Alderwood L.L.A. Limited

Alderwood L.L.A. Limited - The Chestnuts

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

About the service: Alderwood L.L.A. Limited - The Chestnuts is registered to provide accommodation and personal care for up to six people with learning disabilities and autism. At the time of inspection, six people were using the service.

People's experience of using this service:

The service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Appropriate policies and procedures were in place for the safe handling of medicines. However, the provider needed to ensure that staff consistently followed safe practice in relation to the storage and recording of medicines.

Some aspects of environmental safety management had not been followed by staff and areas that should be locked were accessible to people. Immediate action was taken to rectify this and the high staffing levels in the service reduced some of the risk this had posed to people.

People were comfortable living at the Chestnuts. Relatives told us their family members were supported in a safe way by staff. Staff understood their responsibilities to keep people safe from harm and to report potential risks to their safety.

People's needs were assessed prior to them receiving the service to ensure that staff were able to fully meet their needs.

People were supported to choose their meals and staff encouraged people to have a healthy balanced diet.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, best interest decisions were not always completed where people were found to lack mental capacity. People were encouraged to make decisions about their care, daily routines and preferences and staff worked within the principles of the Mental Capacity Act.

Staff induction training and mentoring was comprehensive and on-going training was provided to ensure that staff had the skills, knowledge and support they needed to complete their roles to a high standard. All staff said that they were well supported by the provider.

The culture of the service was caring, person centred and inclusive. Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Staff

encouraged people to follow their interests and people were supported to access many varied activities.

People who used the service and their relatives had the opportunity to feedback on the quality of the support and care that was provided. Any required improvements were undertaken in response to people's suggestions.

Care planning and risk assessments were personalised and mentioned the specific care each person required, including their likes and dislikes. Staff were aware of people's preferences, and supported people in a person-centred manner.

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. People were listened to by staff.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Staffing levels ensured that people's care and support needs were safely met.

Staff had the appropriate personal protective equipment to perform their roles safely. Staff supported people in a way which prevented the spread of infection. The service was clean and tidy and had a maintenance staff member to carry out any works required.

There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

Rating at last inspection:
Good (report published 20 July 2016)

Why we inspected:
This was a planned inspection based on the rating at the last inspection.

Follow up:
We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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 effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	**Good**

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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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by one inspector.

Service and service type:
Alderwood L.L.A. Limited - The Chestnuts is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission (CQC). The registered manager had left the service shortly before the inspection. A new manager had been recruited and they will be registering as manager for the service. Registered managers and the providers are legally responsible for how services are run and for the quality and safety of the care provided.

Notice of inspection:
This inspection was unannounced.

What we did:
Prior to the inspection we reviewed information we held about the service since their last inspection. This included notifications received from the provider about incidents and safeguarding alerts which they are required to send us by law. We contacted the local authority who commission services from the provider. We

also contacted Healthwatch England, the national consumer champion in health and social care, to identify if they had any information which may support our inspection.

We reviewed information we had received about the service, including information within the Provider Information Return (PIR). 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.

During the inspection process we spoke with three people's relatives and carried out observations of people's interactions with staff in the home. We also spoke with six members of staff, including support staff, senior support staff, training staff and members of the senior management team. We looked at two records relating to people's care needs and three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for staff and arrangements in place for managing complaints.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Requires Improvement: 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.

Using medicines safely:

