

Alderwood L.L.A. Limited

Alderwood L.L.A. Limited - Cransley

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Alderwood Cransley LLA is a residential care home providing personal care to six adults with autism and learning disabilities at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large domestic property. It was registered for the support of up to six people. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.

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

People had extensively detailed care plans which provided information on their strengths and promoted their dignity and independence. Their life history and experiences were considered when planning their care. People's communication needs were assessed and recorded in detail. Staff used individualised person-centred methods to support people to express themselves.

People were empowered to identify and achieve their goals by staff who were enthusiastic about their progress. People took part in a wide range of personally chosen activities and were well-integrated in the local community. They were supported to build and maintain strong relationships with people who were important to them.

People received warm, competent care and support and relatives spoke extremely positively about staff and management.

People were safe and protected by staff who understood their responsibilities and how to keep people safe. Very detailed, regularly updated risk assessments kept people safe whilst supporting them to experience new things and build their confidence and skills.

Medicines were properly stored and administered by staff who were appropriately trained.

Safe recruitment practices were followed. There were enough staff to meet people's needs. Staff were well trained and understood the needs of the people they supported. We observed there was a calm atmosphere and people and staff had good, caring relationships.

The home was well equipped, clean and tidy and good infection control practices were being followed.

The home had good relationships with health and social care professionals. People had a healthy, varied diet and ate food they enjoyed.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Outstanding (published 16 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Outstanding ☆

The service was exceptionally 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.

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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

The inspection was carried out by one inspector.

Service and service type

Alderwood LLA Cransley 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 did not have a manager registered with the Care Quality Commission. The assistant manager had been in post for four months and an application for their registration was in progress. This means that only the provider was legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period of notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to

complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one person who used the service and spent time with others who weren't able to communicate with us verbally. We spoke with eight members of staff including the provider's senior manager, the service's assistant manager and support workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with relatives about their experience of the care provided. We sought feedback from professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding vulnerable adults. They understood their responsibilities to protect people from the risks of harm and abuse, and what they should do if they had concerns. One member of staff said, "[Name] is head of safeguarding, they would definitely deal with [any issues] properly, I could also speak to the on-call manager."
- The provider's safeguarding policy guided staff on how to raise referrals to the local authority safeguarding team. Staff showed us where information about safeguarding was kept for them to refer to at any time.

Assessing risk, safety monitoring and management

- Risk assessments were thorough and ensured that staff promoted independence and encouraged people to make their own decisions. For example, one person was supported to access public transport with minimal assistance.
- Staff demonstrated an awareness of what to do should a fire occur in the home. People's care plans included Personal Emergency Evacuation Plans to ensure they were given the correct support in the event of an emergency.
- People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that mitigated these known risks. Staff were kept up to date with changes in people's care during handovers and team meetings.

Staffing and recruitment

- There were enough staff deployed to provide people with their care at regular planned times.
- People's staffing needs were included in their care plans. Staff told us there were enough staff to meet people's needs. One staff member told us, "People are cared for safely here - everybody protects the residents."
- Safe recruitment and selection processes were followed. Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles.
- All employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Using medicines safely

- People were assessed for their abilities to manage their own medicines. Where people required support with their medicines, people received these as prescribed. Medicine was appropriately and safely stored and

we saw staff had correctly completed medicine administration records.

- Staff received training in the safe management of medicines and spot checks were completed to ensure their competencies were checked.
 - Regular medicines' audits informed managers of any issues which were rectified in a timely manner.
- Measures such as regular medicine counts were in place to reduce the chance of errors. Staff knew what to do in the event of a medicines error.

Preventing and controlling infection

- All areas of the home were clean and free of odour, including areas where people expressed behaviours which required careful maintenance. Furnishings and equipment were well maintained, reducing the risk of infection.
- We saw staff followed the provider's infection prevention procedures by using personal protective equipment (PPE) such as gloves and aprons.

