

Midway Care Ltd

Alcott Lane

Inspection report

2 Alcott Lane
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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?

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

Alcott Lane is a residential care home providing personal care to up to 4. The service provides support to adults with learning disabilities and/or autistic people. At the time of our inspection there were 2 people living at the service.

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 Care:

Staff understood how to protect people from poor care and abuse. There were enough appropriately skilled staff to meet people's needs and keep them safe. Staff assessed people's risks appropriately and encouraged and enabled people to take positive risks.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. We observed positive interactions between people and staff. People's care and treatment support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

The service had effective infection, prevention and control measures to keep people safe, including good arrangements for keeping the premises clean and hygienic.

Right Support:

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. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to take part in activities and pursue their interests in their local area.

Systems were followed by staff to ensure medicines were managed safely. People were supported to access healthcare services to promote their wellbeing and help them to live healthy lives. People received support to eat and drink enough to maintain a balanced diet and were involved in choosing their food, shopping and planning their meals.

Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care and support because trained staff could meet their needs and wishes. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

People were supported by a staff team who knew them well. Staff showed a genuine interest in people's well-being and quality of life. They were kind, caring and nurturing and as a result we saw people were at ease, happy, engaged and stimulated.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

Alcott Lane registered with us on 15 July 2021. This is the first inspection of this service.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

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.

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.

Alcott Lane

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Alcott Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both 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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that a member of staff would be available to support the inspection.

Inspection activity started on 21 November 2022 and ended on 08 December 2022. We visited the location on 23 November 2022.

What we did before the inspection

We reviewed information we received about the service since they registered with us. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who lived at the service about their experience of care provided. We spoke with 7 members of staff, including a representative of the provider, the registered manager, the deputy manager and 4 care staff. We reviewed a range of records. This included 2 people's care records and medication records. We looked at 3 staff files in relation to recruitment and supervision. We reviewed a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We reviewed training data and quality assurance records. We received feedback from 1 health and social care professional.

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 of this newly registered service. We have rated this key question Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- Systems were in place to safeguard people from abuse. People told us they felt safe and could to speak to the registered manager or staff if they had any concerns.
- Staff received training and demonstrated their knowledge of the safeguarding policy to prevent the risk of abuse to people. Staff understood their role in the prevention and reporting of potential abuse and told us they would speak to the registered manager if they had any concerns.
- The registered manager and staff understood their obligation to report any safeguarding concerns to the local authority and to CQC.

Assessing risk, safety monitoring and management

- Risks associated with people's care were assessed and monitored.
- Risk assessments and care plans were detailed and provided guidance for staff to respond to and manage risk effectively.
- People were supported to manage risks to themselves and in making decisions about how to keep safe.
- All restrictions of people's freedom were documented, monitored and triggered a review of the person's support plan.
- Staff assessed people's sensory needs and did their best to meet them.

Staffing and recruitment

- The service had enough staff, including for individual support for people to take part in activities and visits how and when they wanted. One staff member said, "Yes there are enough staff, you would instantly know if there weren't enough for people to be happy or if the consistency wasn't there."
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to consider people's individual needs, wishes and goals.
- The provider completed pre-employment checks for potential new staff including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Peoples' medicines were managed well. People were supported by staff who followed systems to safely administer, record and store medicines. This included ensuring people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (Stopping Over-Medication of People with a learning disability, autism or both) and ensured people's medicines were reviewed by prescribers in line with these principles. Staff worked closely with the learning

disability team, GP, Positive Behaviour Support (PBS) team and family to monitor changes in peoples' health and, or behaviours following changes in their medicines.

- Where medicines had been prescribed for people on an 'as and when needed' (PRN) basis to manage their behaviour, protocols were in place setting out the steps staff must take. PRN protocols linked with people's PBS plans, setting out the support people needed to manage feelings of agitation. These clearly stated PRN medicines were only ever to be used as last resort.

Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There were no restrictions to visiting. People were able to see their friends and family when they chose.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- Staff raised concerns and recorded incidents and near misses which helped keep people safe.

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 of this newly registered service. We have rated this key question Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had care and support plans that were personalised and strength-based. The care plans detailed people's needs and aspirations and included physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Staff supported people to access other services and health professionals involved in their life to achieve positive outcomes.

Staff support, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have. This included mental health needs, communication tools, positive behaviour support, and human rights.
- The service checked staff's competency to ensure they understood and applied training and best practice.
- Staff felt supported within their role. One staff member told us, "We are a good team and we work well to achieve the best for people living here. We're encouraged to think of new ways to support people and new things to try."

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

- People received support to eat and drink enough to maintain a balanced diet.
- People were involved in choosing their food, shopping, and planning their meals.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals.

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

- People had health action plans/ health passports which were used by health and social care professionals to support them in the way they needed.
- The registered manager updated all health and social care professionals each week about any changes in the person's needs and any achievements they had. The registered manager was passionate about every professional involved in a person's care to work together to achieve positive outcomes for the person.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well maintained environment which met people's sensory and physical needs.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Principles of the MCA were followed. Staff empowered people to make their own decisions about their care and support where appropriate.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- For people the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.

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 of this newly registered service. We have rated this key question 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 received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Staff were calm, focussed and attentive to people's emotions and support needs, such as sensory sensitivities.
- Staff members showed respect when interacting with people. We observed interactions between staff and people during lunchtime. Staff were patient, kind and caring and respectful of people's individual differences.

