Queen Alexandra College

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Inspection report

49 Court Oak Road
Birmingham
West Midlands
B17 9TG

Tel: 01214285025
Website: www.qac.ac.uk

Date of inspection visit:
17 May 2016

Date of publication:
28 June 2016

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

This inspection took place on 17 May 2016 and was unannounced. When we last inspected this service in January 2014 we found it compliant with all the regulations we looked at.

Queen Alexandra College is a specialist college which also provides accommodation to students who have learning and or physical disabilities in four homes on site. The home is registered with the Commission to provide care for up to 51 people. At the time of our inspection there were 26 people living in the homes. Additionally the service offers respite care however there was no one using this service when we visited. There was a registered manager at this location. 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 and associated Regulations about how the service is run.

People who used the service and their relatives told us that the home was safe. Staff were aware of the need to keep people safe and they knew how to raise concerns through the provider's whistle blowing policy.

People were supported to have their medication as prescribed because there was clear procedures and guidance for staff. There were systems for checking that medication had been managed and stored in the correct way.

People told us that they were very happy with how staff supported them. We saw that people were relaxed around staff. People had opportunities to participate in a range of activities they enjoyed in the homes and community.

People and, where appropriate, their relatives, were consulted about their preferences and people were treated with dignity and respect. There were extensive communication aids available to help people express their views.

Staff working at the homes understood the needs of the people who lived there. We saw that staff communicated well with each other and spoke highly of the management and leadership they received.

People were helped and supported to plan and coordinate their transition between services.

People were supported by staff who were appropriately trained, skilled and supervised. Records contained detailed information for staff to meet people's specific needs however record keeping processes were not consistent between the homes.

When appropriate the registered manager had involved other health professionals in making best interest decisions about people's support needs. The provider knew what action to take to provide care in the least restrictive way.

People were supported to have their healthcare needs met and were encouraged to maintain a healthy lifestyle. Staff sought and took advice from relevant health professionals when needed. We saw people had been supported by the provider's own on site health services.

People were supported to prepare and eat meals of their choosing. Staff knew how to support people who needed specific diets to maintain their health.

There was effective leadership from the registered manager to ensure that staff were well motivated and enthusiastic. The registered manager assessed and monitored the quality of care consistently through regular audits of events and practice.

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.

People were confident to approach staff and express their feelings.

Staff knew what action to take if they felt people were at risk of abuse.

People received their medication as prescribed.

Is the service effective?

Good

This service was effective.

People were able to express how they wanted to be supported and staff respected their wishes.

People received care from members of staff who were well trained and supported to meet people's individual care, and nutritional needs.

People had access to the provider's on site health support service.

Is the service caring?

Good

This service was caring.

People interacted positively with staff and felt able to approach staff for support.

Staff promoted people's independence and supported them to express their individuality.

Staff actively sought people's views of the service and took pride in delivering care in line with their wishes.

Is the service responsive?

Good

This service was responsive.

People were involved in planning their care and maintaining relationships which were known to be important to them.

The registered manager and staff responded appropriately to comments and complaints about the service.

The provider worked with other agencies to ensure people continued to receive person centred care when they moved to different services.

Is the service well-led?

Good

This service was well-led.

The registered manager had effective systems to monitor the performance of the home.

People expressed confidence in the registered manager and staff enjoyed working at the home.

The registered manager was working to introduce a generic record keeping system across all the homes.

Queen Alexandra College

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 May 2016 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

As part of planning the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make and we took this into account when we made the judgements in this report. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit. We also spoke with one person who commissioned care packages from the service.

During our inspection visit we spoke with 12 people who used the service. We also spoke individually with the registered manager, operations manager, Assistant Director of Residential & Healthcare Services, three team leaders and five care staff. We held a group discussion with five members of the senior care team. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We sampled records, including five people's care plans, staffing records, medication and quality monitoring.

After the visit we spoke with relatives of three people who used the service on the telephone and received further information from the registered manager.

Good

Is the service safe?

Our findings

All of the people we spoke with told us that they felt safe. One person who used the service said, "The staff are always around for us." Another person said that staff, "Staff keep us safe." We observed that people who were unable to verbally communicate were confident to approach staff for support and reassurance and that staff were constantly taking an interest in their welfare.

The staff told us and records confirmed that they received training in recognising the possible signs of abuse and how to report any suspicions. Staff demonstrated that they were aware of the appropriate action to take depending on people's ages. Staff could explain the provider's whistle blowing process and said they were confident their concerns would be taken seriously. People were aware of dedicated helplines they could contact if they were concerned and there was additional information and guidance available about reporting concerns for staff and visitors. This information was available in formats which met people's specific communication needs. Records showed the registered manager had taken the appropriate action when people were thought to be at risk of harm.

