Leonard Cheshire Disability

Alder House - Care Home Physical Disabilities

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

This inspection took place on 25 January 2016.

Alder House is registered to provide accommodation with personal care for up to 20 people who have physical or sensory disabilities. There were 18 people living at the service on the day of our inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were knowledgeable about how to protect people from the risk of abuse and other areas where they may have been assessed as being at risk. Risk management plans were in place to support people to have as much independence as possible while keeping them safe. There were also processes in place to manage any risks in relation to the running of the service.

People received their medicines safely and had regular access to health care professionals. People were supported by staff who knew them well and were available in adequate numbers to meet people's needs. There was a good choice of food and drink and people who were at risk of not eating or drinking enough were monitored.

Staff used their training effectively to support people. The manager understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Staff were aware of their role in relation to MCA and DoLS and how to support people so not to place them at risk of being deprived of their liberty.

People received care that met their individually assessed needs and preferences. People's dignity and privacy was respected and they found the staff to be friendly and caring. People were supported to participate in social activities including community based outings.

People received personalised care and staff knew them well. Relationships between people, relatives and staff were positive. Staff were caring and responsive. Care plans were clear, provided staff with guidance and were reviewed regularly. People were involved in the planning and reviewing of their care.

The service was well led; people knew the manager and found them to be approachable and available in the home. People living and working in the service had the opportunity to say how they felt about the home and the service it provided. Their views were listened to and actions were taken in response. The provider and manager had systems in place to check on the quality and safety of the service provided.

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.

Staff had a good understanding of safeguarding procedures to enable them to keep people safe.

Safe recruitment procedures were in place and there were enough staff to meet people's needs safely.

Staff were aware of people's individual risks and how to support them safely. People were involved in deciding the level of risk to which they were exposed. Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received appropriate support and training for their roles.

People were supported to make decisions and their consent was obtained. The requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were being applied appropriately.

People were assisted to eat and drink sufficient amounts and had regular access to health care professionals.

Is the service caring?

Good

The service was caring.

People were encouraged to be involved in the planning and reviewing of their care by staff who knew them well.

People's privacy, dignity and independence were respected, as was their right to make decisions and choices.

Is the service responsive?

Good

The service was responsive.

People received care that was personalised and met their

individual needs.

People were confident to raise concerns and had them dealt with appropriately.

Is the service well-led?

Good

The service was well led.

The culture at the service was open and inclusive. People had confidence in the manager and found them available and responsive.

Opportunities were available for people to give feedback, express their views and be listened to.

The provider had systems in place to gather information about the safety and quality of the service and to support continuous improvement.

Alder House - Care Home Physical Disabilities

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 was undertaken by one inspector on 25 January 2016 and was unannounced.

Before the inspection, we looked at information that we had received about the service. This included information we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law. We also reviewed the Provider's Information Report (PIR) which had been completed by the previous registered manager. This is information we have asked the provider to send us to evidence how they are meeting our regulatory requirements.

During the inspection process, we spoke with five people who received a service. We also spoke with the registered manager, the care service manager and three staff working in the service.

We looked at three people's care and four people's medicines records. We looked at records relating to three staff. We also looked at the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality of the services provided at the home.

Good

Is the service safe?

Our findings

People told us that they felt safe at Alder House. One person said, "I feel safe because the care I get here is good." We saw that people were confident in approaching and interacting with staff and in moving around the service.

Systems were in place to keep people safe. Staff had attended training in safeguarding people and were knowledgeable about how abuse can occur in a care setting. The registered manager and staff were aware of their responsibility in regards to protecting people from the risk of abuse and how to report concerns. They confirmed they would do this without hesitation to keep people safe.

Each person had their own individually assessed equipment to assist transfer from one place to another. This meant the equipment supported their safety and reduced risks from cross infection. Equipment used to support people was serviced regularly to ensure it was in safe working order. While we noted that actions to manage some risks were not always easily accessible within people's care plans, staff were aware of people's individual risks and how to help people in a safe way. Care plans also contained a section on 'Keeping me safe'. This included guidance for example, on not moving things in the environment for people who had sight impairments as this could increase their risk of falls and accidents.

