

Allerton C&S GL Limited

# Registered Office

## 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

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 autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

### About the service

Registered office is supported living service providing personal care to 2 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

#### Right Support

Care plans focused on people's strengths and building people's goals and long-term aspirations.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

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 supported people to play an active role in maintaining their own health and wellbeing and enabled people to access specialist health and social care support in the community.

#### Right Care

The provider ensured staff met the government guidance when adhering to safe infection prevention control practices.

The provider made sure that there was enough skilled staff to meet people's needs and keep them safe, as well as ensuring their met best practice guidance.

Staff had training specifically for understanding the needs of people with a learning disability and autism and this was something that the provider planned to continue developing.

Staff understood how to protect people from poor care and abuse. The service worked well with agencies to do so.

Staff had training on how to recognise and report abuse and they knew how to apply it.

### Right Culture

Professionals spoke highly about the responsiveness of staff, and the responsiveness of the management team.

Staff felt supported and the management team were always available. The registered manager had a good understanding of their responsibilities towards people they supported and had passion in delivering person centred care.

The provider had quality assurance systems in place, which ensured they were capturing the good practices as well as where improvements were needed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (Published 15 April 2021)

### Why we inspected

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

### 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.

# Registered Office

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls and visits to their home to engage with people using the service and staff.

#### Inspection team

This 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

This service provides care and support to people living in 'supported living' settings so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### 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 48 hours' notice of the inspection. This was because it is a small service and we needed

to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 July 2023 and ended on 3 August 2023. We visited the service on 19 July 2023 and 27 July 2023.

#### 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. 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 used the service and 1 relative about their experience of the care provided. We spoke with 7 members of staff including the registered manager, managers and support workers. We spoke with 5 professionals. 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 staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider and registered manager had systems in place to ensure people were supported safely. The registered manager made sure there was a consistent approach to safeguarding matters, which included completing a detailed investigation and sharing the learning with staff, following any incident.
- Staff were knowledgeable and understood what abuse meant and were able to talk through the steps they would take to ensure people were safe. One staff member said, "It is important understand the policy and procedure. We treat people with dignity and respect, the staff team would not think to do something to harm the person. If I did see this, I would speak to the senior and then escalate if it is not actioned to the manager and registered manager, depending on the nature of the safeguarding I may report to CQC or police."
- A relative told us the service provided safe support for their family member. A relative said, "Overall yes, I think [family member's] safe there."

Assessing risk, safety monitoring and management

- Risk assessments detailed how to manage identified risks, whilst providing the least restrictive level of support. This meant people were able to remain as independent as possible.
- People were encouraged to be involved in managing their own risks. Where risks emerged, staff were proactive in managing these. For example, prompt health professional involvement enabled staff to be confident about the best ways to manage situations where themselves or the people they supported needed help with their mental health support needs.

Staffing and recruitment

- People were supported by a staff team who were matched with each person to ensure they had the right skills and personalities.
- Staff said they felt there was enough staff to keep people safe. We observed people being supported when they required it and did not need to wait for their needs to be met.
- The provider operated a robust recruitment process. Appropriate checks were undertaken to help ensure staff were suitable to work at the service. A disclosure and barring service (DBS) check and satisfactory references had been obtained for all staff before they worked with people, along with references. Disclosure and Barring Service (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

- Care plans were detailed and identified support needs in relation to the ordering, storage and administration of medicines. This also included regular reviews of medicines. The service worked alongside

health professionals to reduce medicines no longer required and to implement non-drug therapies and practical ways of supporting people instead.

- Staff received training to administer peoples' medicines safely. The registered manager undertook competency assessments, once staff had completed their training, to ensure safe practice.
- The registered manager checked medicines were documented clearly and accurately on medication administration record (MAR) sheets. Where discrepancies occurred, this was investigated.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the hygiene practices that were embedded into the support.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

#### Learning lessons when things go wrong

- Staff were involved in sessions where staff, professionals and management were able to share information and look at ways to support people in a positive way.
- Staff said they were open about all safety concerns and comfortable with reporting incidents and near misses, in order to learn from these.



# 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 for this key question. This key question has been rated 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

- Assessments highlighted people needs and their desired outcomes. Where needed, referrals to external agencies were made.
- Staff were knowledgeable about people they were supporting and were proactive in learning ways to offer support in a way that was best for them. This enabled people to have a good quality of life.

Staff support: induction, training, skills and experience

- People received support from staff who were trained and had supported them for a long period of time so were aware of people's needs. Staff received specific training relating to people's health and well-being.
- The registered manager ensured that where people had specific support needs, additional training was completed in addition to any health and well-being needs. For example, the registered manager had supported staff to go on learning disability awareness training and ensured they were keeping up to date with any best practice guidance.
- Staff felt they had the right training and skills for the role. A staff member said, "I have the right training and skills to do the role, I have all the training I need like for medication and any other matters depending on the people I support. A day in my role, is like any normal other day for a support worker. I come in and perform a duty for our service users."

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

- Staff spoke about how they ensured people had choice and control of what they ate every day. Mealtimes suited the preference of the person. We noted in people's care plans it detailed how people wanted to be supported to eat including their preferences on when to shop, how they liked to prepare foods and what goals they wanted to achieve longer term.
- Dietary needs and requirements were identified in care plans and staff had a good understanding about this.