- Improvements were required to medicines records and storage. Insulin for one person was stored in a fridge. We found that the fridge was not locked and was not in a locked area. We checked the insulin stored here and found that one was past it's expiry date.
- We checked the stock of controlled drugs. (A controlled drug is a prescription medicine controlled under the Misuse of Drugs legislation.) We found that records showed controlled drugs were in stock for a person who no longer lived at the home. These medicines were no longer in the home as they had been taken with the person to their new home. Records had not been completed to reflect this.
- We saw information in one person's care plan that directed staff to put their medicines into food. The senior manager explained that these directions had come from the person's relatives, who had provided their care at home for many years. We spoke to the person's relatives, who confirmed this. The person was aware that their medicines were in food and found it easier to swallow them this way. Although this practice had been discussed with health and social care professionals involved in the person's care, advice had not been sought from a pharmacist. The provider sought advice from a pharmacist and had further discussions with members of the multidisciplinary team following the inspection.
- Medicines were administered by staff that were trained to do so and had their competency regularly checked.
- People had medicines profiles in place to provide staff with details regarding the medicines that had been prescribed.
- Some medicines were only required when needed. Protocols were in place to ensure these medicines were used appropriately.

Assessing risk, safety monitoring and management:

- Staff had not consistently followed the processes in place to ensure the safety of the environment. We found that an area where chemicals were stored was not locked. The laundry room and cupboards where cleaning chemicals were stored were found to be open during the inspection. Due to the high staffing levels in the home the risk posed to people was low, but the senior manager agreed that these areas should be locked. Action was taken to mitigate the risks whilst the inspection was ongoing.
- People's individual risks had been thoroughly assessed. Information was in place for what action should be taken to reduce these risks.
- Staff supported some people who may present behaviours which challenge. Detailed risk assessments were in place which included de-escalation techniques, to ensure staff supported people safely. Staff we spoke with were confident in this role.

Staffing and recruitment:

● Sufficient numbers of staff were deployed to support people safely. One person's relative said, "There is a stable staff team, no high staff turnover and they are brilliant with [person's name], they get to do lots of different things with staff."
● Staff said they felt there were sufficient staff to meet people's needs and contingency plans were in place to manage unplanned absences.
● Staff were allocated to provide support to named people on a daily basis. We observed sufficient numbers of staff on shift and rotas showed that staffing levels were consistent.
● The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.

Systems and processes to safeguard people from the risk of abuse:
● People were safely supported by staff.
● Staff were able to tell us about the signs and symptoms of abuse and understood how to report any incidents to the local authority safeguarding team or the CQC.
● Staff had safeguarding training. The training was completed by new staff during induction and then refreshed at regular intervals.

Preventing and controlling infection:
● People were protected from illness and infection. The home looked and smelled clean.
● There were regular checks to ensure infection control risks were minimised.
● Staff understood infection control requirements and explained how they followed these in practice.

Learning lessons when things go wrong:
● There was a detailed analysis of any incidents that occurred. This included a record of any incidents of challenging behaviour, and any actions that followed.
● Incidents were looked at to identify any trends, and referrals for extra support were made when required.

Good

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
- People's relatives told us that people had received a pre-assessment of their needs before moving into the home.
- People's transition to living in the service was personalised and based around their needs. One person's relative said, "They [the provider] were very sensitive how they introduced [person's name] to the service, they just went during the day to begin with."
- People's needs were assessed and information was available in their care plans. Staff were aware of people's likes and dislikes and knew people very well.
- The provider considered people's protected characteristics under the Equality Act to make sure that if the person had any specific needs, for example relating to their religion, culture or sexuality, the staff could meet those needs.

Staff support: induction, training, skills and experience:
- Staff told us they had a good induction and excellent training with ongoing support from senior staff. One member of staff said, "The induction training was the best I've had, we did autism awareness training, sensory awareness training, we were taught all about the practical challenges and how to support people using distraction, motivation and reassurance."
- Records showed that staff had completed all training the provider deemed as mandatory as well as specialised training for the people they supported such as supporting people with autism.
- Due to the complex needs of people living at the home, all staff were trained in 'PROACT-SCIP' [Positive Range of Options to Avoid Crisis using Therapy and Strategies for Crisis Intervention and Prevention]. Staff were positive about this approach to supporting people cope with their anxieties. One member of staff said, "PROACT-SCIP helps you to prevent behaviour before it happens, prevent the situation becoming a crisis for the person."
- The provider had arranged for people with autism to provide training to staff. They were able to give staff information about their experiences of living with autism, for example in relation to sensory overload. (People with autism often present different responses to sensory stimuli such as light, loud sounds, soft touch etc. and this has an impact on their emotions and behaviour.)

