Alderwood L.L.A. Limited

Alderwood 2 - Ambleside

Inspection report

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Tel: 01604495002

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 10 July 2018 and was announced.

This was the first comprehensive inspection of the service since it was registered with the Care Quality Commission (CQC).

The service provides care and support to people living in 'supported living' settings, so that they can live in their own home 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. People using the service lived in a single 'house in multi-occupation' that could be shared by four people. Houses in multiple occupation are properties where at least three people in more than one household share toilet, bathroom or kitchen facilities.

Not everyone using Alderwood 2 - Ambleside receives regulated activity; 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 the time of our inspection, there was one person in receipt of personal care support. The service provides supported living to people with learning disabilities, autism and mental health needs.

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

People were supported in a safe way. Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. All the staff we spoke with were confident that any concerns they raised would be followed up appropriately by senior staff. People had risk assessments in place to cover any risks that were present within their lives, but also enabled them to be as independent as possible.

There were safe systems in place for the administration of medicines and people received their medicines as prescribed. Staff supported people in a way which prevented the spread of infection. Staff used the appropriate personal protective equipment to perform their roles safely.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. References and security checks were carried out as required. Staffing levels were suitable to meet people's needs, and rotas showed that staffing was consistent.

Staff attended induction training where they completed mandatory training courses and were able to shadow more experienced staff. Staff told us that they were able to update their mandatory training with refresher courses and encouraged to attend courses specifically designed around the needs of the people

they were supporting. Staff were well supported by the registered manager, senior team and provider, and had one to one supervisions.

People were able to choose the food and drink they wanted and staff supported people with this. Staff supported people to access health appointments when necessary. Health professionals were involved with people's care as and when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the polices and systems in the service supported this practice. People were encouraged to make decisions about their care, daily routines and preferences. Staff worked within the principles of the Mental Capacity Act and there was documentation to support this.

People were involved in their own care planning as much as they could be, and were able to contribute to the way in which they were supported. Care planning was personalised and considered people's likes and dislikes, so that staff understood their needs fully. People were in control of their care and listened to by staff.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. People told us they were happy with the way that staff spoke to them, and they provided their care in a respectful and dignified manner.

The service had a complaints procedure in place. This ensured people and their relatives were able to provide feedback about their care and to help the service make improvements where required.

Quality monitoring systems and processes were in place and comprehensive audits were taking place within the service to identify where improvements could be made.

The service worked in partnership with other agencies to ensure quality of care across all levels. Communication was open and honest, and improvements were highlighted and worked upon as required.

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.

There were risk assessments in place to mitigate any identified risks to people.

Recruitment practices ensured that people were safeguarded against the risk of being cared for by unsuitable staff. There was sufficient staff to provide the care people needed.

There were safe systems in place for the administration of medicines and people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were involved in decisions about the way their support was delivered; staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care.

People received support from staff that had the skills and experience to meet their needs and who received regular supervision and support.

People were encouraged to eat a healthy balanced diet and their health care needs were regularly monitored.

Is the service caring?

Good

The service was caring.

Positive relationships had developed between people and staff. People were treated with kindness and respect.

Staff maintained people's dignity and there were measures in place to ensure that people's confidentiality was protected.

People were involved in making decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People's care was personalised and responsive to their needs and choices.

People were encouraged to maintain their interests and take part in activities.

People were aware that they could raise a concern about their care and there was information available on how to make a complaint.

Is the service well-led?

Good

The service was well-led

There was an open and inclusive culture which focussed on providing person-centred care.

There were effective systems in place to monitor the quality of the service and actions were taken whenever shortfalls were identified.

People, relatives and staff were encouraged to give their feedback and be involved in the development of the service.

Alderwood 2 - Ambleside

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This comprehensive inspection took place on the 10 July 2018 and was announced. We gave the service 48 hours' notice of the inspection as care is provided in the community and we needed to ensure that staff were available to support the inspection.

The inspection was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received the completed document prior to our visit and reviewed the content to help focus our planning and determine the areas we needed to look at during our inspection.

