

Alderwood L.L.A. Limited

Alderwood L.L.A. Limited - Dybdale Crescent

Inspection report

1 Dybdale Crescent
Wellingborough
NN8 5EX

Tel: 01604811838

Date of inspection visit:
29 June 2021

Date of publication:
12 August 2021

Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Alderwood L.L.A Limited – Dybdale Crescent is a residential care home providing personal care to 2 children and 2 adults at the time of the inspection. The service can support up to 5 people across two adapted buildings.

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

Medicines were not always managed safely. Systems and processes needed strengthening as audits had failed to identify these discrepancies. We also found there was not any fire signage displayed in the service.

People had their needs assessed prior to moving into the service, the service had developed comprehensive care plans and risk assessments to meet people's individual needs. People were supported to regularly access support from external professionals and relatives told us they were kept updated with people's health and wellbeing needs.

Staff promoted people's independence and treated people with dignity and respect. People and their relatives, where appropriate, were involved in care planning and care was regularly reviewed and adjusted to support people to meet their identified goals.

People were supported to participate in a wide range of activities that were of interest to them. People were supported to maintain relationships with people who were important to them.

The provider gathered feedback and sought views on how they could improve the service. The feedback people had provided was positive and complimentary.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. People received person-centred support to achieve positive outcomes. Staff had received training about people's right and choices, and this was promoted in their practice.

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

Rating at last inspection

This service was registered with us on 11 October 2019 and this is the first inspection.

Why we inspected

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.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified a breach in relation to governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Alderwood L.L.A. Limited - Dybdale Crescent

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 Care Act 2014.

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 two inspectors.

Service and service type

Alderwood L.L.A Limited – Dybdale Crescent is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who had applied to be registered with the Care Quality Commission. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. 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. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from the local authority and professionals who work with the service.

During the inspection

We spoke with eight members of staff, including the manager, senior manager, shift leaders and care and learning support workers. We spoke with three relatives about their experience of the care provided.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two 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 also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training and complaints data.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People's medicines were not always managed safely. Medicines had not been transcribed correctly across a person's care file. We found one person previously used a pain-relieving forehead stick, this was no longer in use. However, this medicine was listed under the person's current medication. The person's care records were updated on the day of our inspection and continued to provide the incorrect information.
- A person's allergy information had not been recorded on their medicine records, this meant there was a risk the person could be given a medicine that they had previously had an allergic reaction too. We raised this with the manager, who contacted the pharmacy to get the records updated.
- Medicine was administered by trained and competency checked staff.

Assessing risk, safety monitoring and management

- Fire signage was not displayed in the building. During our inspection, we found there were no fire escape routes displayed anywhere in the building. This meant people may have struggled to exit the building in an event of a fire. We raised this with the manager and senior manager, who arranged for this work to be immediately completed.
- The service had risk assessments in place to reduce known risks to people. For example, one person had a comprehensive risk assessment in place for travelling in a car. The risk assessment provided clear direction to staff on how to support and prepare the person prior to and during the activity.
- Environmental risks were managed, regular checks were completed for water safety, cleaning and first aid kits.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Staff had received training in how to safeguard people from abuse. Staff understood how to report their concerns and worked in line with the local authority's safeguarding policy and procedures.
- Staff understood the provider's whistleblowing procedures. Whistleblowing is when staff report suspected wrongdoing at work. Staff can report things that are not right, are illegal or if anyone is neglecting their duties, including if anyone's health and safety is in danger.

Staffing and recruitment

- Staff were recruited safely. The service followed safe recruitment processes to ensure the staff recruited were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Baring

Service (DBS) and obtaining suitable references.

- There were enough staff to keep people safe and meet their individual needs. People were supported by regular staff members who they were familiar with.

