

Leonard Cheshire Disability

Alder House - Care Home Physical Disabilities

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

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 which 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.

About the service

Alder House - Care Home Physical Disabilities is a residential care home providing personal and nursing care to 20 people at the time of the inspection. The service can support up to 22 people.

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

Right Support

The model of care and setting did not always maximise people's choice, control and independence. Not enough improvement had been made to ensure risks to people were assessed, monitored and managed safely. The provider sent us information following the inspection which provided additional assurance that risks were being managed.

Right Care:

Care was not always person-centred. Some staff practices remained task focused and did not enable people to make informed choices or promote independence. There was limited evidence people had an opportunity to pursue goals and aspirations in support plans.

Staff understood how to protect people from abuse.

Right Culture:

The ethos, values, attitudes and behaviours of staff did not always ensure all people using the service could lead confident, inclusive and empowered lives. Staff had not received the required training needed to support people with a learning disability or autistic people.

Systems to obtain people's views were not effective through keyworker meetings and further work was needed to adopt a more person-centred approach to enable people's individual views to be sought.

There was a lack of oversight from the provider regarding quality assurance within the service. Risks relating to the home environment had not always been mitigated to keep people safe. There was minimal evidence to demonstrate staffing levels on a day to day basis. The manager was not aware of who received 1 to 1 care or if it was being funded. Following the inspection more assurance was provided in relation to staffing levels.

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 requires improvement (published 25 July 2022) and there were breaches of regulation. At this inspection we found the rating remained the same.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service in May 2022. Breaches of legal requirements were found. We undertook this focused inspection to check to see if they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. 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 Alder House - Care Home Physical Disabilities on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to risk, person centred care and governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We have met with the provider following this inspection to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as

inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not well led.

Details are in our well led findings below.

Inadequate ●

Alder House - Care Home Physical Disabilities

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.

This was a responsive inspection to check whether the provider had met the requirements of the Warning Notices in relation to Regulation 12 Safe care and treatment, Regulation 11 Need for consent and Regulation 17 Good Governance.

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

This inspection was carried out by two inspectors

Service and service type

Alder House - Care Home Physical Disabilities 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. Alder House - Care Home Physical Disabilities 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 not a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 24 November 2022 and ended on 15 December 2022. We visited the service on 24 and 28 November and 5 December 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (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 6 people who used the service and 7 members of staff, including the interim manager, the regional manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 5 people's care records, staff recruitment records and records relating to the premises and equipment. We also spoke on the telephone with 2 relatives of people who lived at the service and sent emails asking for feedback to 6 more relatives.



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 requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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 requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our inspection in May 2022, systems were not effective to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice for this breach.

At this inspection, we found sufficient improvements had been made to meet the requirements of the warning notice. However, further improvements were needed in relation to fire safety and risk management which meant the provider remained in breach of regulation 12.

Assessing risk, safety monitoring and management

- Whilst some risk assessments had been updated and reviewed, improvements were still needed for skin integrity and weight management. In two support plans we looked at Information was still confusing with conflicting guidance for staff in relation to whether support was needed for the person to reposition. Repositioning charts were not completed in line with guidance recorded on support plans. Following the inspection, the provider provided further assurance in relation to the oversight of monitoring charts.
- Staff continued to record information in relation to skin integrity and weight management on incorrect action plans. The service had action plan documents for both MUST information (Malnutrition Universal Screening Tool) and Waterlow (Skin integrity tool). However, staff were recording information on the wrong action plan which was confusing.
- No recent fire drills had been carried out at the service and previous fire drills did not confirm if individual staff had attended a fire drill at the service. Following the inspection, the provider informed us these had now taken place and provided information in relation to staff attendance.
- Not all wardrobes were secured to the wall. The provider told us a full evaluation of the risk of any furniture with the potential to cause serious injury or death would be appropriately assessed and evaluated following the inspection.

