Mental Health Concern

Alderwood

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?	Good

Summary of findings

Overall summary

About the service: Alderwood is a nursing care home registered to provide accommodation for up to 32 people. The home is split into two units; one for rehabilitation for younger adults living with enduring mental health conditions and the other unit provides assessments and short breaks for people living with dementia. At the time of this inspection 15 people were living at the service.

On the upstairs unit the service can accept up to five people who require an assessment and seven people on short breaks. This floor also houses the Mental Health Concerns' community team who work in partnership with the local Mental Health Trust to support people who are living with dementia and display severe behaviours that may challenge. The community team make the referrals for people who may benefit from accessing a further assessment at Alderwood.

What life is like for people using this service: Staff were making a difference to people's wellbeing by working well as a team, in harmony with one another and by sharing the same values and principles. We saw copious amounts of evidence confirming this was the case.

On both units we found that staff were totally committed to delivering a service which improved people's lives in fulfilling and creative ways. Their drive and passion had created a dynamic and vibrant service.

Staff focused fully on the goals and aspirations of the people who used the service. People on the downstairs unit told us that the staff had enabled them to rebuild their relationships with family members and this meant a great deal to them.

Staff took steps to safeguard vulnerable adults and promoted their human rights. Incidents were dealt with appropriately, which helped to keep people safe. People's health needs were identified and external professionals involved if necessary.

People participated in a range of activities that met their individual choices and preferences. Staff understood the importance of this for people and provided the structured support people required. This enabled people to achieve positive outcomes and promoted a good quality of life.

The service was well run. The senior managers carried out lots of checks to make sure that the service was effective.

Rating at last inspection: Good (report published 13 June 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our 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.

Alderwood

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One adult social care inspector completed this inspection.

Service and service type: Alderwood is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection: This inspection was unannounced and we completed this from 28 December 2018 to 4 January 2019.

What we did: We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During inspection: During the inspection, we spoke with eight people who used the service about their experience of the care provided. In addition, we contacted two healthcare professionals who visit the service 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. We spoke with the registered manager, a unit manager, three nurses, five care staff and two staff who work as a part of the provider's community team.

We reviewed a range of records. This included four people's care records, medicine records and various records related to the management of the service.

Good

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

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

Systems and processes
•The registered manager critically reviewed all aspects of the service and determined if improvements were needed.
•We saw the provider had robust procedures in place to ensure future recruitment was safe.

Assessing risk, safety monitoring and management
• Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. The records used to monitor those risks such as for hydration, nutrition and pressure care were well maintained.
• The provider used a Department of Health recommended risk assessment tool, which allowed staff to consider people's histories and current presentation to predict the current risk factors.
• The environment and equipment were safe and well maintained. Emergency plans were in place to ensure people were supported in certain events, such as a fire.

Staffing levels
• There were always sufficient staff on duty to meet people's needs. At least two nurses and six care staff worked during the day and one nurse plus three care staff were on duty overnight. In addition to this, unit managers and the registered manager worked at the service.
• The provider operated systems that ensured staff were recruited safely.

Safeguarding systems and processes
•The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area.

Using medicines safely
• Medicines were safely received, stored, administered and destroyed. For example, where people refused to take them or they were no longer required. Where people were prescribed medicines to take 'as and when required' very detailed guidance was available for staff to follow.

Preventing and controlling infection
• Staff had received infection control training and said they had plenty of personal protective equipment (PPE) available to them.

Learning lessons when things go wrong
• The registered manager and unit managers critically reviewed all incidents and ensured staff considered

how lessons could be learnt. For example, they looked at communication strategies at the home and determined this would be enhanced if they protected time to specifically discuss every resident's individual recovery each week. Staff reported this had created a more meaningful focus on each person's needs and enabled them to review the recovery process of each individual on a weekly basis.

Good

Is the service effective?

Our findings

Effective – this means 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 people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- The provider had developed an in-depth assessment tool, which was used continuously to monitor people's needs. The registered manager, unit managers and staff ensured detailed assessments were completed and these informed the care plans.
- Care plans were detailed. They had been kept up to date when people's needs had changed.
- The registered manager and unit managers actively sought out information on current best practice and standards. They shared this with staff and made sure current guidance was followed.

