

Alderwood L.L.A. Limited

# Alderwood L.L.A. Limited - Rushden

## Inspection report

302 Wellingborough Road  
Rushden  
Wellingborough  
Northamptonshire  
NN10 6BB

Tel: 01604811838

Website: [www.alderwoodlla.co.uk](http://www.alderwoodlla.co.uk)

Date of inspection visit:  
15 January 2018

Date of publication:  
27 February 2018

## Ratings

Overall rating for this service

Outstanding 

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?

Outstanding 

# Summary of findings

## Overall summary

Alderwood L.L.A Limited Rushden is a small residential care home for five people with autism. 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. Alderwood L.L.A Limited Rushden is a residential house located on a residential street. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This inspection took place on 15 January 2018 and was unannounced.

At the time of our inspection, the provider confirmed they were providing care to 5 people.

At the last inspection in October 2015, the service was rated Good. At this inspection we found that the service was now outstanding.

People and their family were involved in their own care planning and were able to contribute to the way in which they were supported. Care was completely centred and tailored to each individual. Systems were in place to identify what each person wanted to achieve, and how best to support them to do this.

People were supported to work towards and complete major achievements in their lives. This included educational, occupational and leisure activities as well as the development of their own independent living skills. The service was flexible and adapted to people's changing needs and desires, enabling positive outcomes for all concerned. People felt a part of their community, and were able to take pride in their achievements.

Staff were well supported by the registered manager and senior management team. The registered manager had a clear vision for the service and its development. Staff were passionate and dedicated to their roles and had belief in the ethos of the support they received, and that of the provider in general. Staff were innovative in their approach to support, and were enthusiastic about supporting people to overcome life's hurdles.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse and detailed risk assessments and behaviour management plans were in place to manage all risks within a person's life. Staff were all confident in supporting people with complex needs and behaviours

which may challenge.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Correct staffing levels were in place.

Staff induction training and mentoring was extensive and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles. Staff felt that training made them confident within their roles.

People's consent was gained before any care was provided. Families were involved in people's care when appropriate. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes

The provider had systems in place to monitor the quality of the service as and when it developed and had a process in place which ensured people could raise any complaints or concerns.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Outstanding ☆

The service had improved to outstanding.

Support was completely tailored to each individual, and staff understood the best way to support each person with their complex needs. Innovative approaches were used to maximise each person's potential, and ability to take part in meaningful activity.

People's care was based around their individual goals and their specific personal needs and aspirations. People with complex needs and behaviours that may challenge, were being empowered and enabled to feel a part of their community, and to achieve their goals and more.

Feedback from relatives was extremely positive about the progress and quality of life that their family members were experiencing.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a visible complaints system in place which ensured that any concerns were dealt with in a timely manner.

### Is the service well-led?

Outstanding ☆

The service remains Outstanding.

# Alderwood L.L.A. Limited - Rushden

## **Detailed findings**

### Background to this 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.

This inspection took place on 15 January 2018 and was unannounced.

The inspection was carried out by one inspector.

Alderwood LLA Rushden 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. Alderwood LLA Rushden accommodates 5 people in one adapted building.

Before the inspection, We used information the provider sent us in the PIR. This is 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 also reviewed other information that we held about the service such as notifications. These detail events which happened at the service that the provider is required to tell us about. We also contacted the Local Authority for any information they held on the service.

We observed people who used the service being supported by staff. We spoke with two relatives of people who used the service, three support workers, a senior support worker, the registered manager, the director, the training and H.R manager, the staff mentoring lead and the facilities manager. We reviewed three peoples care records to ensure they were reflective of their needs, three staff files, and other documents relating to the management of the service.

# Is the service safe?

## Our findings

The people using the service continued to receive support that was safe. One relative told us, "It couldn't be better really. It's a very safe place with very safe staff that are trained well." The staff we spoke with felt that all the people using the service were in a safe environment, and the care planning in place kept people safe from avoidable harm. All the staff we spoke with were aware of safeguarding procedures and had relevant and up to date training in this area.

The service provided care to people with autism and behaviours that may challenge. We saw that comprehensive risk assessments were in place to identify all the risks present within a person's life. These included environmental, activity specific, and behavioural plans. Each person's assessment was personalised to them and the behaviours they might display. The support required to manage many risks for people was based upon the training that staff had received, and explained in detail what triggers a person may have, and the best and least restrictive way to make sure people were safe. All the staff we spoke with felt that they were able to keep people as safe as possible, whilst also promoting people's independence.