Supporting people to eat and drink enough to maintain a balanced diet:
- People were supported to have a healthy and balanced diet. A relative told us, "[Person's name's] eating pattern is so much better [than previous home]. They look more healthy and are eating so much better."
- The staff had a good knowledge of the people they supported and their preferences. All the staff we spoke to understood the importance that any needs relating to people's culture and preferences were met.
- Staff supported people to be as independent as possible in choosing and planning their meals. One

person's relative told us how they were regularly supported to go to the local butchers to choose the meat they wanted for their meals.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support:
● Records were kept by the service in relation to other professionals involved in people's support, these showed that the service communicated effectively with others for the benefit of the people using the service.
● Staff contacted doctors and other healthcare professionals as and when needed. They worked closely with specialist staff to ensure effective support for one person with a long term health condition.

Adapting service, design, decoration to meet people's needs:
● The home was suitable and accessible to the people living there. The layout of the building ensured that the environment offered plenty of personal space. There were various areas for people to use for different activities.
● The garden was secure and well presented, with different areas for people to have space and quiet time if required.
● People's rooms were decorated to their choice and needs.

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 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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
● Staff had carried out mental capacity assessments for people where required but had not always recorded when decisions were required to be made in people's best interest. Staff were aware
when other professionals had been involved in mental capacity assessments and best interest decisions that affected the way the service supported people and followed these when providing people's care.
● Staff had applied for DoLS on behalf of people where needed, these applications had been granted and staff were working in line with the authorisations.
● People were encouraged to make decisions about their care and their daily routines. Staff asked people for their consent before providing support and gave people time to make their own decisions.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:
● People were well cared for by the staff. One person's relative told us, "It's brilliant, the staff have great understanding, it's very individual, all about [person's name]… As soon as [person's name] went to the Chestnuts there was an immediate change in them, they [staff] totally understand autism and [person's name]." Another person's relative said, "[Person's name] really trusts the staff, they've had a lot of trust issues with so many people coming in and out of their life. I can tell the staff absolutely love working with [person's name]."
● Staff and management we spoke with had an excellent understanding of the people using the service, and clearly had a passion to support people to achieve as much as they could.
● Our observations were of people who appeared comfortable in their home, and with the staff supporting them.

Supporting people to express their views and be involved in making decisions about their care:
● Staff had a good understanding of how to support people with making choices. This included the use of pictorial information and body language to suit people's individual communication needs.
● People's relatives told us they received regular updates from staff and continued to feel involved in their loved one's life. One person's relative said, "They [staff] keep in touch with us, any problems they contact us and ask. It makes us feel part of [person's name's] care, they are really open with us. [Person's name] stays with us [regularly] and they [staff] keep us up to date."
● No one currently required the support of an advocate. However, staff were able to support people to access advocacy services should they need to.