The registered manager had appropriate procedures in place to identify and manage any risks relating to the running of the service. These included relating to fire and water safety, the environment and dealing with emergencies. Actions identified by risk assessments were recorded as completed such as regular checks of water temperatures and testing of fire safety equipment. Processes were in place to keep people safe in emergency situations. These included individual emergency evacuation plans as well as a business continuity plan to ensure people's safety and well-being could be sustained at all times.

Suitable procedures were in place to support safe staff recruitment. Checks had been completed with people's previous employers and with the Vetting and Barring Service [DBS] to assure people's suitability for the role. The registered manager confirmed that suitable checks were also completed in relation to volunteers.

People's needs were met within an appropriate timescale. People told us that they were answered promptly when they used their call bell. One person said, "Staff are brilliant. They cannot always come to you straight away, especially if someone else has an emergency, but there is never an unreasonable wait for support." Another person said, "Staff come when I press the buzzer. I don't have to wait long." The registered manager advised that while there was no demonstrated ongoing assessment available in the service, staffing levels were based on people's needs. They were increased as people's needs required with, for example, an additional staff member having been included in the afternoon shift as more people in the service now require support with their meals.

Review of the rotas identified that there were occasions where the levels stated as required by the registered manager had not been met, even with the use of bank staff and the supernumerary care services manager

working as part of the care staff team. The registered manager told us that this was due to long-term staff absence and difficulties with getting agency staff to travel to and work in the service. This was confirmed by staff who told us they were very busy but worked hard as a team to ensure that people received the care they needed even when the shift was not fully staffed.

The provider had systems in place that ensured the safe receipt, storage, administration and recording of medicines. People confirmed that staff brought their medicines to them at the correct times. One person said, "[Staff] care for my tablets fine and bring them to me at the time I need to take them." We observed that staff dispensed people's medicines safely. Medication administration records were consistently completed and tallied with the medicines available. Assessments of staff competence to administer medicines safely were completed. Monthly medication audits were carried out to ensure safe management of medicines.

Good

Is the service effective?

Our findings

People told us that staff provided them with effective care and support. One person said, "You could not ask for better staff and the service they provide is definitely meeting all my needs."

People were cared for by staff who were trained and supported to meet people's needs effectively. Staff told us that when they started working in the service they received induction training and a period of shadowing an experienced staff member before forming part of the staff numbers. The registered manager confirmed that new staff are teamed up with a 'buddy' and work as supernumerary until they are competent to work alone. This included ancillary staff so the registered manager could be sure that all staff have had time to grasp how the service requires people to be cared for. Records provided by the registered manager confirmed that staff had received training suitable for their role. There was an ongoing training plan to support staff to develop their skills and knowledge. This included nutrition and hydration, support with swallowing difficulties, pressure area and end of life care.

Staff received formal supervision although the frequency had not always been in line with the provider's policy. Staff and the registered manager told us that as there was shortage of staff on occasions, those available were providing shift cover and time for staff supervision meetings had not always been possible. Staff told us they felt well supported and that the management team was available to them regularly should they need support. The registered manager told us that annual staff appraisals would be completed in line with provider's policy and would take place in April 2016.

Staff confirmed that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff demonstrated a good understanding of MCA and DoLS and when these should be applied. Records showed that, where required, people who used the service had had their capacity to make decisions such as relating to medicines, finance and personal care assessed. Meetings had been held where significant decisions were required, to consult with all relevant parties such as independent advocates, to ensure the person's rights were safeguarded. An advocate is an independent person who represents another person's best interests where they do not have the capacity to act for themselves. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been clearly recorded. The registered manager confirmed that this would be continued to include such as the use of bedrails, lap belts or foot straps where this was indicated as being in people's best interest.

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. Where people were deprived of their liberty applications had been made, or were being made, to the local authority for DoLS assessments to be considered for approval. This meant that the provider had acted in accordance with legal requirements. The registered manager confirmed the commission would be notified of any authorisations approved.