Sufficient numbers of staff were on shift to provide people with the support they required. We saw that within people's care plans and risk assessments it was clearly assessed how much staff support was required, for different times of the day and different activities. During our inspection we saw that the service was well staffed and people were receiving the support they were assessed as needing. Staff told us that staffing levels were good, and that the service could use staff members from other services that were run by the same provider to fill any staff shortages. Agency staff were used at times, and we saw that these staff were regular and familiar with the service, as well as being sufficiently trained by the service to meet people's needs safely. We saw that the service carried out safe and robust recruitment procedures to ensure that all staff were suitable to be working at the service.

The service safely supported people with the administration of medicines. Staff were suitably trained to administer medication, and records were accurately kept. Regular audits took place to make sure that medication stock was accurate, and robust systems were in place to ensure that medication could be taken out of the building with people as and when required. Some medicines were to be taken as and when required by people, and protocols were in place to ensure that staff understood when this was appropriate.

People were well protected by the prevention and control of infection. The premises were kept clean by both staff and the people using the service. People's care plans showed that they were encouraged to clean and tidy their own environment as much as they were able to. Relevant staff training in infection control and food hygiene had taken place.

All staff understood their responsibilities to record and investigate any accidents and incidents that may occur. The service supported people with complex needs that changed regularly. We saw that the service had regular meetings where incidents or behaviours of concern were discussed and reviewed. Different strategies were discussed and changes in support were implemented as a result of these discussions. This meant the support people received was always being reviewed to ensure that lessons were learnt when

things went wrong.

# Is the service effective?

## Our findings

People's needs and choices were assessed and care was delivered to achieve effective outcomes. We saw that people received detailed pre assessments before receiving support, and when people moved in to a service, their transition was tailored completely to their needs. There were processes in place to ensure that no discrimination took place, and people's cultural and life choices were respected.

People received care from staff that were knowledgeable and had received the training and support they needed. One relative of a person told us, "[Name] has got a good relationship with the staff. They are comfortable with the staff and clearly trust them." Staff training was relevant to their role and equipped them with the skills they needed to care for the people living at the service. For example, staff had received specialist training in supporting people with autism and behaviours that may challenge. One staff member told us, "There can be challenges working with these young people, but the training is pretty good and makes sure that we are safe and doing the right thing." We saw that staff all went through the same induction process which entailed training and shadowing more experienced staff. One staff member had the role of a mentor, and would work with all new staff to ensure they were able to work effectively with people. This included completing a workbook to evidence their progress through their probationary period.

People were supported to maintain a healthy and balanced diet. We saw that people were supported with pictorial menu plans and were given the structure and routine around food and mealtimes that they required. The staff all had a good knowledge on what people liked to eat, and were motivated to encourage people to eat healthily as much as possible to increase their overall wellbeing. Care plans documented people's preferences and any requirements they had with food and drink.

People were supported by staff to use and access a wide variety of other services and social care professionals. The service had to communicate with several different funding authorities, regarding people's care and wellbeing. Reviews were held for people when required in collaboration with their own funding authority. The staff had a good knowledge of other services available to people, and had good communication with professionals including social workers, reviewing officers and other healthcare professionals. We saw that input from other services and professionals was documented clearly in people's files.

Health and medical information was recorded in detail for each person. People were given the support they needed to make sure they were able to access health services. This included tailoring support to each individual and making sure they were prepared and able to cope with a variety of situations and procedures that may cause them anxiety. We saw that positive and successful experiences were had by people who required medical procedures and support.

People were supported in an environment that was centred around their own needs, and personalised to their own tastes. All aspects of the service were designed to meet the needs of people who may display behaviour that challenges, and who may be hypersensitive to different environments at different times. People's rooms were personalised to their tastes and need to remain safe. For example, curtains were



adapted when required, to be attached and detached using Velcro, rather than traditional curtain rails. This enabled both a safe and comfortable environment for people with complex needs. A variety of different spaces were available for people to use, including a quiet garden room for people who may wish to get away from the main part of the house. The service was able to provide a homely feel that was personalised to the individuals, whilst at the same time remaining a safe environment for all that lived there.

