

Alliance Home Care (Learning Disabilities) Limited

Lingfield

Inspection report

Lingfield House
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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?	Requires Improvement ●
Is the service well-led?	Good ●

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 that 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

Lingfield is a residential care home providing accommodation and personal care support to up to 6 people with learning disabilities and autistic people. At the time of the inspection, 4 people were receiving a regulated activity.

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

Right Support

The opportunity for people to carry out individual pursuits was impacted by staffing levels. The provision of additional one to one support to enable full choice and control for people was unclear.

Risks were managed well to keep people safe while promoting their independence and staff supported people to access healthcare services when they needed them. People were not supported to have maximum choice and control of their lives due to the use of one to one time and staffing levels. However, staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

Staff knew people well and provided them with the support they needed to keep safe and to meet their individual care needs. People were protected from discrimination. People were treated with dignity and their privacy was respected. Staff were kind and caring. They treated people with respect and encouraged them to make decisions about their care and support. One person told us, "They are kind and treat me well".

Right Culture

There was a positive ethos at the service and a culture of open communication and familiarity. People were encouraged to give their views about the support they received and work as a team in the running of the household. Staff had inclusive attitudes and encouraged people to be as independent as possible.

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

Rating at last inspection

The last rating for this service was good (published 26 February 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Lingfield

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.

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

The inspection was carried out by 2 inspectors and 1 inspection manager.

Service and service type

Lingfield 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. Lingfield 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 a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 1 February 2023 and ended on 6 February 2023. We visited the location's service on 1 February 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 4 people and 2 relatives of people who used the service about their experience of the care provided and we spent time observing people receiving care and support. We spoke with 4 members of staff including the registered manager, and support workers. We reviewed a range of records. This included 2 people's care records and 2 medicines records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We received feedback from 1 health professional who worked alongside the service.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported safely. There were appropriate systems for responding to safeguarding concerns. The provider had informed the local authority and CQC when required to do so and incidents and accidents were recorded and responded to appropriately.
- All staff had completed safeguarding training. Staff had a broad understanding of safety and one staff member told us that safeguarding was "anything that can cause them harm or put them in danger". Staff knew how to escalate incidents to management and record them appropriately. The registered manager assured us that staff competencies will be reviewed, and training refreshed following our feedback.
- People felt safe from the risk of abuse. One person told us, "I always feel safe" and another told us "it's very safe here".
- Whistleblowing concerns had been objectively investigated by the provider and monitored to manage people's safety. We saw that whistleblowing of a safeguarding concern had also been objectively investigated and monitored to manage people's safety.

Assessing risk, safety monitoring and management

- Risk assessments were reviewed and updated regularly to ensure they remained appropriate. Risks to people, for example, around choking or distressed responses were clearly recorded in their individual care plans. We observed that people were being supported in line with those records.
- One relative told us that staff informed them of any changes in their relative's behaviour and how they were supported to cope with difficult situations. They told us, "[Person] came home hyperactive and they found by dedicating a member of staff to [them] at those times, ... [their] behaviour absolutely changed".
- We saw people with an identified choking risk were supported in line with their care plans which included guidance from the speech and language therapist.

Staffing and recruitment

- Staff were recruited safely and appropriately. The provider had completed Disclosure and Barring Service (DBS) checks for all staff. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider had a shortage of staff and were actively recruiting. There were enough staff on each shift to keep people safe according to a dependency tool used by the provider. One relative told us, "The staff levels seemed to drop. It has been a background concern of mine. They seem to have coped very well".
- Some people had allocated one to one support, for example staff told us they needed this during their meals. We saw people received that support on the day of the inspection. However, people's care records did not clearly explain how and when this one to one support was needed and if it had been provided. We

discussed this with the provider who assured us they will record this more accurately.

Using medicines safely

- People were supported with their medicines safely and in line with the provider's policy. Staff were confident in supporting people if they refused their medicines and followed individual the care plans.
- Medicines were kept secure and at the correct temperature. One person told us, "My meds are in my room and staff make sure I take them every day".
- People were supported to have their medicines when they were not at home. One relative told us, "they seem to be very on the ball when I pick [person] up because they give me medications for [them] to take in the day and a handover sheet, we have to sign it off and they tell me precisely what time it is due".

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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

Visiting arrangements at Lingfield were aligned with government guidance. Visitors were advised not to enter if they were unwell.

