

Care Services (Bournemouth) Ltd

# Alexandra Centre

## 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

Alexandra Centre is a care home without nursing for adults with enduring mental health conditions. It is a large converted house set in a residential suburb of Bournemouth. It is registered for up to 14 people. There were 8 people living there at the time of the inspection.

### People's experience of using this service and what we found

People told us that the service provided staff who were caring and supportive. They received care that was responsive to their individual needs and staff had a good understanding of how people preferred to have their care and support provided. People had access to healthcare services and were involved in decisions about their care.

Staff supported people to take medicines safely. Risks to people were assessed and regularly reviewed. Staff understood the actions needed to minimise the risk of avoidable harm including the prevention of avoidable infection. Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice.

There were sufficient numbers of staff to meet people's needs. Safe recruitment practices were followed, and appropriate checks completed to ensure that only suitable staff were employed. Staff received induction and on-going training and support that enabled them to carry out their roles positively and effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People and where appropriate their relatives were involved in decisions about their care.

Governance systems and oversight of the service was robust. Issues were identified, and actions taken to address any shortfalls.

### Rating at last inspection

The last rating for this service was good (published 19 April 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

# Alexandra Centre

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was undertaken by two inspectors on the first day and a single inspector on the second day.

#### Service and service type

Alexandra Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service did not provide nursing care.

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

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also spoke with commissioners of the service from the local social services department and clinical commissioning group to obtain their views about the service. We used all of this information to help us plan the inspection.

#### During the inspection

During the inspection we spoke with seven of the people living in the home, the registered manager and six members of staff.

We reviewed a range of records including two care plans and medicines records, two staff files, staff rotas and training records and other information about the management of the service. This included quality assurance records and audits, medicines records and maintenance of equipment.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included contacting health and social care professionals to ask for their view of the service. We received feedback from three health professionals.

We also looked at training data and quality assurance information and analysed everything we had gathered during the inspection.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff fully understood their role in protecting people from abuse and had received appropriate training on safeguarding adults.
- Information about how to report abuse was displayed for people and staff.
- The registered manager had a good knowledge of safeguarding and understood how to raise concerns with the local authority if this became necessary.
- A health professional told us, "I was impressed recently that they picked up a possible safeguarding concern. They responded appropriately and with cautious concern; wanting clarity and information."

Assessing risk, safety monitoring and management

- Staff understood the actions they needed to take to minimise the risk of avoidable harm.
- People told us they felt safe and well cared for. One person confirmed they felt safe and added, "The staff here make me feel like I have someone on my side."
- Assessments were carried out to identify any risks to people and to the staff supporting them. This included environmental risks and risks in relation to people's care and support needs. Individual risk assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff.
- People had personalised plans that set out the assistance they needed to evacuate the building in event of an emergency such as a fire.
- Routine maintenance checks, such as water temperature checks and fire safety checks, were undertaken. Current certification was in place in relation to gas, electrical and fire safety.
- A programme of redecoration and refurbishment was underway to ensure the building met people's needs.
- A health professional told us, "On the number of occasions I have attended, the health and safety processes all appeared to be adhered to such as signing in books, clear fire exits and hallways etc. I have always felt that the home was clean and tidy and observed client contact appeared to be appropriate and proportionate."

Staffing and recruitment

- Recruitment practices were safe. The relevant checks had been completed before staff worked with people independently.
- There were enough staff on duty to provide the support people needed. One person told us, "I have to go out with someone and there is always someone who can take me." Another person said, "The staff are at hand to sort any problems out. Staff are very nice."

- The registered manager reported that they had recently recruited new staff. However, there had been a recent period, where staffing the home had been difficult and agency staff had to be used. They acknowledged that this was particularly challenging for some people and had a plan in place to try and ensure that more permanent staff were recruited.
- Three people had been invited to be involved and assist the registered manager in recruiting new staff. .
- Staff had the training they needed to work safely and effectively. This included topics such as moving and handling, first aid, fire awareness and safeguarding.

#### Using medicines safely

- Medicines were stored securely and managed safely. There were frequent checks to ensure medicines were correctly recorded and accounted for.
- People received their medicines when they were needed and in ways that suited them. There were systems in place to ensure this was done safely. One person told us, "Medication is always given on time. I have a routine. If I need PRN, I ask and if I forget, I get offered it."
- People had their medicines administered by staff who had completed safe management of medicines training and had their competencies checked regularly.

