

Dr Ahmed & Mrs Lesley El Banna

Alexander House Care Home - Cheltenham

Inspection report

Alexander House
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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

Alexander House provides residential care for people with mental health, learning disability and physical disability needs. The home offers a service for up to 10 people in one adapted building. At the time of our visit 10 people were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People received their medicines as prescribed. Care staff kept an accurate record of when people had received their medicines. People told us they enjoyed living in the home.

People were supported by a kind, caring and compassionate care team who knew people's needs. Staff supported people to spend their days as they wished. People told us they socialised with each other and also on their own, they had choices how they were able to access the local community.

People told us they felt safe with care staff and safe in the home. Staff had a good understanding of safeguarding and the service took appropriate action to deal with any concerns or allegations of abuse.

Each person had an informative care plan which was used as guidance for staff. Where any risks were identified, management plans were in place. People were supported in a way that recognised their rights to take risks.

Care staff were knowledgeable about the people they supported, and it was clear staff knew people well.

People views on the service were sought. People told us the management was approachable and felt confident in their ability to complain. Regular people and staff team meetings took place. Quality assurance systems were in place to enable the service to identify areas for improvement and ensure people received a good quality service.

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.

The service applied the principles and values of Registering the Right Support and other best practice

guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org

Rating at the last inspection

The last rating for this service was Good (published 10 January 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Alexander House Care Home - Cheltenham

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

This inspection was carried out by one inspector.

Service and service type

Alexander House 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.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and reviewed a range of records. This included four people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. We spoke with two people who were not always able to talk with us due to their communication difficulties, so we observed interactions with staff. We also spoke to one family friend who visited the service regularly after the inspection to gain feedback about the service they received. We also received feedback from two staff members and spoke to the local authority safeguarding team as part of our inspection. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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.

- People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people.
- Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service and contact details for reporting a safeguarding concern were available.

Assessing risk, safety monitoring and management

- People were protected against identified risks. For example, there were risk assessments for road safety, refusal of medicines and safe management of eating. These identified the potential risks to each person and described the measures in place to manage and minimise these risks. Risk assessments had been reviewed on a regular basis. Staff we spoke to told us risks were managed effectively and continually reviewed.
- One person had been assessed as at risk of choking, A care plan provided information for staff to follow in the event of the person choking including first aid procedures. Staff had completed training in emergency first aid.
- People were protected from risks associated with legionella, fire, electrical and gas systems, through regular checks and management of identified risks.
- A plan for dealing with any emergencies that may interrupt the service provided was in place. People had personal emergency evacuation plans.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. On the day of our inspection we saw there were enough staff to ensure people received support in line with their assessed needs. The registered manager and staff told us the staffing ratios were reviewed regularly and extra hours were in place for 1:1 sessions for each person as required to ensure they could engage in activities and access the community.
- There had been some use of agency staff, but more recently, permanent staff were being used to ensure people received consistent support.
- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed.

Using medicines safely

- People received their medicines as prescribed.
- Where errors had occurred with people's medicines, appropriate action was taken to investigate and remedy the situation. Staff responsible for administering medicines had received appropriate training and competency checks. Individual protocols were in place for medicines prescribed to be given to people as

necessary, for example for pain relief or to relieve anxiety.

- To ensure the safe management of people's medicines, monthly audits took place of medicine administration records and weekly audits checked stock levels.

Preventing and controlling infection

- When we visited we found the care home was clean. People's visitors confirmed they also found the care home clean when they visited. Personal protective equipment was available for staff when providing personal care.
- Staff had received training in infection control and food hygiene standards. Spot checks ensured staff had a plentiful supply of gloves and aprons available to them.

Learning lessons when things go wrong

- A system was in place to investigate and learn from accidents and incidents. For example, a medicine error had resulted in appropriate remedial action being taken.
- Staff knew how to report accidents and incidents. There had been few accidents, and none had resulted in a serious injury. Following an accident, people's relevant support plans were reviewed and updated, and any changes were communicated to staff.

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

- The registered manager and/or provider carried out an assessment of new people who had been referred to the service to confirm that staff could effectively meet the needs of the person. The assessment was completed in partnership with the person, involved relatives and health care professionals where appropriate. This information was used to inform the person's personalised care plan with the focus of providing person centred care and support.
- People's needs were assessed holistically and reviewed regularly, with appropriate involvement of health and social care professionals and people's close relatives when indicated.
- People's support was planned and delivered in line with professional standards and guidance. For example, people received support with their medicines in line with National Institute for Health and Care Excellence (NICE) guidance.