Learning lessons when things go wrong

- The registered manager was able to give examples of lessons learnt, they told us, "[Person] forgot to take [their] meds home, we informed the NHS, made a medical appointment with the GP. Put things in place to avoid it happening again".
- Daily notes, incidents and accidents were regularly audited by the registered manager to identify patterns. Care plans were amended according to the observed outcomes for people.

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 good. The rating for this key question has remained good. This meant 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

- Important information from professionals involved in people's care was used to draw up a care plan and risk assessments, and people were involved in this process wherever possible. These were reviewed regularly to ensure they were updated as and when people's needs changed.
- Assessments were personalised and included sections such as "My Life", "What Makes Me Happy", and "Do I Know My Risks". Relatives had been involved where appropriate and assessments were detailed, including information around people's likes and preferences.
- Some people had been living at the service for a longer time. We saw the current initial assessment template which included a consideration for compatibility with other people in the home. Protected characteristics were included in the assessment, including support needs relating to sexual orientation, cultural and religious needs in line with the Equality Act (2010).

Staff support: induction, training, skills and experience

- All staff had been recruited with appropriate skills and experience. They had completed the programme of training and had attended an intensive course in Makaton in response to the communication needs of some people. Makaton is a unique language programme that uses symbols, signs and speech to enable people to communicate.
- Staff received regular support and supervision. One staff told us supervision covered, "How I am feeling, how things are going, if I need support, if there are training I need to do, working to my job description, relationship between me and service users, complaints.". The management team completed regular observations of staff practice which ensured people received safe care, in line with their needs.

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

- People were involved in managing their own diets. People had an input in the weekly menus and we saw personal meal preferences displayed on the fridge. One person told us they could choose what they wanted to eat that evening.
- People were supported according to their needs to prepare their own food. We observed people who required one to one support to receive this during mealtimes.

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

- People were supported to access support from other agencies when necessary. One relative told us, "Literally as soon as they knew, they were on the phone to the doctor, then taken to hospital as a precaution".

- People's records held details of relevant contacts for their support. One professional told us, "Staff implement any professional guidance recommended". We observed staff to be working alongside guidance provided by the speech and language therapists.
- People who wished to, were supported to participate prepare for and run in a MacMillan 'Race For Life' and photos of this achievement were on display.

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

- People proudly showed us their bedrooms, which had been decorated to people's individual tastes. One person had a collection of cookery books and told us they enjoyed cooking. People had displayed photographs showing them taking part in activities and smiling and laughing with their friends and family.
- The communal areas were homely, and we saw people choose a TV channel and operate the music system independently.
- There were plans in place to arrange redecoration whilst people were on holiday to avoid impacting people who could be distressed by the disruption.

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.

- People were supported to make decisions. Mental capacity assessments had been completed with people where staff were unsure whether they had capacity in relation to an aspect of their care. Where people were found not to have capacity to make decisions, best interest decisions were carried out involving relevant people including families and professionals where appropriate.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant 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

- Staff treated people with calmness, kindness and respect throughout the inspection. One person told us, "They always take their time with talking to me". Another person said, "Staff speak to me nicely."
- Equality and diversity were promoted at the service and people were supported to feel positive about themselves. One person who enjoyed advocating for other residents was given the position as chair at the house meeting and a spoon to be handed to each person when it was their turn to contribute.
- Staff were kind and had built up strong relationships with people they supported. One member of staff told us, "I don't feel I am going to work. I feel they are my second family. They trust me, if they have concerns or need chat time, they will come and approach me."

Supporting people to express their views and be involved in making decisions about their care

- People who lived at Lingfield had regular house meetings. People volunteered to chair and were supported to contribute to the meeting according to their communication needs. Descriptive minutes included everyone's contribution.
- Relatives told us that people were given choices which were appropriate for their ability to understand. One relative said, "[Person] doesn't have the mental facilities to come up with ideas, she needs to be given choices and they give her the choices."

