

Scope

Alderbury

Inspection report

40 Spiders Island, Salisbury, Wiltshire, SP5 3BG
Tel: 01722 710072
Website: www.scope.org.uk

Date of inspection visit: 8 and 9 September 2015
Date of publication: 21/10/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



Overall summary

Alderbury is a care home which provides accommodation and personal care for up to five people with learning disabilities and additional physical disabilities. At the time of our inspection five people were living at the home.

This inspection took place on 8 September 2015 and was unannounced. We returned on 9 September 2015 to complete the inspection.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Plans to manage risks people faced did not always contain up to date information or provide guidance to staff on the support that people needed.

Staff did not demonstrate a good understanding of the principles of the Mental Capacity Act 2005 (MCA). Mental capacity assessments for people did not follow the principles of the MCA.

Medicines were safely managed and people who use the service and relatives were positive about the care they

Summary of findings

received. Comments from relatives included, “I am very happy with the care provided. (My relative) is always very well looked after”; “There are sufficient staff available and they know (my relative) well”; and “I have raised concerns with the manager and I have seen improvements recently”.

There were systems in place to protect people from abuse and harm and staff knew how to use them. Staff understood the needs of the people they were supporting.

Staff received training suitable to their role and an induction when they started working for the service. They demonstrated a good understanding of their roles and responsibilities, as well as the values and philosophy of the service.

The provider assessed and monitored the quality of care and was in the process of addressing shortfalls in the service provided.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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. Plans to manage risks people faced did not always contain up to date information or provide guidance to staff on the support that people needed.

Medicines were managed safely. Staff treated people well and responded promptly when they requested support.

Systems were in place to ensure people were protected from abuse.

Requires improvement



Is the service effective?

The service was not always effective. Mental capacity assessments did not follow the principles of the Mental Capacity Act.

Staff received training to ensure they could meet the needs of the people they supported. Staff recognised when people's needs were changing and worked with other health and social care professionals to make changes to care packages.

People's health needs were assessed and staff supported people to stay healthy.

Requires improvement



Is the service caring?

The service was caring. Staff demonstrated respect for people who use the service in the way they interacted with, and spoke about, people.

Staff took account of people's individual needs and supported them to maximised their independence.

Staff provided support in ways that protected people's privacy.

Good



Is the service responsive?

The service was not always responsive.

People had individual support plans, but some information was basic and did not contain the level of detailed information that would help ensure consistency of support.

Despite the information missing from support plans, staff had a good understanding of people's needs, which enabled people to maintain their skills.

Relatives told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Requires improvement



Is the service well-led?

The service was well-led.

Good



Summary of findings

There was a new registered manager in place who was working to address shortfalls in the service. The registered manager demonstrated strong leadership and values, which were person focused. There were clear reporting lines through the organisation.

Systems were in place to review incidents and audit performance, to help ensure shortfalls were being addressed.

Alderbury

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

This inspection took place on 8 September 2015 and was unannounced. We returned on 9 September 2015 to complete the inspection.

The inspection was completed by two inspectors. Before the inspection, we reviewed all of the information we hold

about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with two people who use the service, the registered manager, area manager and four support workers. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for three people. We also looked at records about the management of the service. Following the visit we spoke with two relatives by phone and received feedback from the Wiltshire Council quality improvement team who have contact with the service.

Is the service safe?

Our findings

Risk assessments and management plans were in place, but they did not always contain up to date information or provide guidance to staff on the support people needed. One person had historically been supported to use restraints to prevent them from harming themselves. The registered manager and the support workers told us these restraints were no longer used. However, the person had a risk assessment in place which made reference to these restraints and circumstances in which they could be used. The registered manager amended this risk assessment by hand during the inspection, making it clear that the restraints must not be used. Of the four support workers we spoke with, two said they had been informed that the restraints should not be used and two said they thought the restraints could be used if other distraction methods set out in the risk assessment did not work. All the support workers said they had not seen the restraints used in the previous year. The lack of clarity in the use of restraints increased the risk that the person could be restrained in ways that may not be safe or legal.

This was a breach of Regulation 12 (2) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other risk assessments were in place and had been kept up to date. The need to review the assessments was included in the home's management action plan. The registered manager had taken action to address this shortfall. There was clear information about the support people needed to manage identified risks, including to evacuate the building in the event of an emergency, the support people needed to use hoists and position themselves comfortably, the management of infection control risks and the safe use of oxygen therapy.

