

Alderson Limited

Alderson House

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Alderson house is a residential care home providing personal and nursing care to 17 people with mental health issues at the time of the inspection. The service can support up to 18 people.

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

There were systems and processes in place to monitor the quality of the service, however, these were not fully effective. We found some inconsistencies with information in care plans and the audits around some areas of practice were not robust.

People were safe at the service as staff understood their roles in managing any possible safeguarding issues. The risks to people's safety were assessed and measures in place to mitigate risks and keep people safe.

People were supported by sufficient numbers of staff who received training for their role. The provider undertook safe recruitment processes to ensure people were supported by a suitable staff group.

People received their medicines from staff who had been trained to safely administer medicines. Staff employed safe practices to control the risks of infection at the service and there were processes in place to learn from incidents and accidents to reduce the risk of reoccurrence.

People's nutritional and health needs were well managed and the environment they lived in was well maintained. The service had a number of communal areas for people to use, both inside and outside the property. There was also equipment for people to follow their hobbies and enjoy their environment.

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.

People were supported by a caring staff group who respected their choices. People had the opportunity to voice their opinions on their care and were supported when needed with the services of advocates.

People received care in a personalised way, staff we spoke with showed a good understanding of people's needs. However, the information in their care plans did not always support this. The management team were aware of the need to review and improve the information in people's care plans and were already working to address this.

People were supported to maintain relationships with their families, follow their hobbies and be involved in social activities. Information was provided in ways people could understand and there was clear information around the service to support people should they wish to make a complaint.

People and staff told us the registered manager and other senior managers were approachable, and both people and staff were able to voice their opinions about the service and felt they were listened too. The registered manager worked to provide an open person centred approach to people's care and worked with other health care professionals to achieve this.

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 requires improvement (published 28 March 2018).

Why we inspected

This was a planned inspection based on the rating at the last inspection

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 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 ●

Alderson House

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

This inspection was undertaken by one inspector.

Service and service type

The service provides nursing and personal care and support for up to 18 people with mental health issues. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This was an unannounced inspection.

What we did before the inspection

Before our inspection we looked at information we held about the service. We reviewed information stored on our database, such as notifications that the registered manager is required, by law, to submit to us as and when incidents may have occurred. We also reviewed all other information sent to us from other people or agencies, for example, the local authority.

During the inspection

We spoke with three people who used the service. We also spoke with three support staff, the registered manager, the regional manager and the head of care for the company during our visit.

We reviewed three people's care records including daily care records. We also looked at the medication administration records (MARs) for people who used the service. We looked at records relating to the management of the service, which included, policies and procedures, training records and recruitment records of staff.

After the inspection

We spoke with two relatives by telephone and reviewed further information sent to us by 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People we spoke with felt safe living at the service, when asked what made them feel safe, one person told us it was the staff and the environment. We saw the interactions between staff and people living at the service were positive and relaxed.
- Staff were aware of their responsibilities in relation to managing and reporting any issues of concern. They had confidence in the registered manager to address any issues they raised with them.
- The provider had systems and processes that were followed by the managers at the service to ensure any safeguarding issues raised were properly investigated. We saw evidence of appropriate actions undertaken by the management team and how they had used the information to learn from incidents to reduce the risk of reoccurrence. This was done through further staff training, supervision of staff and discussions at daily handovers.

Assessing risk, safety monitoring and management

- The risks to people's safety were being well managed. However, there was a lack of information in some people's risk assessments to provide staff with guidance on managing people's individualised risks.
- The information in people's risk assessments on supporting their behaviours was variable. In one person's care plan there was very little information to guide staff on the strategies they should use to support the person. However, our conversations with staff showed the risks to the person were being effectively managed. Staff showed very good knowledge of the measures they should take to support the individual. We saw evidence to show since coming to the service the person's mental health and well-being had improved. The head of care for the provider told us they were aware people's care plans and risk assessments needed further detail and they were in the process of addressing the issue.
- People were protected from environmental risks as there were measures in place to mitigate these risks, such as up to date personal emergency evacuation profiles (PEEPs). These provide information for staff to effectively support people during an emergency evacuation.

Staffing and recruitment

- People were supported by sufficient numbers of staff to allow them to undertake their daily activities.
- Staff worked hours to suit the social needs of the people they supported to ensure people who needed support in the community were able to go out when they wanted. One member of staff highlighted that staff did need increasing to meet these needs. We discussed this with the head of operations. They told us they had identified this, as the numbers of people at the service had recently increased, and they were in the process of recruiting more staff and had already started to increase staff at a weekend.

- There were safe recruitment processes in place to ensure people were supported by suitable staff. Checks such as references from previous employers and checks through the disclosure and barring service (DBS) were made. This check is made to ensure potential staff do not have any criminal convictions that may affect their suitability to work with vulnerable people.