Respecting and promoting people's privacy, dignity and independence:
● We saw that activity boards displayed in a communal area contained some personal information about people's support needs. This information could potentially be read by other people and visitors. We spoke to the senior manager, who said this type of information would be removed from the board.
● People's privacy and dignity was respected by staff. We saw that staff knocked on doors before entering and respected that people's rooms were their own private spaces.
● Staff we spoke with understood about confidentiality. They told us they wouldn't discuss anything about a person in front of others, only staff, and in a private area so they would not be overheard.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
● People were consistently provided with personalised care and were supported to live active and fulfilling lives.
● People's relatives told us that they were very impressed with the individual nature of the support provided. Feedback included, "[Person's name] is a visual learner and works by a written schedule now, they've come on leaps and bounds. They are so happy and healthy and doing loads more things." And, "They [staff] work with [person's name] from when they get up to when they go to bed, the structured day really works for [person's name]."
● People had access to the information they needed in a way they could understand it. This meant the service complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes 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. The provider was exceptional in designing individualised accessible information for people. This included, easy read, pictorial and photographic information that supported people in all areas of their lives.
● Care plans contained personalised information, for example, each person had their own adult development programme which detailed targets that people wanted to achieve. These were broken down further into the individual elements that would enable the person to reach their goal.
● People had access to a wide range of personalised activities and development opportunities. One person's relative told us, "[Person's name] has changed a lot and is doing so much more since coming to the Chestnuts… they go for lots of walks, go swimming, bird watching and go to the farm project." The farm project is run by the provider for the benefit of people using the service. People are encouraged to attend and spend time with animals such as horses, pigs, owls and guinea pigs.
● The senior manager told us that staff used social stories and structured schedules to enable people to enjoy new things. For example, they were working with some people to reduce their anxiety in relation to dogs, which would have a positive impact on their experiences when out in the community. (Social stories are used to support people with autism to understand what to expect from a particular situation, event or activity and alleviate their anxiety.)

Improving care quality in response to complaints or concerns:
● The provider had a complaints procedure, which was clearly displayed and accessible to people and their relatives. The service had received no complaints.

End of life care and support:
● The service supported younger adults with learning disabilities and autism. 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. The senior manager understood the importance of providing good end of life care to people.

Good

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The previous registered manager had very recently left the service; a new manager had been recruited and the provider advised us they would be starting work in the service very soon. In the meantime, a senior manager had been deployed to provide support. Staff and relatives we spoke with were positive about the support provided by the senior manager and senior care team. One person's relative said, "[Previous registered manager] was fantastic, we praised him in [person's name's] review this year. [Senior care staff] is also lovely and they're being supported to manage the Chestnuts at the moment." Senior care staff told us, "We get support all the time, we're not left on our own. [Senior manager] is here temporarily until the new manager starts."
- There were effective systems in place to monitor the quality and standard of the service. The senior manager carried out regular audits of all areas of the service. These audits were comprehensive and included people's well being and risks, care records, accidents and incidents and the environment.
- The provider, senior manager and staff team all understood their roles and were open and honest.
- The provider had displayed the last inspection rating on their website as required.
- With regards to the concerns identified with medicines record keeping and storage, the provider needs to ensure that staff consistently follow safe management guidelines for medicines.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The staff and management had values that placed people at the centre of the service and promoted their independence, enabling them to make choices about their lives as much as possible.
- Staff were passionate about empowering people to live full and happy lives. People were achieving their goals, and this was celebrated by everyone at the service.
- The provider promoted staff well-being and development by facilitating a mentoring system. This structured programme began when staff were first recruited and provided staff with guidance to enable them to meet the requirements of their job role. All the staff we spoke with were aware of the provider's ethos and vision and the part they played in achieving this.

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

- People who lived at the service and their relatives were regularly asked for their feedback. We saw records of extremely positive feedback that had been provided. For example, "The staff have been brilliant with regular contact through telephone calls, texts and photos of [person's name], which we greatly appreciate."

And, "It has been lovely to see the relationship [Person's name] has with staff and this inspires confidence that they are happy and content at the Chestnuts."

● Team meetings took place regularly to communicate updates and enable an exchange of information and learning. These included updates on working practice, staff training and people's needs. All the staff we spoke with were confident they could raise concerns and speak openly about any improvements they thought were required or ideas they had.

Continuous learning and improving care:

● The provider had worked in partnership with other health and social care organisations to promote the Stopping of Over Medication of People with Learning Disabilities, Autism or Both (STOMP) initiative.

● The provider had delivered bespoke training to other health and social care professionals involved in people's support. For example, staff at the local dental surgery and staff involved in commissioning people's support. This supported other professionals to understand the impact of autism on the person and improved people's experience of health and social care.

Working in partnership with others:

● The provider was working in partnership with others for the benefit of the people using the service. This included working with health and social care professionals from different local authorities and teams.

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