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

- Staff supported people to make decisions and experience real choice and control using their preferred method of communication. Information had been provided in various formats, including easy read versions to help people make decisions.
- Staff understood people's individual communication styles and we saw they had developed a good rapport with them. Staff were observed listening to people and helping them to process information to make decisions, about day to day activities. Staff respected people's choices and accommodated their wishes.
- Staff supported people to maintain links with those important to them. The registered manager told us they had open communication with families and supported people to access independent, good quality advocacy, if required. We saw families and social workers were involved in making decisions about people's care and support needs.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. People's care records identified what steps staff could undertake to enhance people's independence.
- Staff were respectful of people's privacy and dignity.

Is the service responsive?

Our findings

This is the first inspection of this newly registered service. We have rated this key question Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care

- We observed staff provided personalised and joined up care in line with recognised models of care for people with a learning disability or autistic people. Staff spoke knowledgeably about tailoring support for people to meet their individual's needs, goals and aspirations. We saw, and records showed, staff spent time discussing ways of ensuring people's goals were meaningful and how they could be achieved.
- People's care plans reflected their current and longer-term needs. Relevant people, including the person themselves, their families and social workers were involved in the development of the care plans. These focussed on the person's quality of life and were regularly reviewed and adapted as people's lives changed.
- People's care plans contained a one-page profile referred to as 'This is me.' This contained essential information about the do's and don'ts to ensure that new or temporary staff would know how to reduce the likelihood of someone having a bad day and how best to support them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs.

Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant

- People had access to meaningful activities, including pursuing their hobbies, interests and relationships. One person commented, "I am very happy here." They went on to explain they enjoyed watching planes and they had gone to a local airport to watch planes taking off and landing. The person then showed us the photos they had taken which they had printed and decorated their bedroom with. People were observed relaxed in their home, taking part in activities of choice.
- Staff helped people to have freedom of choice and control over what they did. Staffing levels meant, if people wanted to go out of the home for an activity, they could do this whenever they wanted. One person went to local shops to buy a new jigsaw and another person was planning to go to a disco in the evening.
- Staff supported people to participate in their chosen social and leisure interests on a regular basis and encouraged them to try new things to develop their skills. One person told us they had recently been on a trip to Blackpool and happily described visiting Blackpool tower and going in the elevator to the top.
- A health and social care professional told us staff supported a person to gain confidence when leaving the home and visit local shops. They explained the person had only lived at the home for a few months and

there had already been a large increase in their confidence and well-being.

Improving care quality in response to complaints or concerns

- Concerns and complaints were taken seriously, investigated and the outcomes used to improve the service. The service had received 1 complaint in the last 12 months. The manager had raised a safeguarding concern and shared the outcome of the investigation with staff and put measures in place prevent this happening again.
- People, and those important to them were provided with information on how to raise concerns and complaints easily and staff supported them to do so. The complaints procedure had been developed in an easy read and/or pictorial format to ensure it was accessible to the people using the service.

End of life care and support

- People had support plans in place which contained their preferences and wishes for their end of life care. These were personalised to the individual, including their funeral arrangements to meet their needs and wishes and ensure they were supported in a dignified way.
- The service did not currently have anyone living at the service who required end of life care. The registered manager confirmed, if a person require end of life support staff would work with the health professionals, families and the hospice to ensure the persons end of life care plan was followed.

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 of this newly registered service. We have rated this key question 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 worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Management were visible in the service, approachable and took a genuine interest in what people, staff and relatives had to say.
- Staff felt respected, supported and valued by senior staff which supported a positive culture.

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 apologised to people, and those important to them, when things went wrong.
- When things had gone wrong, the registered manager had notified appropriate authorities and shared the outcomes with people and staff to ensure lessons were learnt. Records showed safeguarding concerns had been reported to the local authority and CQC in line with guidance.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the service.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service.

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

- The culture of the service focused on providing person centred care and support. Staff knew information about people, their preferences and how they liked to be supported.
- People were encouraged to make decisions about the care they received. People told us they were asked what they wanted, they felt listened to and were given choice and control in the way their care was delivered.
- We observed people being offered choices such as food and drink and what activities they wanted to participate in.

- There were positive relationships between people and staff; interactions were warm, friendly and respectful.
- People felt able to raise concerns. The service had a complaints procedure, and people said that they knew how to complain and who to complain to.

Continuous learning and improving care

- The provider had systems in place to share outcomes of investigations from across the region. Groups of managers met regularly which provided the opportunity for shared learning. Outcomes of investigations were discussed, and lessons learned to prevent similar incidents happening again.
- The registered manager used team meetings to work directly with staff, taking a coaching approach and setting a culture that valued reflection and learning. Policies and procedures were a regular item on the agenda to enhance staff learning and understanding of legislation.
- Staff told us the manager was receptive to challenge and welcomed fresh perspectives.
- The service has an established staff team who work well together with positive outcomes for people living in the service.

Working in partnership with others

- The service worked well in partnership with advocacy organisations and other health and social care organisations. This helped to give people using the service a voice and improve their wellbeing.
- Records showed staff had contacted a range of health care professionals. This enabled people's health needs to be assessed so they received the appropriate support to meet their continued needs.