

Cambridgeshire County Council

Cambridgeshire County Council - 20 Alder Close March

Inspection report

20 Alder Close
March
Cambridgeshire
PE15 8PY

Tel: 01354654146

Date of inspection visit:

15 April 2019

16 April 2019

18 April 2019

24 April 2019

Date of publication:

29 May 2019

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?

Good ●

Summary of findings

Overall summary

About the service:

Cambridgeshire County Council - 20 Alder Close March is a care home that provides short stays for up to five people with learning disabilities. At the time of our inspection there were four people staying at the service. In the course of a year, the service is provided to approximately 50 people.

The service consists of a bungalow which has five single bedrooms, a lounge, dining room and kitchen. It is in a residential area on the outskirts of March.

People's experience of using this service:

The service was being developed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People were protected from avoidable harm by a staff team trained and confident to recognise and report any concerns. Staff assessed and minimised any potential risks to people. Staff followed the provider's procedures to prevent the spread of infection and reduce the risk of cross contamination. The provider had systems in place to enable staff to safely manage people's medicines.

The provider had a system in place to make sure they only employed staff once they were satisfied of their suitability to work with people who used the service. There were enough staff to meet people's needs safely. Staff worked well together to ensure people were safe and well cared for. Staff knew the people they cared for well and understood, and met, their needs.

People received care from staff who were trained and well supported to meet people's assessed needs. Staff supported people to have enough to eat and drink and to access external healthcare services when needed. Staff worked well with external professionals to maintain people's physical and emotional wellbeing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were involved in making decisions about their care and support. Where people needed additional support to make decisions, staff had referred people to external advocates.

Staff supported people in a kind, caring and compassionate way and displayed empathy for people's feelings. Staff were respectful when they spoke with, and about, people. Staff supported people to develop their independence.

Support was person centred and met each person's specific needs. People and their relatives were involved in their, or their family member's, care reviews. People's care plans were in the process of being completely revised to ensure they were up-to-date, and more individualised. People's needs were constantly reviewed,

and support adapted as required. Staff supported people to take part in pastimes and interests and experience opportunities they did not have in their own homes.

The service was effectively managed and people were at the centre of the service. The provider promoted a culture that focused on people as individuals. Staff had developed positive links with outside agencies and used feedback and their experience to learn from mistakes. The provider and manager had put robust systems in place to effectively monitor the service and bring about further improvement.

People and their families felt able to raise concerns. The provider had systems in place, including a complaints procedure, to deal with any concerns or complaints.

Rating at last inspection:

At the last inspection we rated this service good (the last report was published on 18 October 2016).

Why we inspected:

This was a planned inspection based on the last rating.

Follow up:

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

More information is in the detailed findings below.

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 Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings 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.

Cambridgeshire County Council - 20 Alder Close March

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The announced inspection took place from 15 April 2019 and was carried out by one inspector.

Service and service type:

Cambridgeshire County Council - 20 Alder Close March is a care home. 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. The service does not provide nursing care.

A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the service did not have a registered manager at the time of this inspection.

When we inspect services for people with learning disabilities we look to see whether they are providing care in with the values outlined in the CQC Policy 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion.

Notice of inspection:

We told the provider the day before our visit that we would be coming. We did this because we wanted to make sure a manager was available to speak to us.

What we did:

Before our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about.

The provider completed a Provider Information Return (PIR) on 7 March 2019. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The manager for the service had completed an informative PIR which provided us with useful information for our inspection which we used to help us plan the inspection.

We asked for feedback from the commissioners of people's care, representatives from the local authority and Healthwatch Cambridge to help with our planning.

We visited the service on 15 April 2019. Some of the people who use the service had complex needs, and were not able verbally to talk with us, or chose not to. In addition to speaking with three people, we used observation to gather evidence of people's experiences of the service.

During our visit to the service we also spoke with the operations manager, two senior support workers, and a support worker. We looked at records relating to five people's care. We also looked at a range of records relating to the management of the service. These included accident and incident reports, complaints and compliments records, and audits.