Staff knew how to support people in making decisions. A staff member said, "Even where people have been assessed as not having capacity to make some decisions we always ask first before providing support. We cannot impose on people, if a person chooses not to have a shower that day then that is their right." This approach was confirmed by people we spoke with who told us that staff always asked for their consent in all matters. Care records showed that a person's right to make a decision that might be considered unwise by others was respected and that the person had been informed of and was aware of the risks. This was confirmed by the person and by staff spoken with.

People were complimentary about the quality, choice and quantity of food and drinks served. One person told us, "You won't get better" and another person said, "The food is lovely." People's health or preferred dietary requirements were known to staff so that people received the food they needed and preferred. One person told us that staff assisted them with their meals and drinks, gave them plenty of time to eat and drink at a pace led by the person and which helped to manage their risks relating to swallowing difficulties.

Staff told us about people who had prescribed supplements or who required their foods to be fortified to increase their calorific intake. We observed staff offering people choices of foods and drinks, asking for their preferences and providing this. People's weight and nutritional intake was monitored in line with their assessed level of risk and referral made to the GP and dietician as needed. This helped to ensure that people were supported to eat and drink well and maintain a balanced diet in line with their personal preferences and needs.

People told us their health care needs were well supported. One person told us that the staff called the GP for them when they did not feel well and that their chiropodist attended to them regularly. Another person said, "Staff get the doctor for me; and the dentist and the optician come in when I need them and the chiropodist too." People's care records demonstrated that staff sought advice and support for people from relevant professionals and outcomes were recorded so that all staff had information on people's health care needs.

Good

Is the service caring?

Our findings

People told us they enjoyed good relationships with the staff at the service and were positive about how kind and caring staff were to them. One person said, "It is good living here, the staff are friendly." Another person said, "Staff are really kind." People confirmed that their relationships with family and friends were respected and that their visitors were welcomed.

People's needs were assessed before coming to live in the service and they were involved in the planning and review of their care. We saw that one person had signed their care plan to confirm this. Another person confirmed that staff talked to them about their care plan. The registered manager told us that, as staff always spoke with people as part of care planning, this would in future be documented where people were unable to personally sign the records.

People were supported by staff who knew them and their care needs as identified in their care plans. Staff were aware of how people's individual communication styles and, for example, what comforted a person when they were distressed. They also knew that one person preferred to be given a drink in their own cup when they took their medicines. Many of the staff had worked in the service for a number of years providing opportunity for consistency of care being provided by staff people were familiar with. One person said, "Staff do what I like. I like going to bed at 7pm. They give me help when I need it. The staff are nice." All the interactions observed between staff and people were positive. Staff engaged people in social conversations and listened to what people had to say.

People's privacy was respected. People's information was securely stored to ensure it remained confidential. We saw that staff knocked on people's bedroom doors, and waited for a response, prior to entering. Staff consulted with people about whether it was alright for us to meet with them and addressed people by name. This showed staff had respect for people and their personal space. People told us that staff protected their dignity when providing support with personal care. Staff told us that treating people with respect was important to them. One staff member said, "I always treat people here with the same dignity, compassion and respect that I would like to be treated with."

People's independence was promoted and supported. One person told us, "The staff always let me do things I can for myself." We saw that staff followed guidance in care plans such as providing one person with a drink in a suitable cup and giving time and encouragement to the person to drink independently.

Good

Is the service responsive?

Our findings

Staff assisted people with their care and support and were responsive to their needs. Staff were aware of how each person wanted their care to be provided and what they could do for themselves. People were treated as individuals and received support relevant to their needs.

Each person had a care plan in place to show the support they required and these were written in a person centred way. While there was a wealth of information in the records, some information was not easy to find, such as the care to be provided by staff within the service to support management of diabetes or preventative pressure ulcer care. Checks of pressure relieving mattresses were completed although the correct individual setting for these was not identified in the person's plan of care. The registered manager confirmed action would be taken to clarify the care management records immediately to ensure clear guidance was available to all staff on how all areas of people's needs was to be met.

