

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 well-led?

Outstanding ☆

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Alexandra House is a care home providing personal care to up to 16 people. At the time of our inspection, 15 people were living at the service. The service supports autistic people and people with learning disabilities or mental health needs.

Alexandra House is located in a large, converted property in a well-connected part of Bristol. Accommodation in the main house includes communal spaces and en-suite bedrooms, and there are 2 self-contained bungalows in the garden.

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

#### Right Support

People felt safe living at the service and staff worked with them to ensure the least restrictive option was in place to keep people safe. Staff supported people to make decisions and to have as much choice, control and independence as possible. Plans were regularly reviewed to ensure people continued to have goals and aspirations.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received care and support in a safe, clean, and well-maintained environment that met their needs. People had choices about their living environment.

Staff worked in close partnership with a number of other agencies and professionals to provide people with high quality, responsive support that met their needs and improved their quality of life. Staff managed medicines safely to ensure the best outcome for people.

#### Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff promoted individual preference, equality and diversity in their support for people. They were sensitive to people's unique needs and worked alongside specialist services to meet these.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and were confident in this.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff worked with people to assess risks people could face. Where appropriate, staff encouraged and enabled people to take positive risks. People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice.

#### Right Culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of staff and managers. There was a core staff team who knew people well and supported people to receive consistent and responsive care.

Staff placed people's wishes, needs and rights at the heart of everything they did. Staff understood best practice to ensure they provided compassionate and empowering care to each individual.

Staff very regularly evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. People were encouraged to be involved in developing aspects of the service and share their views.

There was a culture of continuing improvement. There were effective systems and checks, and staff received training to ensure they remained up to date and improved people's quality of life with the support they provided.

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

#### Rating at last inspection

The last rating for this service was good (published 26 November 2018).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good. This is based on the findings at this inspection.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

# Alexandra House - Bristol

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Alexandra House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Alexandra House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. This included CQC notifications. These describe events that happen in the service that the provider is legally required to tell us about.

We used information gathered as part of monitoring activity that took place in December 2022 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

### During the inspection

We spoke with 4 people who lived at the service and 8 staff. This included the registered manager, deputy managers, and nominated individual, as well as staff at all levels. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

As part of the recent monitoring activity, we received feedback from a total of 12 relatives. We also received feedback from 5 professionals who had contact with the service.

The views of everyone we spoke with have been incorporated into this report.

We viewed a range of records and documents. This included 4 people's care plans and a selection of medicines records. We looked at 4 staff files in relation to recruitment, training and staff supervision. We checked a variety of records relating to the management of the service. This included policies and procedures, quality assurance and health and safety documents. We considered this information to help us to make a judgement about the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe living at the service. Comments included, "Yes, if I have a problem, the staff help me" and "I have no concerns".
- Staff knew people well and understood how to empower and protect them from abuse. Staff were proactive in supporting people and balancing rights and safety. For example, staff had worked with some people to address complex issues such as online safety, coercion, relationships and community safety. When necessary, police and other stakeholders had been involved to keep people safe whilst respecting their individual needs.
- Professionals told us some people faced complex emotional and practical issues. They were positive about the person-centred approach staff took to support people and keep them safe. One professional noted, "We were all able to work very well together during a period of crisis for the person and I was left in no doubt that staff are professional, caring, keep service users safe, and are responsive to individual's needs".
- Staff received safeguarding training and were confident in what action they should take if they had concerns. A safeguarding policy provided additional guidance. Lessons were learned to help keep people safe in the future and prevent recurrences.

Assessing risk, safety monitoring and management

- Risks to people and the service were assessed, monitored and managed so that people were protected, and their wishes respected. There was guidance for staff to follow to keep people safe. For example, risks presented to other people, risks in the community and risks relating to specific activities. This helped people to take acceptable risks and enjoy their lives safely.
- People and their relatives told us they felt staff supported them to stay safe. One person said, "Staff do it well. They help me but they also leave me alone".
- People were involved in making decisions about their safety where possible.
- Some people could express emotion in a way that challenged others. Staff had a good understanding of individual needs and risks, and managed incidents effectively to keep people safe whilst protecting their dignity and rights.
- Systems were in place to ensure the living environment and equipment were safe. Records showed the buildings and equipment were regularly monitored and servicing and repairs were carried out as required. This included regular checks of risks associated with gas, water, and fire.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Systems were in place to show when DoLS authorisations were due to be reviewed, and regular contact had been made with local authorities to follow up applications.
- People were supported to make their own decisions and choices. Where necessary, best interest decisions were made in conjunction with family, supporters, or other professionals. Professionals noted, "They listen to the person's wants and wishes and tailor support and activities accordingly. These are recorded within their detailed individual support plans" and "Family input is encouraged consistently".
- Staff received training and understood the principles of the MCA and how they applied this to their day to day work. One staff member told us, "I always give people options. They can all make choices. I ask them what they want, how they want to do things. It's how I would want to be treated".