We received information via email from two people's relatives on 15 April 2019. The operations manager sent us further information relating to the implementation of the Mental Capacity Act on 16 and 18 April 2019. We received information about the service from a social care professional on 24 April 2019.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People's body language and reactions, showed us they felt comfortable with staff.
- Staff had attended safeguarding training and were aware of the provider's and local authority safeguarding procedures. They were confident senior managers listened to any concerns they raised.
- Where concerns had been raised, the provider had carried out investigations in line with the provider's safeguarding procedure. Where necessary, the provider took appropriate action to reduce the risk of recurrence. This included reviewing, and implementing new procedures. For example, to ensure people had the right equipment to enable staff to meet their needs effectively.

Assessing risk, safety monitoring and management;

- People had detailed assessments and guidance to support people and staff to reduce risk.
- Staff used the information from risk assessments to keep people safe. For example, to assist people to move safely and in relation triggers that caused people to be anxious.
- An external care professional had written to staff thanking them 'for their support in preparing the environment [at the service] to maximise everyone's safety.'
- Staff carried out checks and ensured equipment was safe to use, effective and well maintained.
- Staff reported all incidents and accidents and measured trends to check if any improvements could be made.

Learning lessons when things go wrong

- Staff were aware that they had to report and record all accidents and incidents. The provider investigated and analysed these and shared any learning with the staff team. This included discussions with the team about what actions could be taken to prevent any future occurrences.

Staffing and recruitment

- There were sufficient staff to meet people's needs. Staff told us that the number on staff on duty varied depending on the number of people staying at the service, their needs and planned activities. One staff member told us they felt the service was, "very well staffed."
- The provider had a system in place to make sure they only employed staff once they were satisfied of their suitability to work with people who used the service. This included carried out checks such as verifying people's employment history, getting written references from previous employers, and carrying out a criminal records check.

Using medicines safely

- The provider had systems in place to enable staff to safely manage medicines.

- Trained staff, whose competency had been assessed supported people to receive their medicines at the right times.
- Staff stored medicines safely in locked cabinets in a quiet area of the service.
- Where people received medicines 'as and when required', there were guidelines in place for staff to follow about the reason the medicine was required, when it could be given, and the potential side effects.
- Senior staff audited medicines records regularly to ensure medicines were given to people in line with the prescriber's instructions.
- Where a medicines error had occurred, staff took swift action to make sure the person was safe. This included contacting a medical practitioner and re-training the staff member.

Preventing and controlling infection

- There were effective processes in place to prevent the spread of infection.
- The service was clean and odour free during our visit. Staff cleaned areas regularly and as soon as the need was identified.
- Staff had access to a disposable protective equipment, such as gloves and aprons, and appropriate cleaning materials.

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

Good: People's outcomes were consistently good, and feedback confirmed this.

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

- Senior staff had assessed each person to ensure they understood people's needs, consulting with specialist professionals where necessary.
- One person told us that before they stayed at the service, "I came with mum for a visit. I met about four staff." Staff told us they also offered to visit people in their homes as part of the assessment process. One staff member said, "We try to do a home visit if [the person is] ok with it. We take along support plan, we get a lot more information. In their own environment the [person] is often happier to talk to you."
- The management team ensured that staff delivered up to date care in line with good practice and current legislation.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled in carry out their roles effectively.
- Staff told us they completed a detailed induction process before being able to support people fully.
- A staff member told us they had no previous care experience. They described a comprehensive induction and training programme. They said, the training was, "Very good. I was as green as grass. The training has been essential."
- Staff had also received training in topics relating to people's specific needs, such as autism and epilepsy, and had achieved qualifications in care such as national vocational qualifications (NVQs).
- Staff told us they felt well supported by the manager and senior staff. They met regularly with senior staff both informally and for regular formal supervision sessions where they could discuss any issues and training needs. One staff member told us, "It's been such a welcoming team. My worry was not getting to know people. But because it's such a good team who are so switched on, I've been able to say if I'm not sure and they've been fantastic. We've got the support here."