Staff skills, knowledge and experience
- Staff had the skills and experience to support people. They received an extremely comprehensive programme of training, delivered through E-learning and face-to-face. Staff's understanding and skills were checked through knowledge and practical tests.
- The provider had created a practice development lead post and this staff member worked closely with the teams at Alderwood. They worked with the staff to constantly critically review practices at the service and identify areas for development. Recent work had centred on reviewing existing practices to identify if any restrictions such as locking doors and managing the way people had access to cigarettes could be changed. Staff and people were extremely positive about this work and found the changes they made greatly enhanced people's quality of life.
- Staff had regular supervision and appraisals.
- The registered manager and the unit managers had a good system to understand which staff needed their training to be refreshed and who required supervision. Staff told us they felt supported.
- Alderwood was a Northumbria University approved learning site for people completing nurse training and regularly offered third year students management placements.

Supporting people to eat and drink enough with choice in a balanced diet
- Staff encouraged people who were under-weight to eat fortified foods. They made sure people had access to healthy diets and that they had ample portions of food at meals.
- The provider had introduced a revised MUST tool, which was used to monitor whether people's weight was within healthy ranges.

Staff providing consistent, effective, timely care within and across organisations
- People told us that staff made sure the service met their needs. One person said, "Staff are always there when I need them and they all know how to help me."

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

● The provider had ensured the unit for people living with dementia was appropriately decorated in line with best practice guidance.
● The service was designed to meet the needs of all the people who used it.

Supporting people to live healthier lives, access healthcare services and support
● People were seen by GPs when concerns arose and attended regular appointments with other healthcare professionals. The staff appropriately referred people to other healthcare professionals such as psychiatrists, speech and language therapists, the falls team and dieticians.

Ensuring consent to care and treatment in line with law and guidance
● We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
● The registered manager followed all the principles and guidance related to MCA and Deprivation of Liberty Safeguards (DoLS) authorisations. They were working with staff to make sure all staff completed capacity assessments appropriately.
● Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
● We also found that staff had an excellent understanding of the requirements of the Mental Health Act 1983 (amended 2007) and made sure the Code of Practice was followed.

Good

Is the service caring?

Our findings

Caring – this means 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

- People we spoke with were happy with the care provided. Comments included: "The staff are great," "I like it here. The staff are good" and "They all care about us."
- The registered manager, unit managers and staff told us how they supported people's human rights and promoted equality and diversity. They actively promoted people's rights and made sure staff treated people in a person-centred manner.
- Staff told us that they had worked together to generate a list of all restrictive practices and then thought through each one individually. They used weekly reflective workshops to critically think about the impact that restrictions have on people's lives and what could be done to reduce these. From this work staff had empowered people to take more control of their monies, independently manage their smoking habit and to take control of their keys. People told us that this had a significant and positive impact on their lives.
- Staff showed genuine concern for people's wellbeing. It was evident from discussions that all staff knew people very well, including their personal history and preferences. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

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

- Staff supported people to make decisions about their care. They understood people's communication needs and this was documented in care plans. Staff recognised when people wanted help to decide and acted as sounding boards for individuals to work through an idea and the potential consequences.
- We saw that information about advocacy services was available, and when needed, the staff enabled people to access these services. Advocates help to ensure that people's views and preferences are heard where they are unable to articulate and express their own views.

Respecting and promoting people's privacy, dignity and independence

- The staff explained how they maintained the privacy and dignity of the people they cared for and told us that this was a fundamental part of their role. We saw that staff knocked on people's bedroom doors and waited to be invited in before opening the door.
- Staff treated people with respect and valued them as individuals. For example, one person had moved to the service who had previously cared for other individuals on the unit. Staff found that at times the person's interactions were not positive with other people. As a team, staff analysed the person's patterns of behaviour and found creative ways to engage them in meaningful activities that would distract them key times in the day when their behaviour had been distressing others. This strategy has led to far more respectful engagement with all the people who used the service.
- We observed the staff team worked well together and with the people who used the service. Staff consistently engaged people in conversations and we heard lots of laughter throughout the visits. We found

there was a calm relaxed atmosphere within the home.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

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

How people's needs are met

● We observed that people were consistently asked to express their opinions about what was on offer and given choices about all aspects of their care and treatment.