We were reassured that people were provided with responsive care that met their needs and people confirmed this. Records did show, for example, that people were repositioned to relieve pressure on parts of their bodies and bedrest was supported, staff told us this was in line with the district nurse advice. The registered manager confirmed that no person in the service currently had a pressure ulcer or any concerns relating to the management of their diabetes. People were cared for in a suitably designed environment that supported their independence. One person told us that they had been supported to access assisted technology that enabled them to control aspects of their immediate environment which made a huge difference to their life.

The service employed a staff member to co-ordinate social and leisure opportunities for people. This was also supported by a number of regular volunteers, some of whom ran a bingo session during our inspection. The registered manager confirmed that people were missing the physiotherapy sessions provided as part of the service as, despite widespread advertising, they had been unable to recruit to the post. People told us they enjoyed a wide range of opportunities both within the service and in the community. One person said, "I go out to different places such as shopping or the theatre. I watch television in my room. We have lots of activities and games, all different things, I enjoy them." Another person said, "I love going out anywhere and they do take me. I also love the arts and crafts we do here."

People who used the service told us they had no complaints, that they would feel confident to raise any complaints and that they would be listened to. One person said, "I get on well with [registered manager] and could complain to [them]." Another person said, "I would tell [registered manager] if I had any problems as I feel able to talk to them. [They] are a nice person and listen to me."

People had access to a clear complaints procedure. It told people what they could expect to happen and when. It told people how to take their complaint further should they not be satisfied with the provider's response. We looked at the provider's record of complaints received. We saw that these were clearly logged and were responded to in a timely way. Information sent to us by the provider prior to the inspection told us of actions that had been taken in response to previous complaints. These included a new call bell system

and closed circuit television (CCTV) outside the premises and we saw that these were now in place.

Good

Is the service well-led?

Our findings

People told us that the service was well led and managed. The registered manager was appointed to lead the service in June 2015. They were supported by a care supervisor and a staff team and all were clear on their roles and responsibilities in providing people with a quality service. The manager had kept their knowledge up to date, for example they were aware of changes to current guidance such as in relation to protecting people's rights and to changes in regulation and inspection approach.

There was an open and supportive culture in the service. People living in the service and staff working there told us that the management team were approachable and supportive. Staff were provided with opportunities to express their views on the service through staff meetings and supervision meetings. Staff told us there was good communication in the team and they were given updated information on service requirements at a handover meeting before each shift. People addressed the registered manager by name. We saw that they felt able to raise and discuss relevant matters such as the vacant physiotherapist's post and were reassured of the actions being taken.

The registered manager told us of links forged with community services such as a designated community nurse for immediate response when there was any sign of a person's skin breaking down. The registered manager also had positive arrangements to access specialist staff training provided by the local authority and the health authority.

Systems were in place to complete regular audits within the service over a range of areas and to put actions in place to address any issues raised. The registered manager told us of their plan to implement a detailed audit of care records to ensure clarity and include those relating to swallowing assessments, consent and specific dietary conditions such as diabetes. Information on all aspects of the service, including from audits, was reported electronically by the registered manager to the registered provider each month for monitoring. This ensured the registered provider had a full overview of the service quality and supported analysis to identify any patterns so that action could be taken for improvement.

People told us they could express their views and felt listened to. They told us the manager was approachable and listened to them. The provider's Personal Involvement Officer [PIO] had visited the service and met with people regularly. People also had opportunity to attend meetings supported by the activities co-ordinator. Minutes of one recent meeting showed that people asked for a colour coded board to be provided for those who could not write to show if they were in or out of the service. The registered manager confirmed that was currently being sourced and would be made available.

People had the opportunity and were encouraged to be involved in the way the service was run. The registered manager confirmed in discussion with a person using the service that they would be involved in the selection process once a particular post had attracted applicants. The registered provider told us that they had not received any responses from the people at Alder House to the satisfaction survey last year. Records of a recent meeting showed that the PIO had informed people about the current survey and encouraged them to complete it so their voice was heard. The survey was available to people in an

accessible format to be more user friendly and asked about their experiences and their suggestions for improvements. The manager confirmed that an action plan would be developed from this if feedback was received and required this.