We reviewed the information we held about the service, including information sent to us by other agencies, such as Healthwatch; an independent consumer champion for people who use health and social care services. We also contacted commissioners and asked them for their views about the service. Commissioners are people who work to find appropriate care and support services for people.

During the inspection, we spoke with one person who used the service. We also spoke with five members of staff, including support workers, human resources staff, the deputy manager and head of behaviour. The registered manager was on annual leave at the time of the inspection, but we spoke with them following the inspection visit and they provided further information to support the inspection. We also spoke with a healthcare professional involved in the care and support of one person. We looked at records relating to the personal care and support of one person using the service and their medicines records. We also looked at three staff recruitment records and other information related to the management oversight and governance of the service. This included quality assurance audits, staff training and supervision information, staffing rotas and the arrangements for managing complaints.

Good

Is the service safe?

Our findings

People felt safe and comfortable with the support they received. The person told us, "It's tremendous for me to get the support I need." A health care professional who worked closely with the person said, "[Person's name] feels safe there, they tell me how safe they feel, they were worried about coming out of hospital and not being supported by the service, but if anything happens the staff are able to support, they are very professional." We observed that people appeared comfortable with the support staff were giving them.

We talked with the staff about safeguarding people from abuse, and they understood the correct procedures to follow. Staff told us that they received training in safeguarding regularly. One member of staff said, "I would report to management, I could go higher, go to the safeguarding team, notify CQC or the police if necessary." Staff were confident that concerns were always followed up promptly by senior staff.

The service supported people with learning disabilities, autism and mental health needs who may at times display behaviours that challenge. We saw that comprehensive risk assessments had been created to identify risks that were present for each person. Risk assessments were personalised and clearly explained how staff should support people. These included accessing the community, medical conditions and behavioural support plans. Staff were able to identify when people may feel anxious and therefore more likely to display behaviours that may challenge.

Behavioural support plans described what might trigger a certain feeling or behaviour for a person. These included the social and emotional support for people with complex needs, and promoted people's independence as much as possible. Staff explained in detail what triggers people may have, and the best and least restrictive way to make sure people were safe. All the staff we spoke with felt that they were able to keep people as safe as possible, whilst also promoting people's independence.

Safe recruitment procedures were carried out by the service. We looked at staff files, which showed that all staff employed had a criminal records check, and references and identification had been obtained before new staff started working at the service.

There were enough staff to meet people's needs as staff were specifically allocated to people based on the support they required. The staff we spoke with all felt that enough staff were available to make sure people got the support they needed. Rotas we looked at confirmed that staffing was consistent and people's needs were being met. Our observations during the inspection were that people were safely supported by the correct amount of staff to meet their assessed needs.

Staff had been provided with training on the safe handling, recording and administration of medicines, in line with the service's policy and procedure. Staff competency to administer medicines was regularly checked by senior staff and people received their medicines as prescribed. However, during the inspection we saw that the medication administration records (MAR) charts for one person had not been updated correctly when the directions for some of their medicines had been changed by their doctor. This had resulted in confusing directions on the MAR and unclear recording by staff over a number of days. There was

a risk that the person's medicines may be administered incorrectly. We checked the person's medicines and these had been administered as prescribed. Senior staff took immediate action to amend the MAR and arranged for staff to receive refresher training and supervision regarding the importance of accurate recording on MAR charts.

People were protected by the control of infection. Communal areas were clean and tidy and we saw that regular cleaning took place. Cleaning schedules were in place and people were supported to take part in cleaning and tidying their environment. All necessary equipment was available to make sure standards of cleanliness were maintained. Staff carried out regular checks of the cleanliness and suitability of equipment and the environment to minimise the risk of the spread of infection.

All staff understood their responsibilities to record any accidents and incidents that may occur, and lessons were learned from any mistakes that were made. Staff we spoke with confirmed that any issues were discussed with the team, usually at team meetings or during one to one supervision. Actions were created to make any improvements needed. Where people had been involved in an incident related to their behaviour, these were recorded and reviewed to agree whether any changes were required to their support.

Good

Is the service effective?