Learning lessons when things go wrong

- The management team were pro-active in using information from audits, complaints, incidents and safeguarding alerts to improve the service. The managers worked with staff to understand how things went wrong and involved them in finding solutions

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they commenced using the service to ensure staff understood their needs and preferences. A relative told us how staff had used one person's favourite hobby to build a strong relationship before the person moved in. The relative said, "[Person] has difficulty with transition but [staff] have managed that well."
- People's needs and preferences were thoroughly recorded clearly and in detail. These assessments considered people's strengths and included information about their physical and health needs, emotional needs, communication and relationships, and how best to support people to make choices. For example, one person's care plan guided staff to offer choice, but with limitations to ensure the person wasn't overwhelmed.
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs such as people's religious and cultural needs.

Staff support: induction, training, skills and experience

- New staff received a thorough induction which provided them with a good foundation of knowledge and understanding of the organisation and their roles. This included shadowing experienced staff to get to know people they would be caring for. One staff member told us, "I felt very prepared to start work."
- The provider ran their own in-house training programme for all staff including any temporary or agency staff. This ensured staff were trained to a consistent standard, and they received specialist training in learning disability and autism.
- Staff received regular supervision and guidance to support them in their roles. Staff told us their manager was very supportive.

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

- Staff had training in food hygiene and provided balanced meals that helped maintain people's health and well-being.
- People's needs around eating and drinking were clearly documented in their care plans. A varied menu was planned weekly with people according to their choices and cultural preferences.

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

- The simple décor and furnishings in the home met people's needs. Communal areas were bright and there

was a pleasant garden for people to enjoy.

- The home was well equipped and in a good state of repair. The manager was working on plans to turn a spare room into a tv room/den for people to use as they chose.

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

- People were supported to make healthier life choices such as diet and exercise. The provider had a farm project where people were encouraged to interact with various animals and take part in activities such as horse riding.
- Staff supported people to attend health appointments and referred people promptly to their GP or other medical services when they showed signs of illness. One relative told us staff had supported one person by attending their hospital appointments and ensuring they received reasonable adjustments.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff demonstrated they understood the principles of MCA, supporting people to make choices. People confirmed the staff always asked their consent before providing their care.
- Staff carried out regular mental capacity assessments to establish people's insight and understanding of their care needs. This enabled people to make informed decisions about their care, or health and social care professionals make best interest decisions about people's future care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has now been rated 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 care from staff who knew them well. We saw that staff were calm, gentle and skilled, for example being aware of people's body language and behaviour cues, and recognising when they needed additional support and reassurance.
- People were supported by staff who were kind and friendly. A relative told us, "The staff are just fantastic – [the provider] retains the good members of staff, they have the skills and the empathy."
- Staff took pride in people's progress and spoke positively about the people they cared for. One member of staff told us, "I love working with [people], every day is different - some days they don't want to do things and some days they do. I enjoy that, seeing them progress." Another said, "The [people] are fantastic, they're amazing. It's like a family."
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships with their circle of support.

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

- People were involved in the planning of their care; their care plans clearly showed how people preferred to receive their care.
- People, and their relatives when appropriate, were supported to express their views about their care. Information in care plans was recorded in pictorial form, enabling people to understand.
- Where people needed additional support to make decisions, staff supported them to access advocacy services. An advocate is someone independent who can offer support for people to make decisions and have their voice heard.