#### Staffing and recruitment

- The service had enough staff, and people were able to take part in activities and visits how and when they wanted.
- People and relatives told us there were enough staff. One person said, "The staff are always around. They help me. I just ask them".
- There was a mixture of new staff alongside a core team who had worked at the service for many years. Staff knew people well and provided consistency and a good skill mix.
- The provider had a system in place which enabled them to recruit staff safely. The recruitment process included pre-employment checks such as obtaining references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were actively involved in making decisions about the staff who were recruited. One person did not want to be on an interview panel, but they showed candidates around the service and provided feedback about how they came across and whether they felt they were suitable for the role. The person said they, "Liked that responsibility".

#### Using medicines safely

- People's medicines were safely managed, stored, and administered in line with good practice standards.
- Medicines records were electronic, and these showed people received their medicines as prescribed. Records were easy to access, clear and accurate and this helped keep people safe. When medicines errors occurred, these were reported and managed appropriately.
- Staff received training and this was regularly updated to ensure they remained competent in managing medicines.
- Some people were prescribed medicines 'as required' (PRN), for example to help manage pain or distress. PRN protocols were in place for staff to follow. This included information about how the person might present, and what staff should do to support them before resorting to the use of medication.
- People had regular reviews with their GP, local and specialist mental health teams. Staff understood the principles of STOMP (stopping the over medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed by prescribers in line with these principles.



- Audits were carried out to check practice and ensure standards were maintained. Action was taken if there were shortfalls relating to medicines management.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was regularly reviewed.

#### Visiting in care homes

- Visiting to the service was unrestricted and people were welcome at the service at any time. Visits would only be restricted if there was an increased risk from infections. This was in line with current government guidance.
- One relative noted that there had been a "Flexible yet careful approach [to visiting] at all times".

#### Learning lessons when things go wrong

- Systems were in place to record accidents and incidents and staff reviewed themes and considered ways of reducing the risk of recurrence.
- One professional told us, "Alexandra House carry out very regular reviews for all residents, and have a staff post dedicated to that. This allows a detailed, thorough, and thoughtful examination of current issues, plans to address and mitigate those and future actions. This is good practice that I rarely see in other providers".
- Another professional commented, "I remain very impressed by the communication with clinicians and the considered analysis of behaviour and incidents that always takes place. There is clearly an enduringly positive ethos and value set that places the person as an individual and in a social context at the centre of thinking supported by effective leadership and ongoing practice development".
- There was a process for managing complaints, and people told us they felt able to raise concerns with staff. One person told us, "There is a complaints form, or I can just speak to staff. I filled in the form once. [The issue] got sorted out straight away".

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives gave us very positive feedback about the service, staff and management team. Comments included, "I love it here. It's better than anywhere else", "Staff are kind" and "Staff care like hell".
- The provider outlined their mission as being to respect, listen and involve, and to work together with people to achieve good outcomes. These were embedded in the organisation and the actions of staff. People were kept at the heart of the service, and the person-centred support they received improved their quality of life and wellbeing.
- Staff supported people in innovative ways which met their needs to develop skills and engage in meaningful activities so they could live as full a life as possible. Some people had progressed from voluntary to paid jobs. With creative support from staff, others had maintained roles working independently in community ventures for many years. People were involved in a project that collected surplus food which was made into meals for others in the community. Others had recently helped at a fundraising event at a local swimming pool. People were well known, respected and trusted in these roles and in the wider community and their involvement was encouraged and sustained.
- In these ways, people had been empowered, were well known in the local community and were respected for the contributions they made.
- Other positive outcomes included one person progressing to travel by bus instead of being driven to a regular activity. Another person had been supported to go paddleboarding, despite complex health risks, because this was something they were keen to try. Staff were motivated to work with people to ensure they were safe but challenged by their goals.
- Staff aimed to instil an environment where people's rights were protected, and they were encouraged to develop their skills and abilities.
- Staff shared the provider's vision and were motivated by and proud of the service. Comments from staff included, "We're all passionate about what we do here" and "I love seeing the achievements they make. Their self-belief goes up when they do well".
- Professionals gave very positive feedback about the leadership of the service. One professional noted, "Over the past few years, I have worked closely with [staff name]. Their approach has been meticulous, person centred and thorough. I have no criticism of their leadership or commitment to [Name
- The service was consistently well led, and senior staff were role models who were supportive, approachable and well known in the service. Managers continued to develop their leadership skills and those of others. Staff said they felt supported by management and proud to work for the service. Comments included, "This is the best place I've ever worked" and "We're passionate about what we do. The managers

have done the job too, so they get it, they're so supportive".