Our findings

People received comprehensive pre-assessments before the service agreed to provide their support. This ensured that staff had the knowledge and skills required to meet people's needs and that people had sufficient information to make the decision about whether they wanted to receive support from the service. The assessment was carried out by the provider, who met the person in their current home or hospital, often carrying out more than one assessment visit.

Staff worked with people's existing providers of care to plan their transition to the service and carried out transitional outreach work, sometimes over many weeks. A healthcare professional who had supported a person who had moved from hospital to the service told us, "They [provider] are very supportive of the assessment process and transition into the community."

People received care from staff that were competent and had the skills and knowledge to care for their individual needs. New staff received an induction, which included shadowing experienced members of the staff team as they got to know the people supported by the service. Staff did not work with people on their own until they felt confident to undertake the role. Newly recruited staff completed the Care Certificate, which covers the fundamental standards expected of staff working in care.

Staff had received on-going training to enable them to confidently and competently support people. Staff training was relevant to their role and equipped them with the skills they needed to support people appropriately. There was a range of basic mandatory training as well as more specific training based on the needs of the people supported by the service. One member of staff told us, "I found the 'low arousal' training really beneficial. It's about using a lower tone of voice and eye contact with people. I've changed how I work with people as a result." (The low arousal approach emphasises a range of behaviour management strategies that focus on the reduction of stress, fear and frustration and seeks to prevent aggression and crisis situations.)

Staff had regular supervision and annual appraisals, which gave them the opportunity to discuss their performance and personal development. Staff said they were well supported and that they could approach the management team at any time for guidance and advice. One member of staff said, "I have supervision with my line manager monthly. We talk about any staffing issues, health and safety, training, the clients and how they are getting on and anything we can improve upon."

People were supported to eat and drink and maintain a healthy balanced diet. People were supported to do their own food shopping and choose their meals. Visual aids were provided to support people to plan their shopping and reduce any anxieties they may have about this. The person told us that they required their food to be presented in a particular way and that staff supported them with this.

People were supported to prepare their own food to develop their skills. One person had their own visual cook books with photos of each step in the recipe. Using these, they had baked cakes and prepared meals with staff support. People's care plans clearly documented what their preferences were, and any dietary

requirements were observed by staff.

The service worked and communicated with other agencies and staff to enable effective care and support. This included effective communication with health and social care professionals from different local authorities and teams. One health professional told us, "They [staff] are very good at liaising with external professionals, we have a very good relationship. If anything happens they contact us immediately and they are very open." We saw that records were kept by the service in relation to other professionals involved in people's support, and that the service communicated effectively with others for the benefit of the people using the service.

People had access to the health care support they needed. Care plans included detailed information about people's health requirements and any input from health professionals, for example dentist, podiatrist and community mental health team. People who required medical appointments were supported to book and attend them. Staff were supporting one person to practice the discussions they wanted to have with their GP by using role play. These sessions supported the person to learn how to advocate for themselves. Staff had up to date knowledge of people's health requirements and the input they were receiving.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) and they were. 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 Act 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In community care settings, this is under the Court of Protection. We saw that MCA and DoLS authorisations were completed as required and best interest meetings were held to determine the best course of action for people regarding specific decisions.

Staff gained consent from people for decisions they were able to make. During our inspection, we saw that people were asked what they would like to do, what to eat and drink, and if they wanted to go out. Staff made sure to give people choice, wherever it was possible.

Good

Is the service caring?

Our findings

People were treated with compassion, respect and kindness. The person told us, "[Names of staff] are lovely people. They don't come in to do this job for nothing, they come here because they enjoy it." We saw that staff interacted with people in a positive and friendly manner and clearly knew people well. When people appeared to become worried or anxious, staff gave them the time they needed to communicate and enabled them to feel more positive. We saw that staff understood the individual signs which people may display to indicate they were unhappy or anxious, which meant that people were understood and felt well cared for.

Staff spoke of people they supported in a caring and compassionate way. They were able to demonstrate their knowledge of people and tell us what was important to people, their likes and dislikes and the support they required. One member of staff said, "[Person's name] has progressed so much…I am passionate about this job. It makes you feel good that you are giving someone a better quality of life."