People were encouraged to have as full a life as possible, whilst remaining safe. We saw that care staff had assessed and recorded the risks associated with people's medical conditions as well as those relating to the environment and any activities which may have posed a risk to staff or people using the service. The records which we sampled contained clear details of the nature of the risk and any measures which may have been needed in order to minimise the risk to people. These included how to support people whose behaviour may cause them or others harm. Records were regularly updated when people's conditions changed. There were processes in place to ensure that care staff were aware of people's most current care needs

The registered manager was supported by the provider's human resources department to recruit new staff. Staff we spoke with confirmed that suitable checks had been carried out through the Disclosure and Barring Service (DBS) prior to staff starting work. This included checking if people were suitable to support both children and adults who used the service. Staff also told us that the registered manager had taken up references and they had been interviewed as part of the recruitment and selection process. People who used the service were also involved in the recruiting of new staff. This ensured people were supported by suitable staff.

People we spoke with told us that staff were always available to support them when they wanted. Staff told us that there was enough staff on each shift and we noted that support was unhurried and conducted at people's preferred pace. A member of staff told us, "Staffing is fine. Staff will move around the homes depending where they are needed." One team leader told us they did not need to use agency staff as existing staff offered to work additional hours when necessary and there were also casual staff members available. They also told us they were always supported to have additional staff when necessary. We saw several examples where the registered manager had responded promptly to increase staffing levels when people's conditions changed. This ensured that people were cared for by the number of staff with the skills and knowledge required to keep them safe.

People received their medicines safely and when they needed them. We saw that medicines were stored in a suitably safe location in each home. There were communication aids in place to help people understand what their medicine was taken for and how it was administered. The medicines were administered by staff that were trained to do so. Where medicines were prescribed to be administered 'as required', there were instructions for staff providing information about the person's symptoms and when they should be administered. Staff had signed to indicate that they had read these. There were processes in place to ensure people would still receive their medication appropriately when they were away from their home. We sampled Medication Administration Records (MARs) and found that they had been correctly completed. The registered manager and Assistant Director of Residential & Healthcare Services conducted regular audits of the medication and had taken effective action when any errors had been identified.

Good

Is the service effective?

Our findings

The people and relatives who we spoke with told us that the staff were good at meeting their needs. One person told us, "I like it here, I've learnt a lot about myself." A relative said, "They really develop people's confidence." Care staff gave us many examples of how people's conditions had improved since they started to use the service.

Staff told us and records confirmed that all staff had received induction training when they first started to work at the service. One member of staff told us, "We followed a set programme and had to read up on people's records." Staff received additional training when necessary to meet people's particular medical conditions and staff we spoke with were knowledgeable about how to meet these needs. A member of staff who had recently supported a person when they had suddenly became unwell told us, "All my instincts kicked in. It's all about what you have been taught in the training. You know the protocol and you know the signs."

Several members of staff had also been students at the college before joining the care team. This gave them an insight in to the specific needs of people using the service. We saw that several people had given presentations to staff in the homes and college to inform them about what it was like to live with their specific healthcare conditions and how they wanted to be supported.

Staff demonstrated that they knew and understood people's individual healthcare conditions and the individual support people needed in relation to these. One member of staff told us, "I know when to stand back and leave the student for 5 or 10 minutes before approaching them again." Staff could explain people's preferred communication styles and how people expressed their feelings and needs through specific gestures.

There were details of people's specific needs in relation to their health in their care plans which staff could consult when necessary. We noted that care plans and handover notes were regularly reviewed by staff. This meant that staff had the skills and knowledge required to meet people's specific needs. We noted however that systems to record people's care needs differed between the homes. Therefore there was a risk that staff working at a home they were unfamiliar with would not be able to find all the information they required to support the people who lived there. Staff meetings took place to provide staff with opportunities to reflect on their practice and agree on plans and activities.

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. The application procedures for this in care homes and hospitals are 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 were being met. During our visit we noted that no one who used the service was under an authority to restrict their liberties and saw that staff regularly asked people about how they wanted to be supported. We saw that people were supported in accordance with their wishes. There was guidance available to people about their legal rights and how staff should support them in line with the MCA. Staff were knowledgeable about who had the authority to decide how a person was to be supported and told us they would not involve people's relatives in their care provision without agreement or unless they had legal power of attorney. The provider had held best interest meetings when people were thought to lack capacity in a specific decision that needed to be made, and records showed that people had been supported in line with decisions made at these meetings.