Staff support: induction, training, skills and experience

- Staff had access to supervisions (one to one meeting) with their manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One staff member we spoke to said, "I feel valued, listened to and supported".
- People's needs were met by care staff that had access to the training they needed. One member of staff told us, "We definitely get all of the support and training we need and I'm up to date on all my training".
- All new staff were required to complete an induction programmes including shadowing their colleagues during support visits until the staff member was assessed as competent to work independently. Staff were required to complete the Care Certificate (a nationally recognised set of care standards) to ensure that staff had the minimum required skills to support people with their personal care.

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

- People's care plans included key contact details of people's GP, district nurse, pharmacist, and relatives. Staff prompted and supported people to attend their appointments if required.
- Staff knew people well and assisted people in monitoring their health and well-being to ensure they maintained good health and identified any problems.

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

- People were able chose the food they wanted and were supported by staff to assist with food preparation. They were supported to eat a healthy diet and to manage their dietary needs.
- When needed, people had been referred to a dietician or speech and language therapist when needed for advice around their diet and safe eating and drinking.

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 supported people to make choices about their daily personal care needs and respected their decisions. People told us they were involved in the day to day decisions about the care that they received. Relatives confirmed that staff were always respectful of people's decisions and choices.
- One person had requested a review of their DoLS with an advocate. An advocate is an independent person who can support people with decision making.
- Where people did not have capacity to make decisions, they 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.
- We saw evidence that where people lacked capacity to make decisions and were at risk of being deprived of their liberty, the registered manager had made an application to the relevant authorising body. At the time of our inspection, there were three people living at Alexander House who were subject to a DoLS authorisation.

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

- Staff understood the importance of respecting people's individual diverse needs and to treat people equally. They told us they would support people according to their choices and wishes without judgement or discrimination. People's needs and wishes around specific cultural or religious needs had been documented within their care plan. One person used to attend their local church service, however had declined the opportunity to attend in recent months. Staff told us they still asked if this person wished to go just in case they changed their mind.
- People and their relatives told us they were treated well and had good relationships with the staff. One person said, "I like it here, we go out, the flowers are lovely."
- Staff were happy in their roles and worked well as a team. One staff member said about the registered and deputy manager, "If something needs to be done the managers will support. It makes everybody feel that they want to come into work and feel part of a team."

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

- Two people living at the home had been invited to attend staff training alongside their care staff. They had attended and received a certificate in Health and Safety and Moving and Handling. The registered manager told us this was a way of people integrating with their care staff and understanding the training modules associated with their care plans.
- People were supported by the same staff on a regular basis. This provided continuity and gave people greater flexibility to plan how their support hours would be used.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed care staff assisting people throughout the day, including one person having their hair dried by care staff after their morning shower. Care staff told us how they ensured people's dignity was respected. One staff member said, "We are all trained to do personal care, we ensure it is done as the person wishes it to be".
- The registered manager acted to ensure people's views were heard. For example, one person had been referred to advocacy services, to ensure their views and wishes were heard by an independent person regarding their DoLS that they wished to discuss.
- Staff supported people to retain their independence. The registered manager explained how they supported people to be involved in maintaining their personal hygiene and said, "We support people with their personal care if needed, however we encourage them to be as independent as possible."
- Staff and one family friend we spoke to told us people were treated with dignity and respect. One family

friend said, "They are very welcoming when I visit, they are kind and they support my friend with their mobility and in and out of my car when we go out. They do everything they can to help [The person], they ensure he is as independent as possible. They are kind and considerate."

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.

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 information and communication needs had been assessed in line with requirements of the Accessible Information Standard and were identified and recorded in support plans. Support plans and hospital passports gave staff and health professionals all of the relevant information to know how to communicate with people and how they liked to be communicated with.
- People's care plans clearly recorded people's communication needs such as whether people had communication difficulties and poor sight or were hard of hearing. The registered manager showed us they how they had complied with the local authority AIS framework and always ensured people were provided with information such as using pictorial aids and how staff should communicate effectively such as; talking louder or using signs.