We found no evidence people had been harmed. However, the provider had not done enough to fully assess risks to people's safety. This placed people at risk of harm. This was a continued breach of regulation 12

(Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- At the previous inspection, processes had not been followed in relation to covert medicines. Covert administration is the term used when medicines are given in a disguised format, e.g. in food, drink or via a feeding tube without the knowledge or consent of the person receiving them. The correct documentation was now in place that confirmed this had been considered in people's best interest.
- Stock medicines we checked reconciled, and a system was in place to check this regularly.
- Medicines were only administered by staff who were suitably trained and had their competency checked.

Preventing and controlling infection

- The provider was in the process of completing works in relation the environment and infection control concerns we identified in the previous inspection. Flooring in bathrooms and toilets were being replaced.
- Management of disposal of personal protective equipment [PPE] had improved.
- Cleaning schedules were now in place, however some clinical audits remained blank. For example, a monthly decontamination of equipment tool and a PPE audit tool had been created but had not been completed. Equipment and the environment we checked was clean. Following the inspection, the provider sent updated information related to clinical audits.
- 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

- The provider's approach to visitors in the care home was in line with government guidance and people were supported to have visitors.

At our last inspection systems and processes in place to safeguard people from abuse were not robust. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from harm or abuse. Staff had completed regular safeguarding training and knew what process to follow. One staff member told us, "I would report to my line manager and record this. If I was not happy, I would tell the CQC."
- Safeguarding concerns had been reported to the local authority and CQC as required.

Staffing and recruitment

- Whilst there appeared to be enough staff to support people with personal care needs, limited resources were in place to improve and update support plans, review people's aspirations and goals, or to coach or mentor staff to improve practice. One staff member told us, "There is enough staff, they do use agency staff. We need more time to update support plans and review goals."

- The staffing dependency tool had not been updated since March 2022 and whilst this had been sent to us following the inspection the new manager told us they had not been provided with this.
- The new manager was not aware of who had 1 to1 care in place and if they were being funded. This information was provided to us following the inspection; however, it was not clear from rotas how people were receiving these hours.
- Staff were recruited safely. Records showed references and Disclosure and Barring Service (DBS) had been obtained before staff commenced their employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- Lessons had not always been learnt when things had gone wrong. Whilst some improvements had been noted from previous inspection, some work was still outstanding. Since the previous inspection, a series of interim managers had been working at the service which meant a consistent approach to improvement had not been in place. The provider had recognised that improvement had been slow in some areas. A new interim manager and deputy had recently started at the service and an improvement manager will also be supporting the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our inspection in May 2022, the provider failed to follow the principles of the MCA which was a breach of Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice for this breach. At this inspection, we found sufficient improvements had been made to meet the requirements of the warning notice. However, minor improvements were still needed in relation to monitoring deprivation of liberty authorisations.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- One person's deprivation of liberty had expired and there was a delay before this was reapplied for. Whilst this had now been done the deputy manager told us they were now diarising all expiry dates to avoid a reoccurrence.
- People's support plans were clearer in relation to whether people had capacity to consent to their care and support.
- Staff had received training around MCA and DoLS.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- The service was not consistently meeting some of the underpinning principles of Right support, Right care, Right culture. For example, support plans were not always reviewed and updated effectively to reflect the choices, goals or aspirations of people.
- Some goals remained task focused in relation to personal care and support.

- There were mixed views from people about whether their support needs were met when they wanted them. One person told us, "Staffing does not seem sufficient. Yesterday I did not get up until 11.15 am which meant I missed breakfast." Another person said, "There have been some improvements."
- During the inspection we observed interaction remained task focused. One staff member wiped the face of a person without asking them for consent or explaining what they were about to do, another staff member removed clothes protectors from people, again not explaining what they were about to do.
- Staff had not completed appropriate training which reflected the needs of the people they were providing care for. Staff had not completed specific training to support people with a learning disability and autistic people. Following the inspection, the provider sent us a schedule of booked training for this subject.

The provider had failed to ensure people were receiving person centred care and staff were adequately trained to provide this. This was a breach of regulation 9 HSCA RA Regulations 2014: Person centred care.