People were encouraged to make decisions about their care and their day to day routines and preferences. Extensive efforts were made to make sure that people with communication difficulties could express as much choice as possible. For example, a variety of personalised pictorial guides and options for different scenarios, were available for people to use, and care planning documented the communication with family members about people's choices and preferences. Staff had a good understanding of service users' rights regarding choice, and appropriate assessments were carried out with people. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). All the people within the service had been appropriately assessed and had DoLS authorised for their support. The staff were providing support in line with these decisions.

## Is the service caring?

### Our findings

Staff were passionate about providing a friendly and caring environment for the people using the service. One relative of a person said, "[Name] settled in very well, and the staff are very kind." All the relatives we spoke with made similar positive comments. During our inspection we saw that staff were kind and caring towards people and gave them the time they needed to communicate and complete the routines that were important to them.

People's choices in relation to their daily routines and activities were listened to and respected by staff. Staff understood each person's preferences and so encouraged positive activities throughout the day to keep people fulfilled and active. Staff clearly understood the times and areas in which people found stress and anxiety, and supported people with the structure they required to reduce this. The staff we spoke with clearly had passion and pride for the successful care that they were providing to people, and helping them avoid as much anxiety and stress as was possible. We saw that staff asked people what they would like to do, and respected their choices. People were relaxed in the company of staff and clearly felt comfortable in their presence. We observed interactions between staff and people and saw that people were given the time they needed to express themselves and guide staff in providing care the way they wanted. We saw that relatives and advocacy services were involved with decision making and care planning for people when they could not make decisions themselves.

The privacy and dignity of each person was respected by all staff. Each person had a detailed care plan that documented all aspects of their care and life choices. This contained regular prompts to staff to respect people's choices and right to privacy, whilst making sure they remained safe. Staff were given clear guidelines about how to support people who may display certain behaviours whilst in public or communal areas, and how best to de-escalate that situation. Retaining a person's dignity was clearly a priority alongside their personal safety and that of others. Communication aids were in place to make it clear and easy for people to express their wish for privacy to staff. During our inspection we saw that staff knocked on people's doors before entering, and gave people the space and time they needed for privacy.

## Is the service responsive?

### Our findings

Care was completely personalised to each person that used the service, and people and their relatives were fully involved in their care. Staff had an excellent understanding of all of the needs of the people they were supporting, and clearly had a drive and passion to help people achieve as much as they could. One relative told us, "The service is completely unique. Nobody wants to leave there which tells you how good it is." We saw written feedback from another relative which stated, 'We are extremely happy with the care and are so proud of [name] achievements, which would not have been possible without the expertise and dedication of the staff.'

The service had an excellent understanding of people's social and cultural diversity. The registered manager told us how the service made sure that one person had certain types of foods that were representative of their culture available to them. The registered manager told us, "It's important to the family as well, that certain foods are offered. They feel it is better for the health and wellbeing of their relative, as it is part of their culture." All the staff we spoke with were knowledgeable about each person's beliefs and preferences, and were able to tell us how they supported people with choices around food and access to parts of the community that their culture or beliefs were affiliated with. One staff member said, "Whatever people need, we sort out for them. There are no barriers to anybody's culture or beliefs, or that of the family."

We spoke with a health care professional about their opinion on the service. They told us, "The service has been able to provide high quality services to people with very high level of needs, and many with history of severe challenging behaviours."

The service had taken innovative steps to meet people's information and communication needs. Organisations that provide publicly-funded adult social care are legally required to follow the Accessible Information Standard (AIS) which says services should identify record, flag, share and meet information and communication support needs of people with a disability, impairment or sensory loss. Extensive communication plans and tools were available that were tailored to each person. The service used social stories to support people with preparing and understanding a wide variety of tasks. Social stories are a tool to help individuals on the autism spectrum better understand communication, interpersonal skills and processes. We saw that pictorial guides were handmade by the service to support people with basic understanding of objects and rooms, through to more complex procedures and routines that they would need to prepare for to avoid anxiety and stress. For example, the staff were utilizing a 'transition pillow' for one person. This was a pillow that the person would be presented with to hold, as a signal that it was time to change an activity or environment. We saw that the service had taken great care and attention to make sure the person was as comfortable with their situation and environment as possible, and that anxieties around any form of change were reduced.