#### Preventing and controlling infection

- Staff kept communal areas clean. People were encouraged to get involved with this, for example, by clearing up for themselves after meals.
- People were encouraged and supported by staff to take responsibility for the cleanliness of their own rooms..
- Staff had training in infection control and safe food handling.
- Protective equipment, such as disposable gloves and aprons, was readily available for staff if they needed this.

#### Learning lessons when things go wrong

- Accidents and incidents were reviewed and analysed by the registered manager so that any trends could be identified, and learning could be facilitated.
- Accidents and incidents were seen as an opportunity to reflect on practice and continually improve outcomes for people.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were pleased with the support they received at Alexandra Centre. One person told us, "I am happy here. This is the best place I have been to." Another said they received, "Brilliant support."
- People's needs, and preferences were assessed before they moved to the home, to ensure the service was suitable for them. Where possible, they also spent time at the home before making the decision to move in. One health professional told us, "I am currently trying to place a person here. They have been supportive and helpful, and communication has been effective and to the point. They have gone beyond their required responsibilities to help out."
- People's needs were assessed more thoroughly when they moved in, in consultation with them, as a basis for their support plan. Assessment and support plans were regularly reviewed and updated.
- Support plans were holistic and personalised. They addressed people's mental and physical health, as well as social needs and living skills.

Staff support: induction, training, skills and experience

- People told us they felt their needs were met by staff with the right skills, experience and attitude for their roles. One person said, "Staff are great, they are really good. It's nice to build up a relationship with them."
- The registered manager explained that, following the change in the type of needs people needed support with, they had spent time trying to arrange training in specific areas to ensure staff fully understood these needs. They showed us records of the requests that had been made for this training, but this had not happened. They had recently sought training from another provider and a programme was in place that would be completed by all staff by the end of October 2019.
- Staff told us the new training they had recently completed was effective and they felt sufficiently skilled to carry out their roles.
- Staff completed a comprehensive induction and did not work unsupervised until they and the management team were confident they could do so. An ongoing programme for updates and refresher training was in place.
- Staff said they felt well supported by their manager and told us they had regular supervision meetings which allowed them to discuss their performance, concerns or training and development needs.

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

- People were supported to eat well and to make decisions about when and what they ate. People's dietary needs were recorded in their support plans.
- People had the choice to prepare their own meals with staff support or to have fresh meals delivered to



them from the service's sister home nearby. One person told us, "We can make meals here, but I have mine from [name of other care home]. The food is really nice and the chef does special meals for me." Another person said, "I cook my own food sometimes and have food from down the road. It's very nice. I love the Sunday roast."

- There was a large kitchen in the home which was fully equipped to support people who wished to develop their cooking skills or learn to become more independent. There were strict guidelines in place to ensure people were safe when using the kitchen.
- There was also a small kitchen area in the dining room for people to get their own snacks and to prepare hot drinks. This also included individual cupboards and sections in fridges for each person to enable them to buy and safely store any items they wanted in addition to the plentiful stocks of general items which were provided by the service.

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

- People received the support they needed to manage their health, including any assistance they needed to arrange and attend appointments with health professionals. A health professional told us, "The staff are really attentive, they are supportive, warm, friendly and encouraging. Some people here need a little more physical help and the fact that the home has a call bell system and special beds is really good. Staff's previous experience also means they have been able to recognise and address other physical health issues."
- People regularly saw health professionals such as GPs, dentists, hospital specialists and community mental health staff.
- Support plans set out the support people needed to remain physically and mentally well. They also included triggers for mental health relapses, signs that indicated a deterioration in mental health and how staff should react to these. The plans included contact details for the person's mental health professionals.
- During the inspection, staff were concerned for one person and quickly sought help and support from professionals. A health professional visited the person later that day. They told us, "I was going to ask the staff to increase the frequency of their check on [person's name] but they had already done this."
- Staff encouraged people to be physically active and to eat healthily.

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

- Collaborative working with other agencies, such as GPs and district nurses, had ensured effective care and improved people's quality of life.
- Staff spoke knowledgeably about people's health needs and recognised the importance of being proactive in seeking guidance and support from health professionals.