Respecting and promoting people's privacy, dignity and independence

- Staff gave examples of how they supported people to maintain their dignity. One staff member said, "We always make [people] feel happy, and make their own choices. [Privacy and dignity] are so important."
- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves and helped them set and achieve goals.
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question remains the same.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff went the extra mile to understand people's life history and evaluate whether they could accommodate people's needs. We saw staff had carried out 11 separate familiarisation visits with one person before they started using the service. During these visits, staff used innovative ways to build a foundation of knowledge and understanding which ensured the person experienced a positive and successful transition from their previous service.
- The provider ensured staff had opportunities for learning, development and reflective practice both individually and in teams, which influenced how the service was developed. One relative told us, "[The provider] retains the good members of staff. Staff are well trained, [Alderwood] have their own training programme. They invest in their staff."
- The exceptional level of detail in people's care plans combined with comprehensive specialised training empowered staff with the confidence and knowledge to support people in a highly person-centred way which had positive outcomes. Staff developed and implemented a tailor-made Adult Development Programme (ADP) for each person which focussed on supporting them to achieve their goals and live full and meaningful lives. Detailed monitoring allowed staff to adjust the ADP, ensuring people remained motivated and positive, and continued to achieve. The provider told us, "To some, using a public swimming pool or public transport may not seem like a big achievement but to us and [people] they are huge milestones and we celebrate these proudly."
- There was a strong emphasis on discovering what and who was important to each person and tailoring the support appropriately. People's care was planned and delivered in a person-centred way. Staff treated each person as an individual and considered people's personalities and earlier lives. For example, some people's previous experience of support services had resulted in frequent episodes of distressed behaviour and therefore limited opportunities to lead fulfilling lives. Staff at Alderwood had carefully and skilfully supported them to settle into the service. Their lives were transformed as they were able to take part in new experiences such as holidays, day trips and meals out. A relative told us, "They understand [person] really well. Since the minute they went to Alderwood, [staff] have brought them back to life."
- People and, where appropriate, their relatives had been involved in creating and updating their care plans with staff. Relatives told us staff were intuitive in identifying the best ways to support people. One relative told us, "[Manager] wrote [Person's] care plan - they got the measure of [Person] quite quickly and I found this reassuring." We saw an email from relatives which said, "Thank you for your outstanding support of [person], it's great to be considered part of the team, we feel you have earned our and [person's] trust." This

joined-up approach meant care plans were highly personalised and truly reflected the needs of each person.

- Staff had an excellent understanding of people's individual needs relating to their protected equality characteristics and their values and beliefs, which influenced how they wanted to receive care, treatment and support.

For example, we saw clear information on display in the kitchen and in care plans when people's religious beliefs affected their dietary needs.

- Staff used innovative ways of involving people in their care. They used personalised Picture Exchange Communication (PEC) cards to support people to express themselves and a uniquely adapted system to support one person in understanding boundaries in particular areas of the home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were thoroughly assessed and well documented in line with the AIS. People's behaviour as communication and the different ways people expressed pain and discomfort were clearly described in their care plans. The provider had a dedicated team to support staff and people when people showed distressed behaviours. This helped identify triggers and solutions and reduce the frequency of incidents of distressed behaviour.

- Information was available for people in range of formats, for example, easy read. Unique PEC cards were used widely to help staff and people communicate. These were designed by the provider and tailored for each individual. They included photographs of the person and objects and locations familiar to them. This aided understanding and communication.

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

- There was a strong emphasis on discovering what and who was important to each person and tailoring the support appropriately. For example, one person was supported to develop and maintain strong personal relationships in ways they had previously found extremely challenging. Relatives told us they were always welcomed to visit and stay in touch with the home. One relative told us, "I speak to the staff every night, I know them all by name, they're always really positive."

- People were encouraged to set goals, pursue hobbies, and to identify new activities they wanted to try. One person had been supported to take up canoeing and had been awarded a number of certificates of achievement. Another person successfully and independently ran a regular tuck shop at the provider's head office. Staff empowered people to develop their independence and social skills, self-confidence and sense of achievement.

- We saw people were supported to develop independent living skills such as household tasks and shopping. For example, one person had wanted to increase their independence by venturing out of the home on their own by bus. Staff helped them gradually develop the confidence and skills to be able to do this on a regular basis. This opened up a wider range of opportunities for the person to explore to further increase their independence and improve their quality of life. The provider told us, "[Person's] progress is amazing and we will continue to ensure [they are] always developing."