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

- The provider was open and honest and understood their responsibilities in the event of something going wrong or a near miss.
- Records of incidents and accidents were kept and regularly reviewed and analysed to understand any themes or areas for improvement.
- The service apologised to people, and those important to them when things went wrong.

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

- A well-established team led the service and were clear about the responsibilities of their roles. They had a high level of skill, knowledge and experience to perform their roles.
- Staff understood their responsibilities and were motivated to support people to live the best life possible. Staff told us, "People are supported exceptionally well. They're safe and happy".
- Staff received training to ensure they were able to meet people's needs in line with best practice to provide a high quality service.
- Governance was well embedded into the running of the service. Robust systems and processes were in place to identify and manage risks and monitor and maintain the quality of the service. For example, thorough checks, audits and performance monitoring which were regularly reviewed and overseen by the provider. This monitoring ensured ongoing improvements to the quality of the service people received and leaders and managers saw this as a key responsibility.
- The provider closely monitored standards and performance and was proactive in using evidence and feedback to identify improvements to the service and individual care. Actions were taken when shortfalls were identified. This meant changes were made promptly to ensure people consistently received support which best met their needs.
- People's relatives told us the staff team consistently delivered good quality support. Comments included, "Staff take the initiative to improve care where possible" and "Residents are treated with respect, warmth and humour".
- Legal requirements were consistently met by the management team. For example, communicating openly with CQC and sending notifications as required. These contain information about important events the service is legally obliged to send within required timescales.

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

- There was regular constructive engagement with people, their relatives, staff and other professionals.
- There was a well-established resident's forum which met regularly to give feedback, discuss items on an agenda and review progress and changes. One person told us they participated in this forum and felt it was a good way to communicate about issues which affected the service. For example, when making changes to the environment, buying equipment or planning events.
- There were other opportunities for people to give feedback directly to staff. For example, through day to day contact, in regular care reviews and using feedback forms. This meant people could voice their opinions in the way they preferred.
- There was a strong focus on meeting people's needs and reflecting their protected characteristics. Community organisations had been employed to work with some people to address specific needs and promote equality between people with protected characteristics. For example race, sexuality, gender and disability. This promoted community engagement and reflected and met the changing needs and preferences of people who lived at Alexandra House.

- Staff said they felt able to raise concerns and make suggestions about how they could improve the support and wellbeing of people who used the service. They found the management team approachable and available, and regular meetings and updates helped keep staff informed and up to date.
- A consultant psychologist provided regular face to face guidance to the staff team to ensure they felt supported, encouraged and heard.
- Relatives told us they had good communication with the service. This had been particularly important to them during the recent pandemic. One relative said, "Staff at all levels communicate with us very well, clearly and often. They are always welcoming and willing to interact with us".

#### Continuous learning and improving care

- Senior managers were visible and helped to ensure values were embedded, standards remained high, and improvements made where necessary for the benefit of the people who lived at the service.
- There was a strong emphasis on continuous improvement. The provider shared their previous internal development plan and there was evidence that this formed part of their vision of the longer-term ambitions of the service. Alongside robust quality assurance systems, this showed continued improvement and a desire for people to achieve the best outcomes.
- The management team were open to constructive criticism and took action as required to achieve and develop standards. For example, when it was highlighted that some relatives might not respond to a written survey, telephone calls were promptly arranged to obtain feedback.
- Staff were actively supported to develop their knowledge and skills at all levels. One staff member told us about the different qualifications they had achieved whilst working at the service. They felt the provider was supportive of them continuing to develop and reaching their potential even though this required time and money. The staff member was keen to share their learning and skills for the benefit of the people who lived at Alexandra House.
- Staff were proactive when there were incidents or concerns. We saw evidence of the ways in which learning and reflection contributed to ongoing improvement. For example, when there were concerns about a person's deteriorating health and well-being, a 'concerns, risks and response chronology' was completed. This comprehensive document was shared with other professionals and provided detailed background information, context, concerns and risk indicators which helped to inform decision making in the best interest of the person.
- Professionals were complimentary about the impact of the quality of care on people's lives. One professional told us, "I continue to enjoy working with colleagues at Alexandra House in support of one person who has benefited significantly from the opportunity to live and receive support there over many years now. The thoughtful planning and delivery of care that is person centred, inclusive and compassionate remains a real strength".

#### Working in partnership with others

- Staff worked very closely in partnership with a number of other agencies and professionals to provide people with high quality, responsive support to meet their needs and improve their quality of life.
- Staff had developed close working relationships with local police officers to ensure people were safe, incidents were prevented where possible and investigated in an appropriate way when necessary.
- Health and social care professionals gave positive feedback about the service. Comments included, "Very good at keeping professionals up to date – regularly emailing with updates and records of reviews" and "Very good at keeping me updated, informing me of any areas of concern and working together to resolve any issues appropriately".