Another person was supported with the use of social stories to desensitise the idea of wearing glasses. The need to wear glasses had been identified for the person, but they were not comfortable with the sensation of wearing them. The service customised a pictorial guide to gradually desensitise the idea with the person and get them used to it over time. We saw that this had been successful for the person.

The service had devised a personalised and innovative approach to supporting people with activities, education and work. This system was called the Adult Development Programme (ADP). This enabled people to have robust and valuable learning opportunities, such as community appreciation, safety awareness and vocational skills. Goals and targets were set for people, with their own involvement and input from families. The ADP set out a bespoke structure to enable people to participate and achieve tasks, from simple day to day things like preparing food, to longer term goals such as volunteering or employment opportunities. Staff we spoke with were all knowledgeable of the ADP and were enthusiastic about the positive outcomes that were possible for people. We saw that through the ADP programme, people were successfully learning new skills and completing major achievements. For example, one person was being supported to volunteer at a local charity shop. The staff recognised the person's interest and enjoyment with jigsaw puzzles, so supported the person to quality check puzzles that were donated to the charity shop. This meant the person was able to take part in the activity they enjoyed, and have a sense of purpose and community by helping the charity shop make sure that puzzles were complete and ready to be sold. Each part of the ADP process was planned out and worked through successfully. This meant that people using the service felt a part of their wider community, and felt proud of their achievements in helping others around them.

People were placed at the centre of their care and were able to develop and grow in confidence. The staff developed strong relationships with people and fully understood what caused each person stress or anxiety, and may therefore be a barrier to achieving something. Staff developed multiple ways to work with people to de-sensitise these barriers and help people progress. For example, the service used animals and animal care in this way. We saw that many people were completely comfortable around the dog that the service had, and were walking and caring for it on a daily basis. We saw that each person's journey had been documented and showed that many people had originally seen dogs and animals as a source of stress or fear. One person in particular had faced great difficulties with dogs in public. A relative of theirs told us, "[name] was practically a hostage to his own anxieties. He couldn't go out because of dogs. Through the programme the service has put together, he is now at the point where he is taking part in dog obedience classes in the community. It's a fantastic achievement, nowhere else would do that." We saw that this person's journey went at the pace suited to them, and involved social stories, and gradual introduction to the dog and the tasks surrounding its care. This meant that what was once a huge barrier to accessing community spaces had now been overcome. A horse project was also used by the service, where people could access horses and learn about the tasks involved with their care.

An allotment project had been started by the service as another activity for people. We saw the service had custom made pictorial guides to explain how numerous different vegetables could be grown and when. People were encouraged to take part in the project as it would benefit them in many ways. A staff member said, "Not only is it good for healthy eating, but the process itself is positive for people. It is sensory, and growing something from seed to veg is a rewarding process. It's not been running long but we hope it will be really good for people."

All the relatives we spoke with were passionate about telling us the quality of the care that was given, the progress made in life for their loved one, and the unique nature of the service. One relative said, "It's remarkable really what they have achieved. I don't think there is anywhere better."

Care plans reflected people's likes, dislikes and preferences. The care plans we looked at were detailed and gave a clear picture on the support needs of each individual. Photos were used to document the things each person liked, and what they were good at. All the staff we spoke with were confident the care plans were reflective of people's true needs and preferences. One staff member said, "The care plans are all excellent. You can find out a lot about people, and they are always updated, and change when the person changes." We saw that all aspects of care planning were regularly updated by staff.

People and their relatives knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. The relatives we spoke with said they had not had to make any complaints but would do so if needed. We saw that some complaints had been recorded, and they were responded to promptly to the satisfaction of the person making the complaint.

No end of life care was being delivered at the service. Systems were in place to gather information about end of life care needs if required.

## Is the service well-led?

### Our findings

The service had a registered manager that was visible within the service, approachable, and knowledgeable about all aspects of people and staff within the service. One relative of a person said, "[Registered manager's name] contacts me every week for an update. The communication is excellent." Another relative said, "The service is extremely well led and organised. I am very impressed."

All the staff we spoke with told us the registered manager was always supportive and easy to talk to. One staff member said, "[Registered manager's name] is very supportive. He knows the job because he has done it. I have been here for years; I wouldn't still be here if I didn't enjoy it." Another staff member said, "It's very good. I have worked in several of the Alderwood services, and they are all very consistent." During our inspection, it was clear that people using the service knew who the registered manager was and were happy to interact with them. The registered manager talked to us about the people using the service and had a clear passion and drive to run a quality service for the people using it. The registered manager said, "I have supported many of these people myself when I started with the company, and it is amazing to see how much they have developed. It is a great company to work for because there isn't anywhere else like it. It is very unique."

