

Heathcotes Care Limited

Alverthorpe

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Alverthorpe is a residential care home providing personal care to people with learning disabilities or autistic spectrum disorder. The home can accommodate up to 8 people, at the time of the inspection 7 people were living at the service. Each person was supported in their own personalised bedroom and bathroom areas, with communal spaces available, such as a lounge and dining area.

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

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.

Right Support

People were supported by enough suitably trained staff. Systems were in place to protect people from the risk of avoidable harm. People were supported in a safe environment and risks to people were assessed and mitigated. Staff supported people to access the community for a range of activities. People and their relatives told us staff were kind.

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.

Right Care

Care plans were person centred and provided staff with guidance about how people liked to be cared for. We observed staff offering choices to people and people were involved in how the service was decorated. Staff were knowledgeable about people's needs and people were supported to become more independent. The service worked closely with external healthcare professionals, to ensure people's health needs were met.

Right Culture

The service had an open, honest and positive culture. Staff told us they were supported by the management team. Feedback was sought from people, relatives and staff to drive improvements. The registered manager and staff understood their roles and responsibilities. Regular audits were undertaken by the management team to promote quality and safety for people.

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

Rating at last inspection

The last rating for this service was good (published 24 October 2018).

Why we inspected

We received concerns in relation to medicines, recording and leadership. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alverthorpe on our website at www.cqc.org.uk.

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Alverthorpe

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

The inspection was carried out by 3 inspectors 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 care service.

Service and service type

Alverthorpe 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.

Alverthorpe 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 carried out on 9 March 2023 and 14 March 2023. The first day of inspection was

unannounced, with inspectors arriving out of hours. The second day of inspection was announced.

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 Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 2 relatives about their experience of the care provided. We spoke with 5 staff including the registered manager, deputy manager, and support workers. We carried out observations of care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included 2 care records and a variety of medicines records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from the risk of abuse and avoidable harm. The registered manager notified the appropriate agencies of incidents.
- Staff understood their roles in relation to safeguarding people and told us they felt comfortable to report concerns. One staff said, "I definitely do (feel able to report concerns) to the manager."
- People and relatives told us they felt safe. One person said, "I feel safe, I have staff every day to help me."

Assessing risk, safety monitoring and management. Learning lessons when things go wrong

- Risks to people were assessed and regularly reviewed, to provide guidance for staff to support people safely. For example, where a person required a specialised diet to reduce the likelihood of choking, this was provided. A relative said, "They got [name] a double bed straight away (to reduce the risk of falls at night)."
- Environmental and equipment maintenance checks were in place, to ensure these were safe for use. A maintenance action plan was ongoing and actioned in a timely manner.
- Where people required support with their behavioural needs, clear guidance was in place for staff to follow. This included information about what could trigger distress and how best to support them.
- Accidents and incidents were recorded and monitored, with action taken and lessons learned to mitigate future risks to people.

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. For example, one person had restrictions in place re their nutrition and they had recently been supported to lose weight.
- The staff team were dedicated to reducing restrictive physical interventions. The service had a reduction in both the level and frequency of physical interventions required. The staff team had worked to explore different ways to support people to manage their feelings and emotions. Relatives told us their loved ones

had reductions in incidents since living at the service.

Staffing and recruitment

- People were supported by enough suitably trained staff.
- The registered manager informed us, due to recent recruitment, they currently had a full core staff team. This helped provide continuity for people.
- Staff were recruited safely and a range of pre employment checks were undertaken before staff commenced employment. This included 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.
- Enough staff were provided to enable people to access a range of community activities. This included shopping, cinema, trampolining, museum and seaside trips.
- People and their relatives told us staff were kind. One relative said, "There are enough staff, they are all friendly and [relative] responds well to them."

Using medicines safely

- Medicines were safely managed. People received their medicines as prescribed, from trained staff.
- There were protocols in place for 'as required' medicines (PRN). These provided staff with guidance about how and when to administer them in a safe way. One relative told us the staff had explored ways to manage their loved one's emotional distress which reduced the need for PRN medicines.
- Where medicines errors had occurred, these were identified, with actions taken to learn lessons from incidents.

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 can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visiting arrangements were in place and we saw people receiving visitors. One person told us, "I call my sisters all the time, they visit me here and I also go to their house."

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 for this key question has remained good. 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 promoted a positive and open culture in the service. People were provided with support which was person centred, focusing on people's choices and wishes.
- Care records were detailed and provided staff with guidance about how people liked to be supported. Staff were knowledgeable about people's needs. We observed staff offering choices to people, including staff asking if they could enter people's rooms. One staff said, "We are like a little family." Another said, "I love my job, I love making a difference to people's lives."
- One person was working towards becoming more independent since moving into the community. Staff had supported them to increase their community outings and to manage their own finances when purchasing items whilst shopping. Meeting minutes showed positive feedback from this person, they said, "This is much better than where I used to live."
- People and relatives told us they were happy with the service and that it is well led. One relative said, "I would definitely recommend it here. I speak to the manager all the time."

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. Working in partnership with others

- The registered manager understood their roles and responsibilities under duty of candour and notified the relevant authorities of specific incidents where required.
- The staff team worked closely with external agencies such as GP's, speech and language therapists and mental health teams, to ensure people's health needs were met. Records evidenced that advice given from external professionals was used to formulate care plans, to enable staff to give people the right support.

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

- The management team completed regular audits to monitor the safety and quality of the service. The provider had oversight of the service and carried out regular quality monitoring visits.
- Staff told us they felt supported to understand their roles and responsibilities. Staff received regular supervisions, these included discussions and plans around staff professional development and staff well-being. One staff said, "The manager is very supportive, all colleagues are supportive of each other."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care

- Feedback was sought from people, relatives and external professionals to drive improvements. Feedback seen from one person said, "I would not be the person I am today without you all (staff)."
- The management and staff team involved people in choosing how the service was decorated. People had been involved in choosing colour schemes and pictures that were important to people were placed in communal areas, such as animals people liked.
- Action plans were in place to monitor areas for improvement and to ensure the service consistently provided safe quality care and support.
- Regular staff meetings were held and provided staff with the opportunity to raise suggestions. One staff told us, "I have worked in care for a long time and this home is lovely."