Supporting people to eat and drink enough to maintain a balanced diet

- People received the support they needed to meet their nutritional needs. People who needed support to eat and drink were given help to do so. People who received their nutrition through a percutaneous endoscopic gastrostomy feeding tube (PEG) were supported by trained staff to do this.
- Risks associated with people's diets were recorded.
- People were offered a choice of meals each day, however we did note some of the menus in the dining room were from previous days. One person said, "Food is nice, I had quiche and vegetables, I get to choose, they ask me first."
- Whilst we observed some staff supporting people to eat, there was minimal conversation and interaction whilst this occurred.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other agencies to ensure people had access to the support they needed for their health and wellbeing needs. The service made referrals and liaised with other healthcare professionals when the need arose. A relative said, "I am kept informed of any health issues with regard to [family member] and they are quite happy with access to healthcare professionals."
- The service employed their own physiotherapist and people regularly attended therapy sessions.
- An action plan was in progress with the local authority who were working with the service, however progress was slow, and some actions had not been completed.

Adapting service, design, decoration to meet people's needs

- The provider had carried out a lot of work in respect of the environment, replacing some flooring. However, some other areas still required work and a schedule of improvement was in place to address this.
- There were some items of interest around the home such as people's artwork, but some areas still required work to make rooms less clinical. The dining room lacked interest or decoration to provide a positive environment for mealtimes.

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 inadequate. At this inspection the rating has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At our inspection in May 2022, effective systems to monitor and improve the quality of the service, were either not in place or robust enough. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice for this breach.

At this inspection, we found sufficient improvements had not been made to meet the requirements of the warning notice. The provider remained in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The absence of any consistent management for an extended period meant not enough progress had been made since the previous inspection. A series of interim managers and regional managers had been used to oversee the service which had not provided consistent leadership for staff.
- A new interim manager and deputy manager had just started at the service and people and staff were positive about their initial appointment. One person told us, "I have a better relationship with [new interim manager]. They listen to me if I'm unhappy." A relative told us, "I have not met the new manager as yet, but these are early days. [Family member] feels they have a good relationship with the new manager."
- The service has a condition of registration that it must have a registered manager. However, the service remained without a registered manager. Since the inspection, an improvement manager was also working with the management team to provide additional oversight.
- The provider had systems in place to assess, monitor and improve the service. We found these systems had not been effectively used. The provider had not made enough progress since our previous inspection. Concerns remain about oversight at the service and the culture.
- Staff had not always completed training to meet people's needs particularly for people with a learning disability or autism. Agency staff profiles confirmed they had received all their mandatory training but did not have sufficient training to understand and meet the needs of people using the service.
- We found support plans, and risk assessments were not regularly reviewed, or automatically updated and senior staff told us they struggled to find the time to do this. Oversight of monitoring charts such as repositioning charts required improvement.

Effective governance and oversight was not consistent to ensure people received care in line with their assessed needs. This was a continued breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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; Continuous learning and improving care

- Following the inspection, we met with the provider who demonstrated an open and honest approach to where things had gone wrong and where things needed to improve.
- The provider was aware of their legal requirements under the duty of candour, including notifications of serious incidents and events to external agencies.

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

- People's support plans did not always evidence involvement of people and their families in reviews. Relatives told us they tended to be contacted if there was a change in people's needs or in relation to medical concerns. One relative said, "No they do not always keep me up to date, they do if [person] is ill, we used to get letters and more updates but there has been nothing recently."
- Senior staff told us communication had recently improved, however recognised staff required additional training and support to improve care delivery and staff morale. One staff member told us, "It is getting better, communication has improved, particularly in the heads of department meetings."
- People had recently attended a residents meeting and were given the opportunity to share views and be involved in decisions about the service. The activities co-ordinator told us they were working hard to increase opportunities for people. They told us, "[Interim manager] and [deputy manager] have been a real breath of fresh air, they are more proactive in supporting to look for more opportunities for people."

Working in partnership with others

- Staff worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had failed to ensure people were receiving person centred care and staff were adequately trained to provide this.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found no evidence people had been harmed. However, the provider had not done enough to fully assess risks to people's safety. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Effective governance and oversight was not consistent to ensure people received care in line with their assessed needs. This was a continued breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>