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. Medicine administration records had been fully completed, which gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. Where people were prescribed medicines to be taken 'as required', there were clear procedures in place to inform staff when they should support the person to take the medicines. Records demonstrated staff had followed these

procedures and received authorisation from an on-call manager before administering these medicines. There was a record of all medicines received into the home and returned to the pharmacist.

One person said they liked living at Alderbury and told us staff were nice to them. A relative we spoke with also said they thought people were safe at the home, commenting, "I am very happy with the care provided. (My relative) is always very well looked after".

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident the provider would act on their concerns. Staff were aware of the whistle blowing policy and the option to take concerns to agencies outside the service if they felt they were not being dealt with. The service had reported safeguarding issues to the local authority and had worked with them to address issues of concern.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people. We saw that these checks had been completed for two people employed by the service in the last year.

Sufficient staff were available to support people. Staff and people's relatives told us there had previously been staffing problems, but there had been improvements in the consistency of staffing and the balance of experience of staff deployed on each shift. Staff told us the team worked together well to be able to meet people's needs. The relatives we spoke with felt there had been improvements in the staffing arrangements, with comments including, "There are sufficient staff available and they know (my relative) well" and "I have raised concerns with the manager and I have seen improvements recently".

Is the service effective?

Our findings

Staff did not demonstrate a good understanding of the principles of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The Deprivation of Liberty Safeguards (DoLS) are part of the Act. The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

At the time of the inspection, there were no authorisations to restrict people's liberty under DoLS. The registered manager told us they had submitted DoLS applications for all five people who use the service and were waiting for them to be assessed by the local authority.

We looked at mental capacity assessments for three people. Each record contained statements about the person's mental capacity, but these did not follow the principles of the Mental Capacity Act 2005. For example, one document stated the person did not have capacity to consent, but did not state what specific decision this assessment referred to or who was involved in making the decision. Other people had statements in care plans about decisions that had been made on their behalf, without any details of who was involved in the decision and how they had assured themselves that the decision was in the person's best interest. Examples included, "I choose not to vote as I am unable to comprehend the political differences" and "I choose not to practice my faith and I have no other cultural needs". The assessments did not state who was involved in making these decisions or what action staff should take where people were not able to make a decision.

This was a breach of Regulation 11 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives told us staff understood people's needs and provided the support they needed, with comments including, "(My relative) currently has an excellent keyworker and there is very good communication" and "The staff know (my relative) well".

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. These supervision sessions were recorded and there were scheduled regular one to one meetings for staff throughout the year. The registered manager had also conducted a number of observations of staff. These observations were used to reflect on aspects of support that had gone well and what they could do differently. Staff said they received good support and were able to raise concerns outside of the formal supervision process.

Staff told us they received regular training to give them the skills to meet people's needs, including a thorough induction and training on meeting people's specific needs. The registered manager said there had been problems with the training programme over the previous year, but staff had now either completed or were booked on to courses that they needed. We saw from the training records that staff had either recently completed training that was relevant to their role, or were booked on courses to do so. Staff confirmed they were not able to provide some support until they had completed the appropriate training. This included administering medicines and supporting a person to receive oxygen therapy.

We observed people being supported to eat lunch during the visit. Staff supported people to make choices about their food. There was a planned menu that had been developed based on people's likes and dislikes. Staff said they had alternative food available if people did not like the meal that was planned and we saw that the kitchen was well stocked. One person told us they liked the food staff cooked for them. Staff provided support to eat for people who needed it, ensuring food and drinks were at the right consistency for their specific needs. Support plans contained detailed information about people's specific nutrition and swallowing needs and staff demonstrated a good understanding of those needs.

People were able to see health professionals where necessary, such as their GP, community nurse or physiotherapist. People's support plans described the support they needed to manage their health needs. One

Is the service effective?

person who had regular appointments with the community nurse had detailed information about their treatment plan and staff demonstrated a good understanding of their condition.

Is the service caring?

Our findings

One person told us the staff were “kind” and said they liked living at Alderbury. Relatives told us people were treated well and staff were caring, with one person commenting, “(My relative) is always very well looked after”. We observed staff interacting with people in a way that was friendly and respectful. For example, we saw staff respecting people’s choices and privacy and responding to requests for support. Staff supported people to make choices in a variety of ways, using different techniques that people responded to. These methods included asking people to look at different hands to indicate yes or no to a question, asking people to point to different objects to indicate their choice and using switches with pre-recorded messages to request support.

Staff had recorded important information about people including personal history and important relationships. People’s preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their

support to be provided. This included people’s preferences for the way staff supported them with their personal care and the activities they liked to participate in. This information was used to ensure people received support in their preferred way.