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

- The provider's equality and diversity policy set out the approach to how people's care would be planned and delivered in line with their diverse needs and preferences. Policies were based upon legal requirements, national guidance and best practice.
- Each person had a care and support plan to record and review information. Each support plan gave guidance on what was important to people, what people liked and what others admire about them and how to support them. Each support plan detailed individual needs and covered areas such as; communication, support needs, keeping healthy, leisure/hobby interests.
- We observed staff supporting people in a person-centred way. One staff member was blow drying one person's hair after they had a shower. The staff member was talking to them kindly and explaining what they were doing as they were stood behind them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service continually reviewed activities at the home and ensured people had several options of how they wished to spend their time. Therapy animals such as, a tortoise and a dog regularly visited the home. The outside space was used for people to feed birds and had a planting area. This was important to one person living at Alexander House who loved plants, animals, farming and ecology. The registered manager was in the process of organising a trip to an art gallery in London for one person. People were encouraged to

access the local community, for example, we saw one person go to the local shop to buy a small bag of sweets which they liked to do most days.

- The service had two young volunteers who visited the home regularly and provided activities such as; afternoon tea, playing the guitar and providing massages and manicures for people living at the home. The registered manager told us, "The volunteers brighten our residents' day and create such happiness and they deserve such recognition."

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to retain their independence. The registered manager explained how they supported people to be involved in maintaining their personal hygiene and said, "We support people with their personal care if needed, however we encourage them to be as independent as possible."

- Staff and one family friend we spoke to told us people were treated with dignity and respect. One family friend said, "They are very welcoming when I visit, they are kind and they support my friend with their mobility and in and out of my car when we go out. They do everything they can to help [The person], they ensure he is as independent as possible. They are kind and considerate."

Improving care quality in response to complaints or concerns

- A log of complaints was kept, we saw these were generally unrelated to the support and care provided by the service. Complaints were managed in line with the provider's policy. A staff member told us, "I would be listened to, we have an open-door policy here, everyone seems to get on well."

- A family friend we spoke to after the inspection told us they felt listened to, would feel confident to raise any concerns and that everyone appeared kind and considerate. The service had received three complaints over the past 12 months. From looking at the complaint's log, it was evident these had been resolved appropriately.

End of life care and support

- Appropriate policies and best practice guidance was in place for staff to follow. However, staff were not supporting anyone with active end of life care at the time of our visit.

- People's wishes, and any specific religious and cultural preferences were explored and documented, with the involvement of people's close relatives when appropriate.

- Access to necessary medicines and additional health care support was available through established relationships with community health professionals.

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 now 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

- The registered manager was the owner of the service, was highly visible and influenced the culture of the service. The registered manager told us they were continually reviewing the service and encouraged people to discuss any concerns. Where anything went wrong, lessons were learnt, and plans were put in place to prevent a reoccurrence. In the resident team meeting minutes for March 2019 a suggestion box or wish tree had been designed so that people could have a think about what they may like to do, then staff would be able to organise it if possible.
- Staff felt supported, respected and valued and worked as a team. A staff member said, "If I need to take time off it's never a problem. I really like working here, I left for a little while, but I missed working here."

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 registered manager understood their responsibilities to notify CQC and other authorities of certain events.
- The rating of the previous inspection was displayed at the home as legally required.

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

- Monthly health and safety audits and spot checks were carried out by the management team. These covered health and safety, infection control, care records and medicines. Where actions had been identified these had been followed up.
- Staff understood their roles and responsibilities and had clear job descriptions they could refer to. Staff understood how to escalate their concerns and felt comfortable to do so.
- The registered and deputy managers undertook regular spot checks to observe the care and support provided by staff. Observations of practice recorded aspects of service delivery such as staff interactions with people, person centred care and practical skills.

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

- Staff and the registered manager were skilled in communicating and engaging with people who found it difficult to express their views. We saw the registered manager speaking with one person in the office, showing them a leaflet about a recent festival and explaining what it was and associated music and

festivities. This person was fascinated by the discussion and showed us they liked the leaflet by waving and smiling with it.

Continuous learning and improving care

- The service worked openly and in partnership with other care providers and community agencies including commissioners and safeguarding teams. Records demonstrated the registered manager regularly met with commissioners when people's needs changed, or any concerns arose.

Working in partnership with others

- The service worked in partnership with other agencies such as health care professionals and commissioners to ensure that the service met the support requirements of people.