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

- People decided what they would like for meals at the beginning of their stay. Meal times were sociable and flexible to meet people's wishes.
- One person told us the food at the service is "good" and that staff supported them to make choices about what they ate and drank.
- Staff had clear guidance on how to meet people specific dietary needs. For example, any allergies, the use of thickener, and how to prepare foods of different textures.

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

- Staff worked effectively with other care professionals. This included external healthcare professionals and staff in other departments of the local authority, for example, safeguarding and the learning disabilities partnership and external healthcare professionals. This helped to ensure people received effective care that met their needs.
- Staff monitored people's health and wellbeing, for example how much they ate and drank.

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

- Communal areas, such as the lounge, kitchen and garden, were large enough for people to move around in wheelchairs where needed.
- Some bedrooms contained specialist hoists so that staff could help people to transfer from their wheelchairs to their bed safely.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The provider had requested authorisation from the relevant authorities when restricting people of their freedom. These applications were personalised, appropriate and reviewed when and as needed.
- Staff had received training and were knowledgeable about the MCA. One staff member told us they always assumed people had the mental capacity to make decisions. They said, "We help [people] make informed choices. We respect their wishes to make unwise decision. If we have to make decisions [for someone] we do it in their best interest and take the least restrictive options."
- Some people staying at the service were not able to make complex decisions. However, we saw staff enabled people to make decisions about their day to day care, such as what they ate and drank.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us they liked staff. We saw staff supported people in a sensitive and friendly way. Staff spoke calmly with people, using touch and expression to display empathy and engage with people.
- Relatives told us staff treated people well. One relative said, "I find all staff to be very helpful and friendly."
- All staff told us they would be happy with a family member staying at the service. One staff member said this was because, "We work in a person-centred way. We're all adaptable. I'd have no qualms about my family coming here."
- Staff told us how they made every effort to schedule people's stays at the service so they were with people they were friends with or had shared interests with. In addition, staff rotas were planned so staff were on duty with people who had shared interests, for example to facilitate visits to sports events or pamper sessions. A person told us how much they enjoyed spending time with their friends from college at the service and a staff member who really understood their passion for sport.

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

- Although some people at the service did not communicate verbally, we saw staff understood what they wanted because they knew them well. Some people used noises, gestures and Makaton to express themselves and staff explained these to us. Makaton are signs and symbols that help people to communicate without speaking.
- We saw staff offering people choice during our inspection. For example, asking a person who had just arrived for a stay at the service if they would like to see their room now or later, consulting about what meals people would like and how they wanted to spend their time.
- People told us that staff involved them in writing and reviewing their care plans.
- Where people needed additional support to make decisions, staff had referred people to external advocates. A care professional told us, "Staff have worked well with advocacy and understood the role of advocacy." Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful when they spoke about people and mindful of people's privacy when providing personal care.
- The provider promoted a culture where people were supported to maximise their independence. For example, the service had a battery powered lawnmower so a person who enjoyed cutting the lawn could do this on their own safely.
- Staff wrote care plans in a positive way. They focused on the things a person could do independently rather than on the things they needed help with.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and relatives told us, or indicated through signs, that they were happy with the service they received. One relative said their family member, "Likes going [to the service] and he is really happy there."
- The service was very responsive and offered care to people at short notice in emergency situations. An external care professional wrote thanking the service for accommodating a person at short notice. They wrote, "I would like to thank you and your team for responding so quickly yesterday and I hope all remains calm."
- Care plans focused on what people could do and informed staff of the support people needed to achieve this. The operations manager told us people's care plans were being completely revised to ensure they were up-to-date, and more individualised.
- People's needs were constantly reviewed, and support adapted as required. At the handover meetings, staff described people's moods and any health issues. This discussion was used to shape the support in the next shift.
- People were supported in a person-centred way and timetables, such as meal times, were flexible and relaxed. Staff clearly knew people and people looked relaxed with staff.
- Staff encouraged and enabled people to be as active as possible. They arranged a wide range of individual and group activities, both in the service, and in the community. These were based on what each person wanted to do, and in some cases providing opportunities that they did not have in their own homes.
- Staff told us, and photographs showed that people pursued varied interests, including attending cooking, art, and accessing the local and wider community. This included, shops, pubs and clubs. A staff member told us, "We look at who's coming in and what they like to do. Sometimes we have a 'girlie weekend' when the ladies do a pamper night." They went on to describe various trips out, planned around what each person liked to do.
- One person told us how much they enjoyed attending sports events, including football and cricket matches, with staff. A relative told us their family member, "Likes going out especially to football which is something I would not like to do so it is great he does this."
- Staff had produced photographic 'yearbooks' that recorded what people had done each year. These showed varied activities and trips out. The yearbook also included memories of people who had died and helped people to remember the happy times with them.
- Staff supported people to maintain relationships that were important to them. This included accommodating friends staying at the same time at the service. One relative told us that their family member, "Always wants to [stay at the service] and likes to go when his friends are in."
- From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in