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 when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- People told us they were encouraged to make decisions for themselves and felt involved in making choices wherever possible.
- Care records contained details of people's consent.
- The manager had previously appropriately identified where people could be considered as deprived of their liberty and had applied to the relevant supervisory body (local authority) to authorise this under DoLS.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and health professionals spoke highly about how caring and supportive the service was. A health professional told us about one person who had been unable to settle anywhere for many years but had settled at Alexandra Centre very quickly and stayed there far longer than they had stayed at previous services.
- People told us staff treated them with kindness and respect. This was reflected in all the interactions we observed between people and staff. A health professional told us, "Staff are caring and patient."
- People readily approached staff to request support or just to chat with them. A member of staff told us, "You need to be good at listening to people to gain their trust and respect. You need to spend time with people, never judge and give them whatever support they need."
- Staff were supportive when people were worried or upset, providing reassurance in a kind and caring manner.
- Staff understood and respected people's lifestyle choices. When we discussed with staff the people they supported, they demonstrated an open, non-judgemental attitude that respected people's diversity.

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

- Staff actively encouraged people to be involved in planning and reviewing their support.
- Everyone we spoke with felt included in how their care and support was planned and delivered. They had opportunities to have their opinions heard, discuss how things were going, set goals or make any changes that might be needed.
- If people needed independent support with making decisions, the registered manager had information available about advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People confirmed that staff were respectful of their privacy, dignity and independence. One person said, "They [staff] are a kind of Mum figure but not unprofessional. I can talk to [staff name] about everything."
- Staff respected people's bedrooms as their private space, seeking permission before entering unless there were concerns about their safety.
- Staff understood they had a duty of confidentiality. People's personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.
- Staff promoted independence, whilst understanding that some people wished to become more

independent than others. People were encouraged to get involved in personal tasks, such as laundry, household chores and shopping. One person told us, "I can live my own life here. I can have a shower whenever I want, they [staff] will help out if I ask."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People said staff provided them with the care and support they required; they told us they felt well cared for and were consulted about what they needed.
- The staff team were knowledgeable about people's personal history, which enabled them to have meaningful conversations. All staff confirmed that care plans and other records contained good detail to enable them to meet people's care needs.
- Care plans were personalised and detailed exactly how the person wanted their needs and preferences to be met. Each person's plan was regularly reviewed and updated to reflect their changing needs.
- People were encouraged and enabled to pursue hobbies and get involved in activities in the wider community. A health professional told us, "They take people out as a matter of course. None of the staff have ever said that it is not their job to do this."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and detailed in their care plans. This documented the person's preferred method of communication, any impairments that could affect communication, and guided staff on the best ways to communicate with them.
- The registered manager confirmed they could provide large scale print of any documents if required for people with sight difficulties and could change documents to suit most needs.

Improving care quality in response to complaints or concerns

- People were given information about the service and how to complain when they first started to receive support from the service.
- People told us they knew how complain if they needed to and felt confident that they would be listened to.
- The complaints procedure explained how to make a complaint and set out how people could expect any concerns or complaints to be dealt with.
- Complaints were acknowledged, investigated and resolved in line with this policy

End of life care and support

- The service was not supporting anyone with end of life care needs at the time of our inspection.

- Some staff had been trained to support people with end of life care needs.
- People had been given the opportunity to discuss their end of life wishes and these were documented where they had chosen to do so.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had an open, positive, person-centred culture. People, staff and professionals expressed confidence that the service was well run.
- The registered manager and staff were clear about their roles and responsibilities and felt well supported by the registered provider. People and staff said there was a clear management structure in place and that they were always responsive to any issues raised.
- The manager worked closely with staff and was readily available to them, and to people who used the service. Staff described her as approachable. One member of staff said, "[Registered manager] is great; so supportive of all the people and us staff. She is approachable and is a good listener."
- People were encouraged to express their views and suggestions about the service via face to face meetings with staff, surveys or reviews. This information was used to improve the service and to highlight good practice or care.
- Staff said they felt comfortable to put forward any ideas they may have to improve the care, support or wellbeing for people and were confident these would be acted upon. A member of staff told us, "I'm proud to work here. Coming to work in a mental health service was a massive thing and the support from the staff and directors has been good. We do a good job here."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- There was an effective system for the registered manager and provider to oversee Alexandra Centre and monitor the quality of the service provided.
- There were regular audits of medicines, accidents and incidents and health and safety. Action was taken to address any areas for improvement that were identified through audits and incident reviews.
- Learning from incidents and audits was shared with staff at staff meetings or in supervision.
- The registered manager had notified CQC of significant events and incidents, which is a legal requirement. The rating of good from the previous inspection was prominently displayed at the service and on the provider's website.

Working in partnership with others

- The service worked in cooperation with community mental health services and commissioners to support

care provision and to develop the service.

- Staff communicated regularly with people's health and social care professionals.