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 meeting shielding and social distancing rules.
 - 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 accessing testing for people using the service and staff.
 - 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.
 - We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider had systems in place to monitor accidents and incidents. This information was analysed by the management and provider's quality team, and actions were taken to reduce any further risks.
- The provider had identified that improvements were required to the detail recorded on accident and incident forms. We could see this had been actioned and staff had been provided with additional support in how to complete the forms correctly.
- The provider had systems in place to monitor accidents and incidents. This information was analysed by the management and provider's quality team. Learning from incidents was shared with staff in team meetings.

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.

This is the first inspection for this newly registered service.

This key question has been rated 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

- People had their needs assessed prior to moving into the service. This ensured the staff team had information on a person's likes, dislikes, needs and known risks.
- The service had developed pathway plans which captured how young people would be supported with a smooth transition into adulthood. The plans provided direction to staff on how to empower people to gain independence in areas of their day to day life.
- Staff spoke with had knowledge and understanding of the people they were supporting. One staff member told us, "I have got to know [person] well, I know what [person] likes, I keep my voice low this really helps [person] to feel calm."
- The people living at the service had different interests and their care plans and activities reflected this. Comprehensive risk assessments had been carried out for staff to follow to ensure risks were reduced, and the activity could be safely facilitated. For example, one person enjoyed trips to the theatre, all aspects of this activity had been considered and risk assessed. The provider had suitable control measures in place to reduce the risk to the person and others.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained and supported to meet their needs. Staff completed a wide-ranging induction when joining the service. This comprised of a combination of face to face training, e-learning and shadowing experienced support workers.
- Staff were able to explain in detail how they supported people who had behaviours that may challenge. Staff described the specialist training they had received in this area as, "really helpful and taught you everything you need to know."

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

- People's support plans clearly detailed their eating and drinking needs. We saw that people's food and fluid intake was monitored when appropriate.
- Staff had received training in food safety. We observed people and staff following good hygiene practice when working in the kitchen.
- The manager told us how they ensured people's choices were accommodated. One person liked a particular brand of water and the home ensured they had a good supply.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People's records showed they regularly accessed support from healthcare professionals to meet their needs such as GP's, Consultants and Dentists. Relatives told us they were kept updated following any appointments the person attended.
- People had been supported to access an annual health check-up. An annual health check-up is where a person's health is discussed so problems can be identified early, and care and treatment can be provided.

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

- The home was well maintained, and the décor and furnishing met the people's needs. The home provided safe and comfortable furnishings and several communal areas for people to use.
- Pictorial signage and timetables were displayed throughout the home; this supported people to find their way around and to know what activities were happening.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had individualised mental capacity assessments in place, it was clear what decisions people could make for themselves. Where people were unable to make a specific decision we saw evidence that best interest decisions had been made with the involvement of the person's family members.
- Staff had received training in MCA and understood how to support people in line with the act. We observed staff supporting people to make their own decisions and choices.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 understood the importance of promoting equality and diversity. A staff member told us "Everyone is individual, all the care is about the person being in the centre and respecting their wishes."
- We observed staff to be considerate and friendly throughout the inspection. A relative told us, "[Person] has good reactions when staff walk in the room, the staff are caring and relaxed."
- Care plans provided information on people's religious beliefs and personal relationships. People's relatives told us these were being met. One relative told us, "On Mother's Day the staff supported [person] to make a buffet lunch, it was lovely."

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

- People and their relatives had contributed to their care planning where appropriate. Care plans provided staff with information on the person's views, preferences and decisions.
- People's communication needs were clearly documented within their care plans. Some people required pictorial cues to support their communication. We saw throughout the service this had been accommodated as the pictorial cues were either displayed or available in each room.

Respecting and promoting people's privacy, dignity and independence

- People had detailed individual development programmes in place which promoted their independence. The plans detailed the person's targets, and these were regularly reviewed to show what actions had been taken.
- Staff spoke about the people they supported with knowledge, respect and understanding. One staff member told us, "I respect people's privacy, it's very important." We saw the provider had also taken steps to support the people living at the service to respect each other's bedrooms as their own personal space.
- People's records were stored securely which maintained people's confidentiality. The provider was meeting their responsibilities under the General Data Protection Regulation (GDPR).