Using medicines safely

- People were supported by staff who were appropriately trained to administer their medicines. There were processes in place to safely store and order medicines. The provider used an electronic system and the safety checks in the system reduced the risk of errors.
- People were supported with their medicines in an individual and person-centred way. One person had expressed a wish to manage their own medicines and staff were working with the person to support them to achieve this. Staff told us it was important to work at the person's pace to build their confidence and ensure they felt safe

Preventing and controlling infection

- People were protected from the risk of infection through the safe practices of the staff who supported them. The service was clean, and staff we spoke with understood their responsibilities in maintaining a clean environment. Personal protective equipment (PPE) was used appropriately, staff followed effective hand washing techniques and encouraged this with people who used the service.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- Arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. The assessments considered people's diverse needs to ensure there was no discrimination in relation to the protected characteristics under the Equality Act. The registered provider had policies and procedures in place in line with legislation and standards in health and social care to ensure best practice was understood and delivered by staff.

Staff support: induction, training, skills and experience

- People were supported by staff who received appropriate training for their roles. People and their relatives told us the staff managed people's needs well and they felt staff were well trained.
- Staff told us they were happy with the training they received and most of it was undertaken on line. One person told us they had the on-line training on their phone and could complete the training either at work or at home, it was their choice. Staff felt the training was targeted on people's needs such as mental health, behaviours that challenge and managing anxiety. One staff member also told us they had training for people's specific physical health needs. They gave us an example of what training they had received to help them support one person.
- Staff told us they were supported by the registered manager with regular supervisions and when staff started at the service they received a supportive induction.

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

- People's nutritional needs were well managed. The provider used a service which provided ready made meals and people were able to have an input into the menus on offer. People we spoke with were happy with the food they were provided with. On the day of inspection we saw people were offered choices of the foods they ate.
- Some people liked to prepare some meals themselves and were supported to do this. People who required specialist diets, such as diabetic diets were supported to manage their sugar intake. Relatives told us their diabetes had been well controlled as a result of staff supporting people with their diets.
- When people needed the support of health professionals such as dieticians this was arranged and we saw staff had supported people to follow the guidance of these health professionals. One person told us they had managed to lose weight with staff support by following the guidance of the dietician.

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

healthier lives, access healthcare services and support

- People had been supported with their health needs. The service had a good relationship with their local GP, community psychiatric nurse and psychiatrist. People and relatives told us staff communicated any changes to people's health needs to the relevant health professionals so people received the treatments they required.
- When people required treatment, staff were quick to liaise with the relevant health professionals, so people were treated quickly. Staff were able to give us examples of how they monitored people's needs.
- When required people were supported to attend appointments with health professionals. Staff ensured people were aware of and understood the guidance they were given so treatments could be followed effectively.

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

- The environment people lived in was suitable for their needs. There were several communal areas for people to sit in, both inside and outside the property. The areas had equipment for people to follow their hobbies and enjoy their environment.
- People's rooms had been decorated and adapted to meet their individual needs. People were able to personalise their own rooms. One person was happy to show us their room and commented on the views which they found relaxing. We saw there was very little decoration on their walls, but the person told us this was the way they liked their room. People were able to lock their rooms if they wished and some people chose to do this.
- The company had an established process in place to ensure the environment and equipment used at the service was serviced regularly to ensure people lived in a safe environment.

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.

- Staff were aware of the principles of the MCA and how they should be used to support people. One member of staff said, "All the People here have capacity, but some just need a bit of support and our job is to give them the tools to make their choices. This may just be sitting and listening to them."
- 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). At the time of our inspection no one living at the service required a DoLS.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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; Respecting and promoting people's privacy, dignity and independence

- When we last visited the service some people told us they were not always treated with dignity and respect. However, during this visit we saw people interacted well with staff and engaged with them confidently. One person told us staff were nice to them and they got on well with staff. A relative told us their family member was always happy to go back after a home visit and spoke positively about the staff who supported them. They told us staff made it clear to the person they were glad to see them on their return to the service.
- Staff told us they enjoyed working at the service and worked to support people in the way they had chosen. One member of staff said, "It's important to treat people with respect."
- Staff we spoke with were very clear about how they supported people to retain their privacy dignity and independence. One member of staff told us how people were able to lock their bedroom doors if they wished and spend private time in their rooms, or go out for walks around the property to enjoy the wildlife.
- Our observations supported what people and staff had told us. Staff worked with people to encourage their independence showing kindness and respect when speaking with them.