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

- Staff and the management team worked well with professionals for the benefit of people. Care staff reported any concerns they had about people's health and wellbeing to management, who in turn ensured relatives were contacted if appropriate, and external professionals involved if needed.
- Where professionals were involved, staff ensured people were included in the discussions and were open and honest with people. One professional said, "The staff have gone to great lengths to ensure the person receives the services they deserves, , they are currently trying to help them to move to an accommodation

which they wish to live in."

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- For people the service assessed as lacking mental capacity for certain decisions, professionals and people who knew the person well made the decision in their best interest.
- Staff understood the principles of the Mental Capacity Act and how it related to their role. One staff member said, "The Mental Capacity Act has 5 principles that we have to keep in mind when working. Just because someone has different needs, I don't assume they don't have capacity unless a professional assesses that. I don't treat the people like they can't make decision for themselves."

# 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 for this key question. This key question has 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

- We observed staff being kind and respectful. A relative said, "[Family member] is very well cared for, obviously some are better than others, but they're lovely people who care."
- Staff showed commitment when speaking about people they supported. We found examples of staff demonstrating a great understanding of people's support needs, likes and dislikes and a passion about why they wanted to do their role. One staff member said, "Because you can make people's lives better even if it is just listening to them and making them listened to and loved. When I reflect on people's progress, I feel so glad and happy. I have a warm feeling in my heart that I have done my job well."

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

- Staff listened and acted promptly when people and relatives spoke about changes they wanted to make to the support. This was through meetings, 1:1 and group interactions.
- Staff encouraged and empowered people to become independent and there was a clear balance in making sure people had control of their lives as much as possible, but also family views were respected.

Respecting and promoting people's privacy, dignity and independence

- We observed staff having a close and trusting relationship with people they were supporting. Staff were able to notice when people were in discomfort and anxious and made sure they supported them to feel more comfortable.
- People were supported by staff who wanted to encourage people to have choice and control and develop their independence.

# Is the service responsive?

## Our findings

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

This is the first inspection for this key question. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's care plans were comprehensive and identified key information to support people in the way that was important to them. These were detailed with regards to people's preferences, likes and dislikes. People's goals were captured, however further consideration was needed in capturing people long-term aspirations.
- Staff were supported to meet the needs of people through liaising with external health and social care professionals and accessing additional training and development.
- Relatives felt they were able to take part in shaping the support people received. One relative said, "Yes, he had a care plan before he moved in and it's been gradually updated. We have review meetings, definitely annually and sometimes we'll have a meeting if needed."

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.

- Communication plans were developed with partner agencies which meant staff had guidance in how to communicate effectively.
- The provider had systems in place for accessible information as well as training staff to use key communication tools. However, further consideration was required to ensure people had full access to all information about their care, in an accessible format to ensure they had their voice heard all the time.

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

- The registered manager told us support was provided to follow people's interests and found ways to involve people in events in a way that was comfortable for them. For example, the provider had set up listening events where they brought people together to build relationships and share views.
- People were being encouraged to build on their independence. For example, where people were wanting to expand their daily living skills such as making meals, care plans were created to highlight what they wanted to achieve.
- Staff supported people to have regular contact with their family and friends. This was through the use of technology and face to face visits.

Improving care quality in response to complaints or concerns

- Any complaints received by the service were recorded and followed up appropriately, in line with the provider's procedure.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had a good understanding of people they supported and had a passion for wanting to deliver person-centred care.
- Staff reported a positive ethos in the service and knew they could go to the management team for advice and support. One staff member told us, "The management are always there, they are on call when we need. They manage the rota well to have that life balance, I feel we all get on well, we are a good team."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 had quality assurance systems in place and these systems were reliable and effective in identifying what improvements were needed. For example, where there were areas of improvement within the services, these were filtered through to actions, but also shared amongst the wider service to share learning.
- The management team had a service improvement plan where they had detailed key improvements made following audits. This was continuously adapted as they obtained feedback from people, professionals or as a result of an internal audit.
- The registered manager recognised the difficulty within the health and social care sector and as part of that the pull on resources for everyone. With this in mind, the manager had upskilled themselves to be qualified to deliver sessions such as mindfulness to help support people with stress reduction and anxiety. This was a benefit to the people they supported and their individual support needs.
- The provider ensured they were keeping up to date with topics that were important for shaping a good service. For example, the management team had recently completed events for mental health awareness. A part of this was to develop their own internal knowledge and improve their service, but they were also able to link in with their local community and raise money for the local charity.
- The provider had regular contact with the registered manager, staff, people and relatives to gain feedback.
- Relatives and staff gave positive feedback on the responsiveness of the management team. A staff member said, "I have a staff supervision once a month with a senior member of staff. I feel that I am always provided with advice support and guidance, and I feel happy to come and ask for help if I am unsure."

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

#### characteristics

- The management team was passionate about gaining experiences of people to shape the way they supported them with the aim to provide a great life. This was done through meetings and informal conversations where people were listened to and action was taken.
- Staff gave feedback through individual face to face meetings with the management team and via surveys. Where improvements were highlighted, these were listened to and actioned. One staff member said, "When it comes to the service and the staff, management respond to everything promptly. They will be honest. If there is any lessons learnt, they will have the discussion, this might be more training. They help us and encourage us. We are a big family here."

#### Working in partnership with others

- The registered manager gave examples of how they had regular input from other professionals to achieve good outcomes for people.
- Professionals we spoke with told us that when they had involvement in the service, they witnessed staff having the right values and were kind and caring.