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's needs were met through good organisation and delivery.

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

- People received personalised care and support. For example, one person had specific communication needs which included visual reminders. During the inspection the manager showed us the visual aids that had been created to support the person to understand the restrictions in place due to COVID-19. This enabled the person to have choice and control over their life.
- We observed staff to be attentive and responsive to people's needs. Staff gave people time to complete tasks independently which empowered the people they were supporting. We observed a person preparing to make cupcakes in the kitchen, staff gave the person time to respond and complete tasks independently.
- People's needs were regularly reviewed, and support was adjusted as required. Staff documented people's achievements, which meant progress towards identified goals was monitored and evaluated.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and detailed within care plans. We found information was readily available throughout the service in people's preferred formats. The staff team had received training to ensure the communication systems in place were used correctly.

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

- People were supported to take part in a variety of activities, which were planned and structured to people's individual needs. A relative told us, "[Person] loves animals and they always arrange activities [person] will enjoy, [person] has recently been to the zoo and Skegness and to work on the allotments, they do so much."
- People were supported to develop skills to be as independent as possible. During the inspection people were being supported to write a shopping list, they then went out to purchase the items on the list.
- Staff spoke passionately about supporting people with activities and ensuring people had opportunities to access the community. One staff member told us, "We go to loads of places with people, we don't stop! We are always out and about."
- People were supported to maintain relationships that were important to them. Relatives told us they received regular updates on activities that had taken place at the service. The updates often included

pictures and were used by some relatives as a conversation topic with people.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. We reviewed complaints the service had received and found these had been investigated and resolved promptly.
- Relatives told us they knew how to complain and were given the opportunity to raise concerns or queries. The service regularly communicated with people's relatives and information was shared appropriately.

End of life care and support

- The service was not supporting anyone who was receiving end of life care at the time of our inspection.
- We discussed end of life care with the manager, who told us they would ensure additional training would be provided for the staff team to support people if this need was identified.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Processes were not effective at monitoring and ensuring actions were completed. During the inspection, we identified fire signage was not displayed throughout the building. We raised this with the management team who advised this had been identified as an area of concern, but action to mitigate or rectify the risk had not been taken. This meant people and visitors may have been unnecessarily exposed to the risk of harm.

- Systems and processes in place were not robust. Audits failed to identify discrepancies between a person's records in relation to their prescribed medication and allergies. The records had not been thoroughly reviewed, staff had not alerted the manager to these issues. This meant there was a lack of oversight by management at the service.

Failure to ensure effective governance systems were in place was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care; 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 provider had failed to notify the commission of a notifiable safeguarding incident. However, the incident had been investigated and reported to the local authority. The provider had previously notified the commission of all other reportable events.

- The management team understood their responsibility to keep people informed when incidents happened in line with the duty of candour. People's records evidenced that relatives had been informed when incidents had occurred.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service provided a person centred culture. People were supported to identify individual goals and detailed plans were developed for staff to follow.

- Staff felt supported in their roles. Staff told us, "It's a good team, we are all positive" and, "It's a good place to work."

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

characteristics

- The provider gathered feedback from people and their relatives about the quality of the service. The survey was also available in an accessible format. The feedback received was all positive and complimentary.
- Staff meetings took place regularly. Staff told us, "We have staff meetings every couple of weeks, we have set topics to discuss, its good as we get to talk about things as a group.
- The manager carried out regular supervisions with the staff team to ensure staff had a regular one to one meeting.

Working in partnership with others

- The service worked in partnership with other professionals such as Dietician's to support people to access healthcare. The relatives we spoke with told us they were kept updated with their relative's health and wellbeing needs.
- The service had shared information with external agencies and relatives of people using the service during the COVID-19 pandemic.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Fire signage was not displayed throughout the building. The management team had identified this, but action to mitigate or rectify the risk had not been taken.</p> <p>A medicine had not been transcribed properly across a person's care file and a person's allergy had not been recorded on their medicine chart. Audits had failed to identify these discrepancies.</p>