We observed staff supporting people in ways that maintained their privacy and dignity. For example staff were discreet when discussing people’s personal care needs with them before going off to provide support in private. Staff described how they would ensure people had privacy and how their modesty was protected when providing personal care, for example ensuring doors were closed and not discussing personal details in front of other people. Staff told us there was a strong culture amongst the team that care must be provided in a way that was dignified and ensured people’s privacy.

The observations of staff practice that the registered manager completed included an assessment of the way they provided care and support to people. The observations included interactions and how staff maintained privacy and dignity.

Is the service responsive?

Our findings

Each person had a support plan which was personal to them. The plans included information on maintaining people's health, likes and dislikes and their daily routines. Most of the support plans set out what people's needs were and how they should be met. This gave staff information about people's specific needs. However, some of the support plans did not contain all the information that was necessary. For example, one person had specific dietary needs, which were not recorded in the 'eating' section of their support plan. Another person had a plan in place about their money, but the key information about who managed their money for them and how they could access it was missing. The plans had not been dated in a lot of cases and there was no information about who had been consulted when the plans were developed. Despite this missing information, staff demonstrated a clear and consistent understanding about people's needs and how they should be met.

The registered manager was aware that work was needed to ensure the support plans were more personalised and clearly set out people's needs and how they should be met. The development of the support plans was included in the management action plan, and we saw that progress had been made with addressing the shortfalls. All of the plans had been audited and gaps and inconsistencies had been identified. The registered manager had been consulting

with people's social workers and health professionals to gain further information and had a target date of the end of October 2015 to complete the work, with more urgent issues prioritised to be completed first.

People were able to keep in contact with friends and relatives and take part in activities they enjoyed. One person told us they enjoyed the activities they took part in and were able to choose what they did. The registered manager told us they were working with the staff team to identify opportunities for people to take part in more individual activities at different times of the day. This would support people to have more opportunities to take part in activities they enjoyed at times that suited them.

One relative said they were confident concerns or complaints they raised would be responded to and action would be taken to address their problem. Another relative said they had raised several issues with the registered manager and had recently seen improvements as a result. The registered manager told us the service had a complaints procedure, which had been provided to people and their relatives. Staff were aware of the complaints procedure and how they would address any issues people raised. The service had received two complaints in the previous year. Both complaints had been investigated by a member of the management team and a response had been provided to the complainant, setting out the actions they would take as a result. In both cases the provider agreed with the complainant and took action to address the concerns.

Is the service well-led?

Our findings

The service had a registered manager who had been in post for approximately four months at the time of the inspection. The registered manager and area manager had clear values about the way care and support should be provided and the service people should receive. These values were based on providing a person centred service in a way that maintained people's dignity and maximised independence. The area manager told us they had identified failings in the service and were in the process of trying to change the culture of the service from being staff led to being led by the people receiving the service. The staff we spoke with demonstrated they valued the people they supported and were motivated to provide people with a high quality service.

The registered manager and area manager were confident they had effective plans in place to address the issues they had identified. There was a comprehensive management action plan in place to plan and review progress with achieving the improvements needed. The service was working with the Wiltshire Council quality improvement team to address the issues and make improvements. Staff told us the manager had worked hard to create an open culture in the home and said the service was improving.

The registered manager told us satisfaction surveys had been sent out to family members and health and social care professionals in the week before the inspection. The feedback from these surveys was going to be used to plan further improvements where necessary.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us the registered manager gave them good support and direction. Comments from staff included, "He has done a wonderful job. He has strong values and really cares about people. He provides good support and checks on how staff are working" and "He's a brilliant manager and will help out when needed. It is now a good place to work".

The registered manager completed regular audits of the service. These reviews included assessments of incidents, accidents, complaints, training, staff supervision and the environment. The audits were used to develop action plans to address any shortfalls and plan improvements to the service. These action plans were regularly reviewed and updated, to ensure they had been implemented effectively. In addition to the audits, the provider completed 'mock inspections' of the service. These looked at the key lines of enquiry used by the Care Quality Commission and assessed how well the service was performing. The most recent mock inspection included a list of actions where improvements were needed. The manager was working through these actions and had updated the plan.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how they expected staff to work. Staff told us they were encouraged to raise any difficulties and the registered manager worked with them to find solutions.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered manager had not ensured risks to the health and safety of service users were effectively assessed and action taken to mitigate the risks.

Regulation 12 (2) (a) and (b).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The registered manager had not ensured they had acted in accordance the Mental Capacity Act 2005 where service users did not have capacity to consent to care and treatment.

Regulation 11 (3).