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager told us they were consistently looking to drive improvement with the support of the provider. For the second time, the provider had been awarded the Marion Cornick Award for Innovative Practice. The award was in recognition of the fact that the provider had been educating the wider community about positive approaches to autism. We saw that health professionals from the local dental practice, chiropodist, and hand therapy, had all been approached and supported by the provider to further educate themselves on providing a quality service to people with autism, and positive approaches to take. We saw several examples of the impact this had on people and their successful medical treatments.

The provider had also been involved with the Stopping Over Medication of People with Learning Disabilities, Autism or both (STOMP) initiative. This involved meeting with members of parliament to discuss issues surrounding medication for people with autism and complex needs. We found that the ethos behind this initiative was embedded firmly in staff practice. Staff we spoke with were all positive and enthusiastic about how the initiative made an impact on people's lives, and made sure that medicines were used appropriately.

The service continued to have an excellent reputation with other professionals as providing quality support to people. Close links were kept with a variety of health and social care professionals involved in people's support. A doctor who was involved in people's support across many of the providers services told us, "Alderwood provides a very high quality and safe service to people with learning disability. I personally have

found Alderwood staff very courteous, professional, responsive and reliable. They are very good communicators as well. I have noticed high morale among staff during my interactions with them. Their contribution towards Transforming Care is commendable. I have been very impressed."

The service continued to have a positive ethos and drive to provide high quality, person centred care to people with learning disabilities and autism. Staff at all levels had a strong belief that they were providing the best possible care for people, and were confident and empowered in their roles because of the strong leadership and management across the company. All the staff we spoke with spoke positively about the management and the provider, and proud to call themselves employees.

The provider and registered manager were fully committed to ensuring the service continually improved through seeking feedback from relatives of people. The service had a consistently high level of engagement with relatives of people that used the service. We saw that relative feedback forms were sent out so that family members could comment or make suggestions to the service. A relative of a person told us, "We are fully informed about [name] life. Any changes that take place, health appointments, achievements, everything."

The service was well organised and staff were all confident in their roles and responsibilities. The service had developed many of its staff into senior roles and provided specialist training to staff so that expertise was at hand across many of the services. The provider had been given a silver 'Investors in people' award, to acknowledge the strong sense of development and opportunity within the staff team. A robust mentoring system was in place so that staff were clear about their responsibilities from the start of their employment, and that support was present for them at all times. A clear statement was given to staff within the mentoring pack which said, 'We see training as our key responsibility in your career development, regardless of age or ability. All staff will be given the same rights of development from the first day of employment.' All the staff we spoke with confirmed they felt they had the opportunity to develop at their own pace.

People continued to be supported to become involved in the local community. The service had continued to strengthen links with resource centres for people with a learning disability, local leisure facilities, health and wellbeing providers, and employers who offered work placements. This aim enabled people to gain a solid foundation for gaining new life skills and encouraged their on-going learning and development. The registered manager and the staff we spoke with all told us how important it was to build positive links within the community and with other agencies. One staff member told us, "We take people out into the community daily. There are excellent opportunities for people. Many of the young people across the service have jobs of some sort, doing things in the community."

The provider continued to run a "Staff of the Month" award system. Each month, staff members were chosen because of their individual qualities. This incentive gained staff an additional £100 in their wages if they were nominated. Staff could also receive a financial benefit for recommending the service as an employer to any of their friends and relatives. Staff told us that this initiative was positive and continued to motivate them to think of extra things they could do to improve their work with people and the wider staff team.

Quality checks and audits were completed regularly throughout the service. We saw that managers completed full detailed checks on all aspects of the service, and recorded any areas that were required to be improved upon. There were regular management meetings where all aspects of the service were discussed with the provider, ideas were shared, and actions created to enable improvements to be made. The provider had a health and safety manager, a training manager, and a facilities manager that were all involved in regular checks on services and actioned required improvements. All the staff we spoke with told us they felt that the management team were very responsive to the needs of the service, and improvements were

identified and acted upon promptly.