Care plans recorded the personality, background and abilities of each person. There was an overview and detailed information about each person so that staff understood each person's personality, likes, and dislikes. People had individual objectives recorded in care plans so that staff could support them to achieve what was important to them. Examples of goals that people wanted to achieve included; budgeting and money management, food preparation, laundry and to experience holidays.

People felt involved in their own care and support had been included in all plans and discussions about how their support would be provided. Care plans and consent forms were signed by people to indicate their agreement and involvement. Staff members were given the role of 'keyworker' which meant they took a lead in making sure people were as involved in their own care as they could be.

Information could be provided to people on using independent advocacy services. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to make their needs and choices known. The provider knew how to support people to access the help of an independent advocate; however, at the time of the inspection, no people using the service were currently using the services of an independent advocate.

People were supported to be as independent as they were able to be; staff encouraged each person to achieve as much as they could by themselves. Staff clearly felt a sense of pride about people's achievements. One member of staff said, "We are here to support people in their independence, to teach the guys life skills and help them to do more for themselves."

People's privacy and dignity were respected at all times. A member of staff told us, "We always knock on people's doors and wait for a response and ask if it's ok to come in." We observed that staff knocked on people's doors and were conscious of their privacy. People's care records contained many examples of staff working with people to maintain their privacy and dignity.

Confidential information regarding people's care was stored securely and only shared with people's consent on a need to know basis. Staff were aware of the need for confidentiality with regard to personal information.

Good

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. People had care plans in place, which contained detailed information about how people wanted their support to be provided. This included information such as people's background, any cultural or religious requirements, likes and dislikes and communication needs.

Staff understood how to respond to people's needs and provide personalised care. Staff told us that they completed monthly summaries for people to reflect on all areas of their lives; these were used to identify any patterns or concerns to enable the staff team to better support the person.

Care planning was personalised to people's needs. Care plans that we looked at showed us people were involved in deciding how their support would be provided, and that their choices, likes and dislikes were clearly outlined for staff to follow. The information in people's care plans guided staff to respond to each person in a way that they were comfortable with. Each person had a list of objectives that they had been supported to choose. Care plans reflected that people were being supported to work towards these objectives.

Staff were made aware of any changes to people's care needs through regular handover of information meetings, during which, changes to people's care needs were discussed and staff updated. Staff used the information they received at handover to ensure that people received the care and support they required.

People were supported to take part in hobbies and social activities, which reflected their interests. We saw throughout the inspection that people were occupied and active and had individual schedules of activities that they had been supported to devise. Staff were available to ensure people were involved in activities they enjoyed and people told us that staff supported them to go out when they wanted to. The person told us they enjoyed going out to eat. They said, "I go out for a cup of tea and nice cake, I went to the pub and had a burger". Other activities included going out to the shops, swimming, structured time using the internet and cooking.

The provider owned a house on the coast that people could use for holidays, one person was looking forward to their second visit to the house as well as a holiday further afield that was planned. The person told us, "I've never been so happy. I'm just happy that the doctors have agreed to let me go to [name of place]. They say it's my choice."

People were encouraged to take part in household tasks and develop their independent living skills. During the inspection, we saw one person being supported to do their own laundry. Staff told us that this was an area where the person wanted to develop their skills and there was a clear plan in place to support them to achieve this.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in

place from August 2016 making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. We saw that there were many examples of easy read and pictorial guides for people to use to understand information and make informed choices.

The service provided individualised tools to meet people's information and communication needs. The head of behaviour told us, "Everything is hand made for that person and all that is made belongs to them." Visual aids were used to support people's understanding and minimise any feelings of anxiety. For example, people had individualised visual aid books containing photographs to support them with activities such as shopping, money management and budgeting.

People knew how to make a complaint if they needed and the procedure to make complaints was available in an accessible format. Staff were knowledgeable about the complaints procedure and knew who to report to if someone made a complaint. Complaints received had been dealt with appropriately and were logged and monitored.

The service did not routinely support people with end of life care; but systems were in place to support people with decisions in this area should they need to.