We saw that staff had carried out nutritional assessments in relation to people's needs. Staff we spoke with were aware of people's specific nutritional needs and additional guidance was available in people's care records. Staff had sought and taken the advice of relevant health professionals in relation to people's diets. During our visit we saw a nurse from the provider's health services attend a home to review a person's nutritional care plan.

People we spoke with told us they enjoyed their meals. One person said the meals were, "Good," and put up two thumbs. Another person said that, "It's fresh food and there's always a choice." People were supported to buy and cook their own meals to promote their independence and personal choice. When necessary people were supported by staff with their meals and involved in selecting foods they enjoyed. We saw that meal times were promoted as social events and some people took turns to cook meals for friends in the homes.

People in the home were supported to access the services of a variety of health professionals including psychologists and GPs. The provider operated a health support service on site for all students which also supported people who used the service. The Assistant Director of Residential & Healthcare Services responsible for this service also had responsibility for overseeing the health care needs of people in the homes. They ensured that prompt and appropriate referrals were made to other health professionals. People were supported to engage with the college sports and physical activity facilities in order to promote a healthy lifestyle.

Good

Is the service caring?

Our findings

People who used the service said that staff were caring. Their comments included; "I really like it here, I am more independent than at home;" "They [the staff] are brilliant, they do different things with you;" "In a way we are a family." One person said that a member of staff was, "Like a second mother to me and I am her third son."

We observed that people were comfortable to approach staff and engage in conversations. Many conversations were light hearted and demonstrated friendly interactions with staff. Staff were kind and patient with people and offered reassurance when necessary. We observed a member of staff praise a person when they managed to complete a specific task for the first time. The member of staff had been demonstrating this task to the person for some time and was obviously proud and excited that the person was now able to do it themselves.

We saw that there were clear records of how people wanted to be addressed by staff and we heard staff addressing people by their preferred names. Staff knew what people liked to do and were keen to support people in their hobbies and keeping in touch with their families. Staff were aware of people's preferred lifestyle choices and were passionate about supporting people to live in accordance with how they identified themselves.

People told us they were encouraged to develop friendships with other people who used the service and in the wider community. There was a, 'Peer mentoring,' programme which involved people who were experienced in using the service to share their knowledge and help new people to integrate into the service. This helped to welcome new people into the service and prevent them from becoming socially isolated.

People were asked how they wanted to be cared for and supported when they first started to use the service. We saw staff checking and asking people what they wanted them to do or where they wanted to be in the home. One person told us, "Staff give me space and I feel listened to."

There were opportunities for people who used the service and their relatives to attend meetings and engage in reviews of their care. Records showed that these were held regularly and were well attended. When necessary appropriate support was offered to people through communication aids and staff involvement to help people express their views. All the staff we spoke with were able to demonstrate an understanding of people's chosen style of communication. One person told us, "They know my needs. They talk to me like I am an able person." People could express how and who they wanted to be supported by.

We observed staff speak respectfully and people had keys to their own bedrooms so they could control who had access to their personal space. People were supported to be as independent as possible while remaining safe. They were encouraged to cook meals and carry out task around the homes and staff supported people to undertake visits safely into the local community on their own.

Good

Is the service responsive?

Our findings

Staff and the people we spoke with told us about the activities that people enjoyed and we saw that staff supported people to choose what they did each day. People told us they felt there were enough activities available and people were supported to engage in activities they liked. All the people who used the service were supported to regularly attended college. People told us and records showed they enjoyed this. People had been supported to seek further educational courses and work placements or volunteering opportunities when they had expressed an interest. One person we spoke with said they were looking forward to starting university in London. People told us that when they did not want to take part in planned activities their views were respected by staff.

The provider assessed people's care needs when they first joined the service to ensure they would share a home with likeminded people. This supported people to build positive relationships with the people who they lived with and pursue common interests and goals.

People were encouraged and supported to maintain contact with people who were important to them. Staff supported people to engage in their chosen friendships safely and offer emotional support and advice when necessary. The provider helped people who had similar interests and abilities to live together in the same homes which helped to foster friendships between people.

People regularly visited their families when they wanted and were supported to engage in social activities with friends in the provider's other homes and with people who lived in the community. People had keys to the home and their own bedroom which gave them the opportunity to retire when they no longer wanted to engage with people. When requested, people had been supported to participate in the wider community. This included visits to shops and locations they said they liked such as the local park, cinema and pub.

People were initially involved in developing their care plans to provide guidance for staff about their preferences and how they liked to be supported. This information was updated as people's views changed, as staff got to know the person and in relation to people adapting to their environment. Staff knew people's lifestyle choices and supported them to express their individuality. When necessary people had the involvement of relatives and others close to them to express their views and review their care. This meant the service had systems in place to monitor changes in people's needs and ensured they provided care that reflected people's current requirements.

