

Alternative Futures Group Limited

Naylorsfield and Hartsbourne

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Outstanding ☆
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Naylorsfield and Hartsbourne is a residential care home providing personal and nursing care for up to eight people with learning disabilities, mental health and complex care needs. Three people lived in the home at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People received excellent care and support to manage their complex and varied needs. People told us that they were settled and happy with their living arrangements and staff support. Individual care plans focused on people's abilities and aspirations. Moving to the home had significantly changed people's lives.

Staff received high levels of training to provide them with the knowledge to support people effectively. Staff were knowledgeable about safeguarding and medicines management. People said that they felt safe living in Naylorsfield and Hartsbourne.

We saw many positive interactions between staff and those living in the home during our inspection. Without exception staff told us that they enjoyed their work and were positive about the future for the people living in the home.

There were appropriate processes in place to ensure that people were routinely listened to, and that their opinions mattered.

The management, auditing and open-door policy within the service was effective in driving up the standards of care delivered to people in the home.

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

Rating at last inspection

The service was registered with us on 22 February 2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

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?

Good ●

The service was safe.

Details are in our findings below.

Is the service effective?

Outstanding ☆

The service was exceptionally effective.

Details are in our effective finding below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

Naylorsfield and Hartsbourne

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Naylorsfield and Hartsbourne 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 registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. 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.

During the inspection

We spoke with three people living in the home. We spoke with six members of staff including the registered manager and the operations manager. We also spoke with one person's social worker and the Local Authority contract monitoring team.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment, staff support and supervision. A variety of records relating to the management of the service, including audits and policies and procedures were reviewed.

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 as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received appropriate training to ensure that people were kept safe. People told us that they felt safe living in the home.
- Staff understood and could describe signs and symptoms of abuse. Staff told us that they felt confident in raising issues with the manager should the need arise.
- Information regarding reporting of incidents was available to both staff and those living in the home.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The environment was well maintained. Regular audits of both environment and equipment were undertaken by the manager. We saw safety certificates for gas, electricity and fire were available and in date.
- Risk assessments relating to daily living of those people living in the home were thorough and enabled people to live within the community safely with staff support.

Staffing and recruitment

- Staff were employed in enough numbers to meet the needs of those living in the home. Staff were employed to support people on a one to one basis. People living in the home told us that they had flexibility in which member of staff supported them.
- Thorough recruitment processes had been used including appropriate checks to ensure that staff were suitable to work in the care environment.

Using medicines safely

- People received their prescribed medication safely. Processes were in place to receive and securely store all medications in the home.
- People received their medication from staff who had undertaken training for medicines administration.
- The medicines policy supported people to self-administer medication subject to a risk assessment.

Preventing and controlling infection

- People lived in clean hygienic accommodation. People were encouraged to maintain their home environment and additional support was provided by cleaning staff.

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 as outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People told us that they made decisions about the way they lived; we saw collectively they had decided on a trip on the day of our visit. one person told us, "We decided in our meeting that's where we wanted to go, I haven't been there for years".
- One person told us that they regularly went to a community group "Incredible edibles", to learn about vegetables and grow them for people in the community, saying "I wish I could go there more, I enjoy it, learning stuff".
- Management plans were in place to support people who had restrictions in place, so they were supported in the least intrusive way. Effective management and support had changed people's lives significantly for the better.
- Initial care plans and the ongoing development of individual care plans truly demonstrated that people's choices and aspirations were important to staff, however simple or complex. From obtaining a copy of their birth certificate and getting a passport to be able to go on holiday or to obtaining formal qualifications.
- Peoples' needs were assessed before moving to the home. Lengthy assessments and risk assessments were undertaken so that the service could demonstrate they could meet people's varied and complex assessed needs.
- Care plans had been developed as staff became aware of people's wishes and goals. All plans had been devised taking into consideration risks and appropriate measures were in place to mitigate those risks.
- Staff were creative in socialising and supporting people so as not to overwhelm them, for example staff undertook qualifications and immersed themselves in activities at the same time so that the person did not feel different to the rest of the group.

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

- Outcomes for people were exceptional given the short time they had lived in the home. People were settled, told us they felt supported and regularly saw doctors and other health professionals, which in some cases was a new experience. One person said "I have just been to the doctors", and we found they had been to the doctors that morning with their key worker. A key worker is a member of staff with additional responsibilities.
- A social work professional comments to the care home manager following a discharge from hospital said, "Given the potential level of [name] challenges this discharge can be looked upon as highly successful".
- Records demonstrated that people had access to various other health professionals including doctors, psychiatrists and psychologists. The staff team also included a nurse specialising in managing any

behaviours that may be challenging in community settings. This meant that support plans could be immediately implemented before behaviours escalated.

- We found that a significant amount of work had been undertaken by the staff to support people to attend necessary medical appointments, when in previous settings they had refused, or had been denied medical intervention. A lengthy program to alleviate fears and anxiety had been effective in supporting them to agree to much needed surgery, which would have a hugely positive impact on their well-being.

