

Learning Disability Network London

Alison House

Inspection report

16A Croxley Road
London
W9 3HL

Tel: 02082065921

Date of inspection visit:
04 December 2023

Date of publication:
04 January 2024

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

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.

About the service

Alison House is a 'care home' that provides respite care and support for up to 5 people. All the people who live at Alison House have a learning disability or autistic spectrum disorder. There were 4 people living at the home during the inspection.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

People were received a service that was safe for them to live and staff to work in. Regular reviews of the quality of the service took place, and improvements were made to ensure people's care and support needs were met. This was in a way that best suited them. There were well-established working partnerships that promoted people's participation and reduced their danger of social isolation. 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.

Right Care

There were appropriately recruited, and trained staff, in sufficient numbers to support people to live safely, whilst enjoying their lives. Risks to people using the service and staff were identified, assessed, monitored, and reviewed. Complaints, concerns, accidents, incidents, and safeguarding issues were appropriately reported, investigated, and recorded. Trained staff safely administered people's medicines.

Right culture

The provider had a culture that was positive, open, and honest with a leadership and management that was clearly identifiable and transparent. Staff understood the provider's vision and values and followed them. They were aware of their responsibilities, accountability, and happy to take responsibility and report any concerns that might arise.

Rating at last inspection

The last rating for this service was Good (published 7 March 2018).

Why we inspected

We undertook this inspection to check whether the service was continuing to provide a good, rated service for people.

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.

The overall rating for the service remains Good. This is based on the findings at this inspection.

We did not inspect the key questions of effective, caring, and responsive.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alison House on our website at www.cqc.org.uk.

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.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Alison 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 carried out by 1 inspector.

Service and service type

Alison House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. 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 and inspection activity started on 3 December 2023 and ended on 27 December 2023. The inspection visit took place on 4 December 2023 and was unannounced.

What we did before 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

All except 1 person using the service had limited use of words to communicate verbally and did not comment on the service. We spoke on the telephone with the registered manager, and in person with other managers, directors, and 1 person using the service. We contacted 5 relatives, 3 staff, and 4 healthcare professionals to get their experience and views about the care provided. We reviewed a range of records. They included 3 people's care plans and risk records. We looked at 4 staff files in relation to recruitment, training, and staff supervision. We checked a variety of records relating to the management of the service, including staff rotas, safeguarding, and service level audits. We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection visit. This included staffing and training information, and provider quality assurance audits. We received the information which was used as part of our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Most people had limited use of words to communicate verbally and did not comment on whether the service was safe. Their body language during our visit was relaxed and positive indicating that they felt safe. One person did tell us, "I'm happy with the service and feel safe here." The response from relatives was mixed with most saying they were happy with the service, its safety, and management, although some relatives felt it could be better regarding people's personal care. A relative told us, "Sometimes people's personal care isn't attended too quickly enough, but I think that is more an issue when agency staff are on." Another relative said, "I am continually impressed by the level of attention and support that the staff have shown, and I feel fortunate to have found a place where my son feels genuinely happy, safe and cared for." A member of staff told us, "I think we provide a safe service." Another member of staff said, "I think the safety of the service needs to be assessed." We have reported the concerns to the provider and they told us they would look into the issues that were raised.
- Staff were given training in how to identify possible signs of abuse and the appropriate action for them to take. They were aware of how to raise a safeguarding alert, said the provider's safeguarding procedure was available to them, and they had read it.
- Staff told us they understood what people's non verbal communication meant. This included different pitches indicating people's moods, if they were happy or not, and things they wished to do. Most relatives confirmed this. Individual areas of concern regarding people, and their safety were recorded in their care plans.

Assessing risk, safety monitoring and management

- People were able to take acceptable risks and enjoy their lives safely.
- Staff supported people to take acceptable risks by staff following people's individual risk assessments. The risk assessments covered all aspects of people's health, daily living, and social activities. People were kept safe by staff regularly reviewing and updating their risk assessments as needs, interests, and activities changed.
- The risk assessments were used to develop people's individual care plans which were designed to guide staff practice. They included guidance for staff in relation to how to prevent or appropriately manage risks associated with distressed behaviours, choking whilst eating and drinking, and moving and transferring.
- People's routines, and preferences were very familiar to and understood by staff who identified situations where people may be at risk and acted to minimise those risks.
- General risk assessments were regularly reviewed, updated, and included equipment used to support people. The equipment was regularly serviced and maintained.

- Staff were provided with training in de-escalation techniques and dealt appropriately with situations where people displayed behaviour that communicated distress. We observed staff appropriately dealing with situations patiently and helping people to calm down when they were anxious.

Staffing and recruitment

- There was a thorough staff recruitment process, and records demonstrated it was followed. The process contained interview questions that were scenario-based to identify prospective staffs' skills, knowledge of learning disabilities and why they wished to work in this field. References were taken up, work history checked, and Disclosure and Barring service (DBS) security checks carried out, prior to new staff starting in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was also a 6 month probationary period with 3 month review.
- Enough staff were employed to meet people's care and support needs, flexibly, safely, and staffing levels matched the rota. They were visibly present throughout our inspection providing people with the care and support they needed to stay safe. One person told us, "There are enough staff here." A relative said, "Seeing my son so happy and well-cared for during his time with the staff has brought immense comfort to me." A staff member commented, "I think we have enough staff to meet people's needs effectively."

Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, regularly audited, and appropriately stored and disposed of.
- People's medicines records were fully completed, and up to date. Staff received medicines administration training that was regularly refreshed.
- People's care plans included detailed guidance for staff about their prescribed medicines and how they needed and preferred them to be administered.

Preventing and controlling infection

- We were assured that the care home was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the care home infection prevention and control policy was up to date, and regular audits took place. Staff received infection control and food hygiene training that people's relatives said was reflected in their work practices. This included frequent washing of hands, using hand gel, and wearing PPE such as gloves, masks, and aprons, if required.
- Regular COVID-19 updates were provided for relatives and staff including ways to avoid catching or spreading it.
- There was a written procedure for identifying, managing, and reporting possible and confirmed COVID-19 cases.
- The care home was clean and tidy.

Visiting in care homes

- The care home's approach to visiting followed government guidance and the impact on people in relation to this was that they could receive visitors safely.

Learning lessons when things go wrong

- Staff told us they would be comfortable using the provider whistle-blowing procedure.
- Safeguarding concerns, complaints, accidents, incidents, and whistleblowing were reviewed and analysed to ensure any emerging themes were identified, necessary action taken and to look at ways of preventing them from being repeated. This was shared and discussed with staff during team meetings and handovers.

- The feedback from healthcare professionals was that the service provided a safe environment for people to receive care and live in.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

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 changed to 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 home had a culture that was open, positive, inclusive, empowering, and person-centred. This meant people experienced good outcomes.
- People had a relaxed, positive body language towards the managers and staff demonstrated that the service was well-led and met people's social as well as health needs. There was a lot of positive interaction between people and staff involving much smiling and laughing. One person told us, "I use the service quite often and the managers come to see me and have a chat." A relative said, "The entire team is hard working, dedicated, and kind." A staff member told us, "I have worked here for 22 years, and I have loved every minute of my time here."
- Most relatives told us the home was well-run, and the management team approachable, although some relatives said it could be improved regarding late cancellation of stays because of emergency placements. A relative told us, "The service is good, and management is much better, but it always seems to be us that gets cancelled." This was feedback to the registered manager for investigation.
- People were enabled to enjoy their lives as staff made an effort to meet their needs in a positive, supportive, and encouraging way. This reflected the organisation's vision and values. A relative said, "I want to thank them for their exceptional care and for making a positive difference in my son's life." A staff member told us, "We do our very best."

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 was aware of their responsibilities regarding duty of candour and was open and honest with people. People and their relatives were told if things went wrong with their care and support and provided with an apology.

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

- Our records told us that appropriate, timely notifications were made to the CQC.
- The management team and staff knew and understood their roles, the quality assurance (QA) systems and there were clear lines of communication and boundaries in place.
- Staff knew that they had specific areas of responsibility such as record keeping, medicines management and carried them out. This was reflected in the positive comments from most relatives.
- The QA systems had indicators that identified how the service was performing, areas requiring

improvement and areas where the service was achieving or exceeding targets. Key performance indicators (KPI) included care plan reviews, satisfaction surveys and occurrences, such as accidents and incidents.

- Thorough audits took place by the provider, managers, and staff that were regularly reviewed and kept up to date. The internal audits checked that specific records and tasks were completed. These included staff observations, training, the environment, health and safety and there was also a service development plan. This meant that people received an efficient service that was focussed on them.

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

- People, their relatives, staff, and the public were engaged by partnership working, listened to and people's wishes acted upon. One person said, "People [managers and staff] listen to what I'm saying." A relative told us, "Funnily enough we are having a meeting with them [Alison House] tomorrow."
- The home maintained close links with services, such as local authority learning disability teams, commissioners, and community speech and language therapists. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- Staff made sure local resources such as community-based activity services were made accessible to people.

Continuous learning and improving care

- The service improved care through continuous learning.
- The provider had policies and procedures that facilitated how to achieve continuous improvement and work in co-operation with other service providers.
- Most staff said they were encouraged to discuss what they could do better, and this was why Alison House was such a good place for people to live and them to work in.
- The complaints system enabled the provider, managers, and staff to learn from and improve the service.
- The home and provider received regular feedback from people and their relatives both positive and negative that identified if the care and support given was focussed on their needs and wishes. Feedback from people who could not use words to communicate was taken by interpreting their positive or negative body language to activities and towards staff.
- Any performance shortfalls were identified by audits and progress made towards addressing them was recorded.

Working in partnership with others

- The provider worked in partnership with others.
- The provider worked in partnership with various community health and social care professionals and external agencies, including local authority learning disability teams, speech and language therapists, and physiotherapists.
- People, their relatives or advocates and staff said they were provided with the opportunity to give their opinions about the service. A relative said, "They [Management team] are always ready to engage." However, a staff member said, "Sometimes it is difficult to discuss your problems with the [Registered] manager, confidentiality is not maintained by the regular managers on the service." This was feedback to the registered manager.
- During our visit, the managers and staff frequently checked that people were happy and receiving the care and support they needed. This was provided within a warm family environment.
- The provider identified if the feedback they received was to be confidential or non-confidential and respected confidentiality accordingly.
- Staff received annual reviews, 6 to 8 weekly supervision and staff meetings took place where they could have their say and contribute to service improvements.

- The feedback from healthcare professionals was that the service was well-led, providing clear leadership and staff support that promoted a nurturing and caring environment.