- The provider recognised the importance of supporting people to be involved in the local community and actively promoted building further links. People regularly took part in a community litter picking initiative and carried out volunteer roles at the local church.

- Staff worked proactively to ensure people received exceptional service. One professional who supported people using the service told us, "Staff provide a very high standard of care and are highly professional and

receptive to my advice and suggestions. Staff work continuously for the development or improvement of their service users' living and independence skills."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. We saw one recent minor complaint had been made and although staff told us what action they had taken, this had not been recorded. The manager told us they would ensure action taken in response to any future complaints was fully recorded in line with the provider's policy.
- The registered manager and staff were open to learning and keen to improve the service. One relative told us, "On the rare occasion they make a mistake, they tell me, they reflect on that. There is a fantastic problem solving approach."

End of life care and support

- The service provided care and support for young adults with learning disabilities. At the time of inspection the service was not supporting anyone in end of life care. The manager told us if it was required they would provide this in line with people's wishes and needs, and would ensure staff completed appropriate training to support this.

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 Outstanding. At this inspection this key question has now been rated 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

- People's outcomes were good. Staff supported people to set goals, and ensured they were encouraged by their achievements. For example, each person had an Adult Development Programme (ADP) plan. These identified personalised targets which were regularly reviewed and adjusted to ensure the right balance of challenge and success.
- The manager promoted person centred care in all aspects of the service. Staff took time to learn about people and build strong relationships with them before they moved to the service. This ensured a positive outlook which resulted in improvements in people's physical health and a reduction in incidents of distressed behaviour.
- Staff told us they were happy working at the service and felt supported by the management team and each other. One said the best thing about working at the service was 'the team work'.

Continuous learning and improving care. Working in partnership with others

- Staff understood people's needs and ensured their health requirements were met. For example, staff were innovative in preparing and reassuring one person who needed a particular treatment which made them anxious. Their care and patience ensured the person received the appropriate treatment without issue.
- Staff worked with other healthcare professionals including specialist nurses, doctors and GPs. The provider arranged specialist training to local dentists to ensure they were able to provide oral care in ways which were sensitive to people's needs.
- The provider recognised the importance of keeping up to date with techniques and systems to support people to achieve good outcomes. Staff valued learning and told us the training they received was of high quality. They were confident that if they requested additional learning, the manager would arrange this.
- The provider was keen to promote and develop learning. One person who used an Alderwood sister service had been supported to become a licenced instructor in a recognised programme of behaviour management techniques. This person works with staff to aid learning in these techniques. Senior staff from the provider's head office are also qualified instructors.
- There was a close working relationship with people's relatives. We saw relatives of one person had emailed the manager after a meeting between staff, medical professionals and the person's family which said, "It's good to see how well we work in partnership in [person's] best interests and your supportive relationship with [us as a] family."

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

- Managers and staff fully recognised people's behaviour as a form of communication, and they adapted their care in response to this. The provider had their own 'behaviour surgery' to which they could refer people and staff for specialist support.
- The provider recognised the value of building relationships with the local community. People using the service were involved in a community litter picking initiative and also regularly took part in cleaning the church. Daily living tasks such as going to the village shop were part of people's ADP plans.
- Relatives were asked for their feedback through formal surveys. The manager was looking at additional ways to seek and record feedback to ensure more people were able to share their views.

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

- The manager recognised they needed to ensure record keeping accurately reflected the positive action they had taken to improve the service. For example, when recording complaints and minutes of meetings.
- The management team carried out regular audits and checks to ensure people continued to receive high quality care.
- Staff welcomed the improvements planned by the manager. A staff member told us, "The new manager is good, she is making very positive changes."
- The manager understood their regulatory requirements to report incidents and events to CQC, our records showed these had been submitted as required.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.
- The management team supported staff to learn from incidents and actions taken.