some circumstances to people's family carers. People had access to information about the service in easy-read format and translated into other languages.

Improving care quality in response to complaints or concerns

- The provider had systems in place, including a complaints procedure which was available in an easy read version, to deal with any concerns or complaints.
- People told us they were able to speak with staff if they were not happy about any aspect of the service.
- The provider had not received any complaints about the service in the last 12 months.

End of life care and support

- The service did not offer end of life care.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility;

- People and their relatives said staff were approachable and praised the service provided. One relative had complimented the service '[The staff] are a credit to the care industry and many care homes could learn so much from the way Alder Close is run ... The staff are extremely good at their job... It's so wonderful to see.'
- Staff were dedicated and liked working at the service. Many staff had worked at the service for a number of years. One staff member told us, "It's the most rewarding job I've ever had. To see the positive reactions, smile on people's faces when I come in. I see it as a challenge to adapt to every individual."
- Communication with people, family and professionals was open and transparent. Relative surveys were used and gave relatives another way to communicate any concerns and give feedback.
- The provider had put systems in place to ensure legal obligations, such as notifying the CQC of important events, were carried out.

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

- The service was registered before CQC's 'Registering the right support' policy was published. However, the provider demonstrated that they actively promoted the principles of this policy. The culture of the service was person centred and inclusive.
- People and their relatives were given opportunities to comment on the service provided regularly. This included through informal telephone calls and more formal reviews and surveys. All the responses were positive. For example, 'Staff are friendly. I have a nice room. I'm looked after very well. [I feel] very safe. [The service] seems well managed.' And, 'Staff members listen and give me attention. I get to meet new people.'
- People had to opportunity to attend meetings during their stay to discuss any issues that had arisen.
- Staff attended regular staff meetings where they had opportunities to discuss their views on the service provided. They also attended one to one formal supervision as well as meeting with the registered manager and team leader regularly.

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

- The last registered manager left the service in December 2018 when the current manager took up post. They told us they were in the process of applying to register with the CQC.
- Staff roles and procedures were clearly defined in the service. A staff member told us, "I think this is a really good service. We have procedures in place. We've got policies to fall back on. You know where you stand. You know [managers] will sort things out."

- There were systems in place to check the quality of the service. Issues were identified and addressed quickly. For example, during our inspection we identified that staff had not raised the possible need for a DoLS authorisation for one person. The operations manager and senior immediately put in place a system to review whether this was the case for anyone else who had received the service. They appropriately prioritised those who were due to stay at the service soonest.
- The provider had introduced a system of managers carrying out quality checks at each other's services. The operations manager explained this provided a more robust audit.

Working in partnership with others

- Staff worked in partnership with other professionals to ensure people received joined-up care, such as GPs, community nurses, and others involved in a person's care.
- External care professionals had provided positive feedback to the service. A local authority team manager wrote to the service that they would like to 'express my great thanks for the support you have offered [person]... [person] has consistently reported how much he likes it at Alder close and your flexibility, communication and support has been invaluable to me and the wider team.'