Staff support: induction, training, skills and experience

- We found exceptional practice in that most training events and meetings were fully inclusive of the people living in the home and staff, staff and residents were treated as equals.
- Staff regularly received training relevant to the needs of the people they supported. We found that numerous specialist training events had been attended so staff were well equipped to support those people with complex histories.
- Staff told us that they received regular training and that the management were receptive to explore any training from outside agencies to meet the needs of the people supported in the home.
- The induction program developed by the organisation covered the necessary skills required to ensure that staff gained suitable qualifications for the work they undertook.
- Staff told us that they received regular training and support was excellent from the management team. "The amount of training we get is unreal and I get supported to ask for any other training I am interested in".

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

- Simple tasks like planning menus, shopping for food and cooking were all new to those living in the home. One person told us they liked shopping and went daily, they said that they had got to know staff in the local shops and enjoyed speaking with them. They said, "I know the girls on the tills and chat with them everyday, they always talk with me".
- We found people were encouraged to plan their own menu's, shop and learn cooking skills supported by staff. As far as possible people were encouraged to eat healthily.

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

- The home had recently been acquired from the local authority and had been decorated in line with the wishes of those moving in.
- Communal spaces within the only occupied bungalow were fresh clean and suitable to the needs of the people accommodated there. As the service develops and future residents identified we were told that bedrooms and personal space will be decorated accordingly.
- We saw that bedrooms were decorated to reflect people's choice and interests and favoured football team.

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.

- The home was working within the principles of the MCA.

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 as 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

- People told us that they were treated well. We saw positive interactions between people living in the home and the staff. People living in the home were able to discuss with us their past lives and tell us how the move to Naylorsfield and Hartsbourne had made a positive difference.
- Values of the organisation include, "We are one", we saw that staff followed this principle; relationships between staff and people living in the home were about working collaboratively and enjoying each other's company. Staff were all positive about the future for the people they supported.

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

- Records demonstrated that people's views were actively sought and listened to. People could make suggestions via a suggestion box or as part of their weekly meetings with staff; house meetings or care plan review meetings.
- One person told us that on the whole they could choose who they wanted to support them, but could speak with any member of staff about any worries or concerns they had.

Respecting and promoting people's privacy, dignity and independence

- Due to the nature of the service there were some restrictions around people's freedom and independence. However, measures and appropriate staffing had made this at least restrictive as possible.
- The home was well laid out and afforded people privacy not only in their bedrooms but in some communal areas. People showed us that they had keys to their bedrooms and lockable storage within their rooms.

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 as 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 told us emphatically by telling us "I can decide", in respect of their activities and their daily living routines. They said they had choice and they were doing things they had never had the opportunity to do before.
- People had control and choice in planning their daily activities and achieving their goals. People living in the home had very individualised care. Support was given to people either on a one to one basis, or on occasions two to one so that staff could support people safely.

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 living in Naylor'sfield and Hartsbourne had full and varied timetables. Historically people had not had regular opportunities to develop friendships and participate in ordinary activities in the community. People were supported by a team of qualified staff to achieve good outcomes in this respect.
- One person told us that they had recently obtained a recognised qualification whilst attending a community project. The member of staff involved with supporting the person told us that they had also obtained the same qualification at the same time so they could support them better with their learning.

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 currently living at Naylor'sfield and Hartsbourne did not need any adaptations for accessible materials. We spoke with the manager who confirmed that documents could be produced in different formats and larger print should they be required.

Improving care quality in response to complaints or concerns

- There was an effective policy and procedure in managing complaints. We inspected records and saw that people's concerns were listened to and positive outcomes were established. People living in the home told us that they could speak with any member of staff should they be worried or have a complaint.

End of life care and support

- Nobody at the time of inspection was receiving end of life support. There was acknowledgement from the management team that people's wishes would be further explored as they got to know them.

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 as 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

- The registered manager was passionate about providing quality care and support for people living in the home. The manager promoted an open-door policy, and was available to people living and working in the home.
- There were regular staff meetings to ensure that staff were achieving the best possible outcomes for people by promoting individualised care.

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

- The registered manager was aware of his responsibility and ensuring good quality care and support. Regular audits monitored the performance of the staff team in relation to their training and skills; and monitored the progression of people's development who lived in the home.
- Audits concerning the environment identified any shortfalls and these were addressed promptly and effectively.
- Staff clearly understood their role providing support, staff were also knowledgeable about regulations and standards required of their work. We found evidence in staff meeting minutes that the expected standards in accordance with regulations were discussed regularly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were the focus of the running of the home. Historic events in people's lives had been assessed and support plans were in place to ensure they had full and varied lives and any risks had been mitigated.
- The registered manager encouraged staff to explore a wealth of opportunities that had not been available to those living in the home in the past. We heard examples of people attending education, community projects and social activities. People had become well known in the immediate community by engaging with people living nearby and those working in local shops and bars.
- The service worked in partnership with others such as commissioners, safeguarding teams and health and social care professionals. This helped to ensure better outcomes for people.

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; Continuous learning and improving care

- The registered manager knew their responsibilities in line with regulatory requirements. They knew to

notify CQC of incidents and events that occurred at the service. Our review of those notifications demonstrated that the registered manager had notified CQC of incidents appropriately and understood their responsibilities to be open and honest when things had gone wrong.