

Allerton C&S SE Limited

Allerton C&S SE

Inspection report

Pipers Business Centre
220 Vale Road
Tonbridge
Kent
TN9 1SP

Tel: 01732783503

Date of inspection visit:
01 July 2021
07 July 2021

Date of publication:
06 August 2021

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

Allerton C&S SE provides care and support to 50 people. 43 people were supported in 12 'supported living' services. People's care and housing are provided under separate contractual agreements. Not everyone using Allerton C&E SE receives the regulated activity, personal care; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At time of inspection ten people were receiving the regulated activity, personal care. Allerton C&S SE also supports seven people in their own home. At the time of inspection, two people receiving a domiciliary care package were receiving the regulated activity, personal care.

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

People and their relatives told us that they felt safe and well supported in their homes. One relative told us, "I know all the staff in [relatives] home. They are wonderful people."

Staff were observed as being patient with people and treating them with dignity and respect. In conversations with people staff did not speak for them. They supported people to make their views known.

People were engaged in the running and operation of their home and service and the environment looked personal and homely.

People had detailed care plans that were personal to them. Peoples likes and dislikes were highlighted with a personal life history. Risks were identified with detailed action for staff to keep them safe. Staff demonstrated knowledge of how to keep people safe and recognised the different signs of abuse.

Staff protected people's privacy and dignity and encouraged people to maintain their independence by enabling them to do as much as possible for themselves.

Staff training was up to date and relevant to the needs of people they supported.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. Right support means the model of care and setting maximises people's choice, control and independence, right care means that care is person-centred and promotes people's dignity, privacy and

human rights and right culture means that the ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The service was empowering people to maximise independence. People's houses were treated as their home with staff not having keys and had to be given access by people who lived there. Staff were minimising prescriptive care and support. People were at the centre of all decisions and involved in their care and support.

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

Rating at last inspection and update

The last rating for this service was good (published 17 January 2018). At this inspection the rating for this service remained good.

Why we inspected

We received concerns in relation to the management of medicines. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained good. This is based on the findings at this inspection.

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

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?

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.

Allerton C&S SE

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

This service provides care and support to people living in 12 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. This service also provides a domiciliary care service. It provides personal care to two people living in their own houses and flats.

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. The service also has a manager who is currently in the application process of registering with the CQC.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 30 June 2021 and ended on 8 July 2021. We visited the office location on 1 July 2021.

What we did before the inspection

We reviewed the information that we had received about the service since the last inspection. We discussed the service with local authority social workers and commissioners. The provider was not asked to complete

a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with two people who use the service and three relatives about their experience of care provided. We spoke with eight members of staff including the registered manager, the manager, team leaders, office and support staff. We reviewed a range of records including three people's care and support plans, documentation that related to staff management and recruitment. We looked at records relating to the management of the service including policies and procedures.

After the inspection

We continued to seek clarification from the registered manager and manager to validate evidence found. We looked at quality assurance records.

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.

Using medicines safely

- People were given support they required to receive their medicines by trained staff. The provider had raised safeguarding alerts to the local authority due to medicines errors such as incorrect administration of peoples prescribed medicines and or missed dosed medicines. Some of these alerts were still being investigated by the local authority at the time of inspection and CQC will learn the outcomes of these investigations through information sharing from the local authority.
- The registered manager and manager had raised the alerts themselves, promoting a transparent culture about mistakes. The registered manager and manager showed us the records of internal investigations. These were in depth and recorded appropriately. Where errors had been identified, staff were removed from administering people's medicines until they were retrained and completed competency checks to ensure safe to resume support. The service was working closely with local pharmacies and correct medical advice was sought immediately when medicines errors had been identified. No people using the service at time of the inspection had sustained harm from these errors.
- People had individual assessments to determine the level of support they required with their own medicines. Interventions were recorded on the electronic monitoring system and these were reviewed regularly.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff completed regular safeguarding training and knew how to identify and raise concerns.
- We reviewed safeguarding incidents reported to the local safeguarding authority by the registered manager and manager. The records of concerns and outcomes of investigations were recorded and actioned appropriately.
- Staff we spoke with demonstrated the correct procedures in reporting concerns of abuse. Staff told us the registered manager was very approachable and transparent. They were also able to raise concerns outside of the organisation if necessary.

Assessing risk, safety monitoring and management

- Risks to people's health and safety and those associated with care needs had been identified and recorded correctly. Risk assessments provided instructions on what to do to reduce the risk of occurrence and covered many areas including, behaviour that may challenge, people's home environment and how to keep people safe when going out.
- Risk assessments were regularly reviewed and updated when changes in people's needs had been identified. Team leaders completed full care plan and risk assessment reviews every three months to ensure only accurate and relevant information was recorded.