The registered manager and staff had regular meetings with people living in the home. This provided an opportunity for people to raise issues and discuss plans such as activities they wanted to undertake. People had made suggestions and we saw that the registered manager had taken action such as arranging holidays for people.

The home had clear policies and procedures for dealing with complaints which were available in different formats to meet people's specific communication styles. Relatives told us that the registered manager and staff were approachable if they were not happy or had a complaint. They were confident that the registered

manager would make any necessary changes. We observed that people were confident to approach and speak with the staff supporting them. Prior to our inspection the registered manager had told us about a complaint they had received. We noted they had managed it in line with the provider's policy. The registered manager reviewed concerns and comments in order to learn from adverse events and take action to prevent them from reoccurring.

The provider ensured people were supported when they moved between different services. One person who was preparing to leave the service because they had completed their college course told us, "They have been so good here."

The relative of another person who was also due to leave the service told us, "They have sat down with a group of leavers and told them what to expect. My son was worried at first but is now excited and feels in control." Staff we spoke with were very proud about helping people to move on from the service and saw it as a reflection of their own success. One member of staff told us, "How well people do here will impact on the rest of their lives." Another member of staff said, "We have a great opportunity to change people's lives for the better."

The provider had taken action to ensure people received continued care when they attended college each day. This included arrangements for people to take any necessary medication with them and receiving daily updates from tutors about people's wellbeing while at college. The provider's health service supported people both in their homes and college and one of the team leaders also a tutor at the college. The provider had ensured that college staff also received training in the skills and knowledge they would need to support the people who used the service, such as safeguarding, mental capacity act and emergency first aid.

The provider had a, 'Leaver Destination,' process to support people to move to a new location. The registered manager had liaised with other agencies and shared information and experience about people's specific care needs. During our visit we observed the registered manager liaising with other agencies about a person whose condition had suddenly become more complex and was at risk of not receiving the care they required to keep safe. They were ensuring more suitable support would be available if necessary.

Good

Is the service well-led?

Our findings

All the people, we spoke with felt the service was well run. A person who went home at weekends told us, "I look forward to coming back, it's a nice feeling."

Staff described an open culture, where they communicated well with each other and had confidence in their colleagues and in their manager. They told us they were encouraged to express their opinions and lead improvements to the service. People told us the registered manager was supportive and we observed several positive interactions between the registered manager, people who used the service and staff. Staff said they felt involved in developing the service through staff meetings and supervisions with the registered manager. Several members of staff told us they had worked at the home for several years because they got on well with other members of staff. Some members of staff had previously been students at the college and one of whom said that they had, "Welcomed the opportunity to repay the favour."

The service had a clear vision which staff understood. All the staff we spoke with were enthusiastic and said it was important to respect people's individuality and foster a good learning environment. One member of staff said, "Staff are so passionate about it, this is their lives." Throughout our visit we observed staff continually respect the views and wishes of the people they supported. The registered manager reflected this ethos at a staff meeting we observed. The registered manager told us, "We are proud that we've got good staff working for us."

The registered manager understood their responsibilities. This included informing the Care Quality Commission of specific events the provider is required, by law, to notify us about and working with other agencies to keep people safe. They had processes in place to ensure colleagues were aware of applicable legislation and responsibilities.

The service had a well-developed understanding of equality, diversity and human rights and put these into practice. Staff told us how they supported people to pursue their lifestyle choices and championed people's rights to be treated fairly and in line with current legislation. Staff respected people's choices and rights to privacy seeking safe ways in which people could visit and pursue relationships with people in the community.

The service had a clear leadership structure which staff understood. Staff were allocated to work in specific homes with a dedicated team leader. This ensured staff received continuity of leadership. Staff told us and we saw that they had annual appraisals and regular supervisions to identify how they could best improve the care people received. The provider operated a key worker system which meant that specific staff were responsible for developing and leading on the quality of the care people received. Other staff could approach key workers for guidance and advice on how to meet people's needs. Key workers we spoke with were knowledgeable about the people they supported.

The registered manager had systems for monitoring incidents and accidents to ensure that there had been an adequate response and to determine any patterns or trends. Following incidents they had made changes

to minimise the chance of the incident happening again. The records at the home which we sampled showed that the registered manager made checks against the relevant regulations to ensure the standard of care was maintained and improved on where possible. The registered manager told us of the action they were planning to take in response to concerns identified with inconsistent record keeping processes between the homes. This would help them introduce a robust record keeping audit process.