● People told us that the staff were good at their job and really went the extra mile to ensure they led meaningful lives. One person told us how staff had helped them to re-establish relationships with their family and this had a positive impact on their life.

● Staff had encouraged people to act as mentors to students and one person had discussed with a student nurse how to administer their depot effectively plus their experience of mental health difficulties. This student nurse reported that the frank discussion had a profound impact on them.

● Staff encouraged people to engage with the wider community and recently all had completed fund raising activities so they could give money to the PDSA.

● We found people on both units were engaged in meaningful occupation and the staff had tailored activities to stimulate each person and entertain individuals. People had worked closely with a professional hatching provider, who provided opportunities for all to hatch and care for chicks and ducklings. The staff organised a gardening project which involved people taking responsibility for the garden such as completing the weeding, watering plants, growing vegetables and flowers.

● The staff looked at projects that they could introduce to the unit. For example, they raised funds and created a cinema room. This facility enabled people to have quality time off the unit where they could watch a movie of their choice with refreshments of their choice.

● The provider had recently created a wellbeing room for both staff and people who used the service, which assisted in the promotion of mindfulness and relaxation therapies. People were offered Reiki therapy from one of the support workers who had completed the training qualification for this complementary therapy.

Personalised care

● People and relatives told us care was delivered in the way they wanted and needed it.

● Care plans contained good personalised information such as how to determine why a person was experiencing distress and how to support them with the negative impact of these experiences. There were detailed plans with a step by step guidance for each identified need.

● People's needs were identified, including those related to equality and their choices and preferences were regularly reviewed. Reasonable adjustments were made where appropriate and the service identified, recorded and shared information about the communication needs of people, as required by the Accessible Information Standard.

Improving care quality in response to complaints or concerns

● People had access to information on how to make a complaint and we read that where people had complained, these had been investigated and responded to. We asked people if they felt their concerns

were responded to and overall people said that things were actioned immediately.
● All concerns, as well as any complaints had been acknowledged, investigated and responded to by the registered manager. People we spoke with told us any concerns were quickly addressed by the registered manager and resolved to their satisfaction.

End of life care and support
• People were supported to make decisions about their preferences for end of life care, and staff empowered people and relatives in developing care and treatment plans. Professionals were involved as appropriate.
• Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.
• The service provided specialist equipment and medicines at short notice to ensure people were comfortable and pain free.
• The service supported people's relatives and friends as well as staff, before and after a person passed away.

Good

Is the service well-led?

Our findings

Well-Led – this means 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.

Leadership and management
- The provider was a registered charity. We found that the directors were very involved in the service and visited regularly. They also had an extremely engaged central team who always critically reviewed the service to determine how further improvements could be made.
- The registered manager and unit managers had created a culture that effectively supported the staff to deliver high-quality, person-centred care.
- A staff member commented, "We all work well as a team and is the best place to work."

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong
- Staff told us they felt listened to and that the registered manager and unit managers were approachable. Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards. Feedback from people confirmed that they felt listened to and integral to the service development.
- Staff felt the managers closely listened to their views, took their comments on board and then, if appropriate implemented their suggested changes.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements
- The service was well-run. People at all levels understood their roles, responsibilities and their accountability. They were held to account for their performance where required.

Engaging and involving people using the service, the public and staff
- The provider and registered manager positively encouraged feedback and acted on it to continuously improve the service. For example, following feedback from people they created wellbeing champions who worked with people and staff to make the service an environment where everyone felt valued.

Continuous learning and improving care
- The quality assurance system included lots of checks carried out by staff, the registered manager and the regional manager.
- The provider, registered manager and unit managers provided very strong leadership and their constant critical review of the service had led to year-on-year improvements. They, in consultation with staff, people who used the service and relatives routinely identified how they could enhance the service and ensure they remained at the forefront of best practice.

Working in partnership with others

- People, relatives and visiting professionals had completed a survey of their views and the feedback had been used to continuously improve the service.