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

- All the people we spoke with felt they were involved in the decisions about their care and had input in developing their care plans.
- Relatives felt that staff worked consistently with people to help them express their views and make positive decisions about aspects of their care. One relative told us they had noticed their relative made healthy food choices when they were home as a result of staff involving the person in decisions about their diet. The relative told us staff working with the person to understand their diet had "paid off."
- Some people at the service were using the services of an Advocate. An advocate is an independent person who supports a person to have their views and wishes heard. People and their relatives had information about these services and on the day of our visit we saw staff arranging a visit from an advocate for a person who lived at the service.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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;

- The information in people's care plans did not always reflect their needs.
- One person's care plan, who at times displayed behaviours that challenged, lacked information for staff on what distraction techniques could be used to deescalate these behaviours.
- The information in some people's care plans was difficult to find and at times conflicting. The head of operations for the provider told us they had recognised this. They were working with the registered manager and her team to address the inconsistencies and lack of information in the files. They showed us how they intended to improve the quality of information in the care plans. Following our inspection the provider sent us further information to show what work had been carried out.
- However, when talking with staff we found them knowledgeable about people's individualised needs. One member of staff told us how they could recognise when a person was becoming anxious and how they worked with the person to manage their anxieties.
- Staff worked to ensure people were treated equally, taking into account the protected characteristics of the equality act. This included providing staff with guidance on how to support people with disabilities such as speech impediments. Staff worked with people in ways of their choice to support their communication. People told us they were able to communicate their needs to staff.

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 told us they were supported to develop and maintain relationships with their relatives and other people who lived at the service. Some people enjoyed sitting together or going out together. During our visit we saw some people enjoying a card game .
- People enjoyed a variety of social activities. One person enjoyed daily walks in the local countryside and bird watching. During our visit one person spoke with the regional manager who was able to sign them up to a national bird counting project. A number of people told us they were able to volunteer at the local wildlife sanctuary and got a lot of enjoyment out of this activity. Other people enjoyed going into the nearby town using either the service's mini bus or the local bus service.
- The service had a large television and games room where people could play snooker or video games. People were also supported to undertake crafts of their choice such as card making.
- Relatives told us people were supported to go stay with them regularly and they always felt welcome when they visited the service.

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 had information supplied to them in ways they could understand. There was a range of information in large print or pictorial format for people around the service.

Improving care quality in response to complaints or concerns

- People and relatives told us they would know who to complain to should they have any concerns, though no one had any complaints. One person said, "If you have any problems you can just talk to staff."
- Staff were aware of their responsibilities to manage complaints or concerns. One staff member told us they would try to sort any problems people had straight away. However, they would both record and ensure the registered manager was aware of any complaints made so the complaints procedure could be followed.
- There was a copy of the complaints policy displayed in easy read format.

End of life care and support

- People's end of life needs were not always recorded in their care plans. The registered manager told us this was because people did not always want to discuss this aspect of their care. They accepted that people's preferences in relation to the discussion should be recorded in their care plans. However, we did see evidence of some discussions that had taken place and these gave a good overview of people's advanced wishes.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

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; Continuous learning and improving care

- There were systems and processes in place to monitor the quality of the service, however, these had not been fully effective.
- For example, the issues we found with the inconsistencies with the information in care plans had not been highlighted on the monthly care plan audits. There was also a lack of meaningful audits around medicines management. The service used an electronic system for administering medicines. The checks built into the system significantly reduced the risk of errors when administering medicines. However, the lack of audits meant there was a lack of oversight to monitor if people were consistently refusing medicines and monitoring of stock levels were inconsistent.
- We discussed the issues with the head of operations and the regional manager, who told us the provider had recently introduced a new electronic quality monitoring system that would address the issues we raised. The system was more in-depth and would produce a more meaningful quality monitoring system. For example, auditing care plans and incidents and accidents would focus on the quality of information, and the actions required to address any issues raised by the audits. As the system was just being rolled out to the service we were unable to assess the impact of the new system, and will review this at our next inspection.
- The intended introduction of the new quality monitoring system and the feedback from staff evidenced the registered manager and senior management team were working to continuously learn and improve the care they provided for people. The issues we feedback to the senior management team were taken in a positive and constructive way.

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

- People and staff told us the registered manager worked to promote a positive person centred culture at the service. One person said, "[Registered Manager] will sort any issues out, if I have any problems I go to her." One relative gave an example of how the staff supported person centred care. They told us they and their family member liked to go together to the person's hospital appointments, and staff worked to ensure appointments were made so the relative could attend.
- The registered manager and staff worked to empower people at the service. This included educating people about their diets to effectively manage any long term health conditions, or supporting them with the voluntary work people carried out to enrich and improve their lives. Staff were working with one person who

wanted to become independent enough to self-medicate. The person told us staff were working at their pace and this had given them confidence in their ability to achieve their goal.

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 was aware of her responsibilities to keep us informed of significant events at the service and we had received statutory notifications showing how different events had been managed.

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

- People's views on how the service was run were considered. The registered manager held regular resident meetings and the provider undertook a yearly survey. The actions undertaken from the meetings and survey were evidenced, this included people's views on activities, the décor and food choices.
- Staff were able to attend regular meetings to discuss aspects of the service and were given the opportunity to complete questionnaires about how the service was run. We saw the responses were positive, with staff reporting they enjoyed working at the service.

Working in partnership with others

- The staff worked in partnership with others to ensure good outcomes for people. There was evidence in people's care plans to show this. We saw evidence of how different health professionals had been consulted about people's care needs and guidance was clearly followed by staff.