Good

Is the service well-led?

Our findings

The service had a clear vision and strategy to provide positive care for people. The head of behaviour for the organisation described how the service worked with people on an individual basis, to support them to be as independent as possible and live life as they wanted to. They said, "The key for us with staff is that they have a positive approach, every day has to be special… It is imperative that staff are vibrant and happy and remember this is someone's home." The management team and staff we spoke with, all had a good knowledge of the people that were using the service, and how to meet their needs. We saw that the management team worked directly with people using the service, covering shifts when required.

All the staff we spoke with were happy with the support they got from the management team. One staff member said, "The support is great, we can always get help." We saw that staff were comfortable interacting with senior staff, and a positive and open working atmosphere was present. The provider promoted staff well-being and development by facilitating a mentoring system. This provided staff with guidance and reassurance to enable them to meet the requirements of their roles and responsibilities. All the staff we spoke with were aware of their role and responsibility, and understood what was expected of them.

The staff demonstrated their knowledge of all aspects of the service and the people using the service. The head of behaviour told us, "We invest a lot in the staff, we have to ensure the staff team is specialised, this is why we provide intensive autism training." There was a clear emphasis on treating people as individuals and supporting them with care that was tailored to their individual needs.

People were encouraged to be part of their wider community, and supported to do what they could to help others. People were supported to volunteer at a local charity for people who were homeless. They made up snack boxes and packs of toiletries, which they then took to the charity and handed out to people. Staff told us that people gained a sense of pride that they were able to help others in this way.

The provider had for the second time been awarded the Marion Cornick Award for innovative practice. This award is given in recognition of the provider's work to educate the wider community about positive approaches to autism.

People had the opportunity to feedback on the quality of the service. We saw that quality questionnaires had been sent out to people and their families if appropriate to comment on the quality of care they received. These were provided in a format suitable to the person's abilities and needs. Results were collated and analysed to identify any areas for improvement and actions required.

The registered manager facilitated monthly service user meetings, where people had the opportunity discuss and contribute to all aspects of the service. We saw minutes of meetings where people had taken part in discussions about the environment and maintenance requirements and provided feedback on the activities they would like to take part in. The minutes demonstrated that each meeting began with reflection on the actions agreed at the previous meeting and feedback on the changes that had been implemented as a result.

Staff told us they had the opportunity to feedback and discuss any concerns as a team, and said they were listened to by management. We saw that team meetings were held which covered a range of subjects, including health and safety, medicines, staffing and any incidents that had occurred.

Quality assurance systems were implemented by a comprehensive management team. The service manager, health and safety manager and facilities manager worked together to maintain the quality and safety of the service. Comprehensive audits were carried out across all areas of the service including, client care, fire safety, complaints and compliments and medicines. We saw that any areas for improvement were clearly identified and acted upon by the service.

With regards to the concerns identified with medicines record keeping, the provider needs to ensure that staff are clear on their responsibility to highlight any anomalies to senior staff immediately, so that these can be addressed in a timely manner.

Staff were fully engaged in the running of the service and were given functional roles to take the lead in areas such as health and safety, medicines and food safety. This supported their development and ensured the service remained focused on continuous improvement. The provider had been given a silver 'investors in people' award, to acknowledge the strong emphasis on development and opportunity within the staff team. The provider continued to run a 'staff of the month award'. Staff were awarded a prize in recognition of the individual qualities they had displayed at work

We saw that the service was transparent and open to all stakeholders and agencies. The service worked in partnership with other agencies in an open honest and transparent way. For example, the provider worked in partnership with other health and social care organisations to promote the stopping over medication of people with learning disabilities, autism or both (STOMP) initiative. This had involved staff meeting with members of parliament to discuss issues surrounding medication for people with autism and complex needs.

The provider also shared information as appropriate with health and social care professionals; for example, health professionals involved in commissioning care on behalf of people.

The management team were aware of the requirement to submit notifications to the Care Quality Commission (CQC) of any accidents, serious incidents and safeguarding allegations. A notification is information about important events that the service is required to send us by law.