed, other than parts of the action plan and the section of the report that is signed, for example by the registered manager and the provider. Completion of these sections would show that all relevant parties had read the reports and were aware of the findings.