- Risks to people's health and wellbeing were identified on their 'main page' of the electronic handheld system, meaning staff had the most up to date and relevant information immediately. Including people's allergies, mobility risks and any behaviour that may challenge.
- Staff had information and guidance on what could impact risk, factors that may increase the risk and how to manage these. People's care records we reviewed all had emergency plans in case the potential of harm from risk could not be managed.

Staffing and recruitment

- Records showed that staff had been recruited in a way that ensured they were suitable to work in a care setting. Staff employed since the last inspection had completed an application form and a competency-based interview. Records of these were on file. There were references that provided full employment history and a Disclosure and Barring service (DBS) check completed to assist in preventing unsuitable staff from working with people who use services.
- There were suitable numbers of staff to support people. The registered manager used a dependency tool to determine staffing levels in each house and these correlated with care a person was assessed as requiring.
- Staff were encouraged to apply for promotions within the service. These positions were advertised externally, and current staff completed the same recruitment process as external applicants. Where staff were not successful the registered manager provided feedback and worked with them to complete a development plan so staff could work towards the requirements that were needed for the role.

Preventing and controlling infection

- Staff had received COVID-19 specific training alongside mandatory infection prevention and control modules. The service has a COVID-19 policy which informed staff of the latest government guidance.
- Staff were able to demonstrate the importance of using personal protective equipment (PPE) and staff we spoke with were wearing PPE correctly.
- People were supported by 'bubbles' of staff during the pandemic and this has been continued since the easing of restrictions. This meant that people were supported by regular staff and limited the amount of people in each setting at a time.

Learning lessons when things go wrong

- The registered manger was very open when things had gone wrong. Referrals were made to appropriate professionals detailing what had occurred and what actions were being taken to avoid reoccurrence.
- Accidents and incidents were recorded by staff on the person's electronic record to ensure all staff were aware of what had happened and what actions were being taken as a result.
- The service had a lesson learned policy and procedure. This detailed the incident that had occurred, what worked well and why, what actions were taken and what could have been better. These details were shared amongst staff in regular meetings.

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

- Observations of staff with people they support showed there was an inclusive, open and transparent culture in the service. One person living in a house was supported to change their life direction and live how they wanted to live. Staff had supported them to attend professional meetings and support groups and helped facilitate conversations with other people they lived with.
- Staff spoke to people with patience and respect. Staff we spoke to gave detailed explanations of what person-centred care was with one telling us, "We always put the person we support at the centre. [Everything we do is individual to them] and as long as we remember, it's their home and we are guests in their home."
- The support that the service implemented was outcome focused and concentrated on assisting people to maximise their independence with everyday tasks. Support packages moved in line with what people wished to achieve.
- Staff were issued the values of the service and were encouraged to follow them, the service offered rewards to staff who displayed these values.

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 was open and honest about things they had not got right. The service was open to suggestions and learning from mistakes to ensure the support going forward was improved.
- Registered managers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The registered manager had understood their role and responsibilities, had notified CQC about all important events that had occurred and had met all their regulatory requirements.
- The registered manager was working with the local authority safeguarding teams to investigate concerns that had been raised.

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

- The service had a management structure in place detailing the team who worked in the office and who was responsible for managing each of the supported living houses. Relatives we spoke with found this structure confusing and were not able to tell us who the registered manager was. However, they were able to tell us who was the manager of each house and feedback on those staff was positive. When discussed with the registered manager and manager, they acted quickly and told us they will send people and their

relatives communication explaining who the managers are.

- Meetings were held in each of the houses, with people who lived there and staff who supported them. This was so that people could voice their concerns or suggest ways in which the service could be improved.
- The registered manager implemented an electronic system which held all confidential personal information. Each member of staff could access with individual passwords. Audits were completed on what was being accessed. Records of daily activities and concerns were updated on the system allowing staff to access the most up to date information when supporting people.
- The registered manager had multiple systems in place to check the quality and safety of the service including care plan, medicine, infection control and recruitment file audits. There was a clear delegation of responsibility with each staff member required to update the central systems routinely. Feedback from these checks were shared with staff regularly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People, their relatives, staff and visiting professionals were asked for feedback on the service being provided. We reviewed the most recent responses to these, and they were positive about the support provided. Feedback surveys were sent out twice yearly and responses were shared with the staff team.
- One professional had completed feedback in March 2021 and had strongly agreed that staff were welcoming, positive and worked in partnership with other health professionals, agreeing also that people were respected and treated with dignity.
- People's care and support plans were completed closely with the person or their relative. There was detailed information relating to a person's preferences which included extensive life histories to help staff to get to know the people they support.
- The service worked in partnership with other agencies such as GPs and visiting nurses to ensure care was provided in a joined-up way.