Respecting and promoting people's privacy, dignity and independence

- Some people were able to access the community independently. One person told us, "Yeah, I like to go and see my [relative] but it's quite a long journey but I like that I can travel on my own". The registered manager told us the pandemic had a negative impact on the independence of some people. The staff have worked on increasing the confidence in people since restrictions were lifted.
- Staff supported people to do as much as they could for themselves. One staff member told us, "[Person] is enjoying being in the kitchen, touching food. I go to start the lunch preparation, [person] assists me with the things they can do."
- Staff understood the importance of privacy for people and respected their space. Staff told us they knock on bedroom doors to see if they are invited to enter.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager told us the pandemic had impacted the availability of community and support services. Occupational opportunities were provided by external providers such as day centres and mobile sensory services. Other activities such as gardening and holidays were agreed as a group within the house meetings.
- People had various amounts of additional one to one support commissioned by the local authority. It was not clear in care plans or daily notes how this was being used or whether this was being used as intended. We saw in daily notes that one-to-one hours were focussed on personal care and domestic support rather than social or cultural experiences. It was not clear that people were receiving their full quota of one to one time as this had not been recorded.
- Staffing levels meant that one to one support in the community had to be carefully planned, often with another person who was considered independent accompanying. This meant there was limited flexibility to support individual choice and people had minimal bespoke support in the community on a one to one basis.
- Relatives told us staffing levels impacted individual freedom of choice around what they wanted to do. One relative said, "Sometimes someone says they will take her, but a 4 hour round trip takes up a lot of resource." Another relative told us, "If they had more staff, they might be able to do more things."
- People had been supported to make choices through picture cards, but the scope of choices was limited. One person told us, "I like going out to the shop and for food" and another told us "I like to spend time in my room and sometimes sit out here."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had personalised care plans. One person communicated with different vocalisations which were described clearly in the care plan. This helped staff ascertain what the person likely wanted. Care plans were reviewed regularly and updated with changes.
- People were able to choose when they wanted to accept support. One person told us, "Staff always knock on my door and always make sure I'm happy with them helping me. If I say no, they listen."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in

relation to communication.

- Staff knew how to support people with their communication and guidance was recorded in people's care plans. For example, one person was encouraged to get involved in their care plan review, by watching the pictures on the hardcopy of the care plan.
- Staff were observed to communicate well with people. Staff adapted their approach for each person, and they knew how to support people with their non-verbal communication. Staff appeared to immediately know what people wanted and supported them appropriately.
- We saw the complaints and safeguarding pamphlet had been produced in 'easy read' format to be accessible for people.
- We observed staff support a person who could not communicate verbally and who began to vocalise very loudly. Staff responded quickly, establishing what they wanted support with by giving options. It was established they wanted a snack and staff bought chopped fruit to them which calmed them completely.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and had used this previously to improve care. No complaints had recently been raised or received. One relative told us, "If I had a concern I would talk to the manager. She has always been supportive and helpful."
- The registered manager took complaints and concerns seriously, had processes in place to investigate them, and valued them as ways to improve the service and care people received.

End of life care and support

- There were no people requiring end of life support at the time of the inspection.
- People had end of life care plans in place which were personalised and respectful. They included details of discussions between the registered manager, the person, and their family.

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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were supported within a positive environment which was inclusive. People told us they were happy with how their care was managed and spoke fondly of the registered manager. One person said, "She's nice, chatty, always around". Relatives spoke highly of the staff. One relative told us, "They have a fantastic team".
- Staff were supported by the registered manager with their work and commitment acknowledged in regular formal meetings. One staff told us, "[The registered manager] is excellent and I think she is great".
- People and their relatives were given several opportunities to provide feedback during informal chats, meetings, and via questionnaires.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour.
- Where one potential safeguarding concern had occurred, the registered manager had been open and transparent with the relevant authority and family members.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and staff demonstrated they had a clear understanding of their roles and responsibilities. The registered manager had worked at the service for several years and knew people and the staff team well.
- The registered manager took a hands-on approach and was integral to the effective running of the service on a day to day basis, stepping in to provide care and support to people when needed. Staff were also flexible in their approach to supporting the running of the service. One staff member told us, "When I have a window open, I cover shifts. We are all making sure that everything goes ok, we are supporting each other."
- The provider submitted notifications to the CQC in a timely way and displayed their previous inspection rating clearly on their website.
- The registered manager carried out service audits and staff competency assessments on a regular basis. The need for training or adaptations to the care were highlighted and the registered manager assured us they would address feedback given during the inspection.
- Quality assurance checks were completed regularly, and the area manager had an oversight of several

services to share learning across and improve care. The area manager had implemented changes to registered GP practices for people to improve efficiency in communication.

Working in partnership with others

- Staff worked well with other services. The provider had established long term relationships with external services including a sensory service, aromatherapy, chiropody, and health services.
- The registered manager had referred to other healthcare services for support and guidance when needed. A professional working with the service confirmed the provider communicated effectively with them when required.