Mental Health Concern

Alderwood

Inspection report

Rectory Place
Gateshead
Tyne and Wear
NE8 1XD

Tel: 01914777833
Website: www.mentalhealthconcern.org

Date of inspection visit:
08 March 2016
16 March 2016

Date of publication:
13 June 2016

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 carried out an inspection of Alderwood on 8 and 16 March 2016. The first day of the inspection was unannounced. We last inspected Alderwood in May 2014 and found the service was meeting the relevant regulations in force at that time.

Alderwood is a care home that provides accommodation and care for up to 32 people with nursing and personal care needs related to their mental health or dementia. The home is split into two units; one for rehabilitation, the other for assessments and short breaks. At the time of the inspection there were 19 people accommodated there.

The service had a registered manager in post. A registered manager is a person who has registered with the CQC 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.

People told us they felt safe and were well cared for. Staff took steps to safeguard vulnerable adults and promoted their human rights. Incidents were dealt with appropriately, which helped to keep people safe.

The building was safe and well maintained. The home was clean. Risks associated with the building and working practices were assessed and suitable steps taken to reduce the likelihood of harm occurring.

We observed staff act in a courteous, professional and safe manner when supporting people. At the time of our inspection, the levels of staff on duty were sufficient to safely meet people's needs. New staff were subject to thorough recruitment checks. There was a low turnover of staff.

Medicines were managed safely for people and records completed correctly. People received the support they needed to manage medicines for themselves, so they were taken as prescribed.

As Alderwood is registered as a care home, CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found appropriate policies and procedures were in place and the registered manager was familiar with the processes involved in the application for a DoLS. Arrangements were in place to assess people's mental capacity and to identify if decisions needed to be taken on behalf of a person in their best interests. Where necessary a DoLS had been applied for. Staff obtained people's consent before providing care.

Staff had completed safety and care related training relevant to their role and the needs of people using the service. Further training was planned, including the use of psychological and physical interventions for people who displayed behaviour described as challenging. Staff were well supported by the registered manager.

Staff were aware of people's nutritional needs and where people were at risk of dehydration or malnutrition appropriate support was provided. People's health needs were identified and external professionals involved if necessary. This ensured people's general medical needs were met promptly. People were provided with assistance to attend medical appointments.

Activities were offered within the home and people also accessed local community facilities and activities. Where able some people could leave the home independently. We observed staff interacting positively with people. We saw staff treated people with respect and explained clearly to us how people's privacy, dignity and confidences were maintained. Staff understood the needs of people and we saw care plans and associated documentation was clear and person centred.

People using the service and staff spoke well of the registered manager and care provider and felt the service had good leadership. We found there were effective systems to assess and monitor the quality of the service, which included feedback from people receiving care and oversight from external managers.

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.

People said they were safe and were well cared for. New staff were subject to robust recruitment checks. Staffing levels were sufficient to meet people's needs safely.

Routine checks were undertaken to ensure the service was safe.

There were systems in place to manage risks and respond to safeguarding matters. Medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were cared for by staff who were well supported and who received safety and care related training. Further training reflective of people's needs was planned.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff had developed good links with healthcare professionals and where necessary actively worked with them to promote and improve people's health and well-being.

Is the service caring?

Good

The service was caring.

Staff displayed a caring and supportive attitude.

People's dignity and privacy was respected and they were supported to be as independent as possible.

Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide personalised care.

Is the service responsive?

Good

The service was responsive.

People were satisfied with the care and support provided. They were offered and attended a range of activities.

Care plans were person centred and people's abilities and preferences were recorded.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to.

Is the service well-led?

Good

The service was well led.

The service had a registered manager in post. People using the service and staff made positive comments about the registered manager.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people using the service and staff. Action had been taken to address identified shortfalls and areas of development.

Alderwood

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 8 and 16 March 2016 and the first day was unannounced. The inspection team consisted of an adult social care inspector and a specialist advisor; specialising in care for people living with dementia.

Before the inspection we reviewed the information we held about the service, including notifications. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home, including speaking with people using the service, interviewing staff and reviewing records. We spoke with four people who used the service and five visiting relatives. We spoke with the registered manager and nine other members of staff.

We looked at a sample of records including five people's care plans and other associated documentation, medicine records, five staff files, staff training and supervision records, two staff member's recruitment records, computerised accident and incident records, policies and procedures, and audit documents.

Good

Is the service safe?

Our findings

People who used the service said they felt safe and comfortable at Alderwood. One person we spoke with told us, "Safe? Oh aye." Another person said, "I do feel safe and secure here." Staff were available for 24 hours a day to respond to calls for help and assistance. An alarm call system was also fitted throughout to enable help to be summoned remotely.

Staff we spoke with were clear about the procedures they would follow should they suspect abuse. Those we spoke with were able to explain the steps they would take to report such concerns if they arose. They expressed confidence that the registered manager and unit managers would respond to and address any concerns promptly and appropriately. A support worker we spoke with said, "If I had concerns I'd go to the nurse in charge and they would deal with it." Another staff member confirmed they had attended relevant training, and in addition said, "I've done alerter training." Staff told us there was an 'on-call' system for additional support and advice when the manager wasn't on duty. They told us if they were not sure of something they could obtain advice; including over the phone.

Where concerns were apparent about a person's behaviour, welfare, or there was the risk of them being harmed, staff had developed plans of care and risk assessments. These were designed to inform staff of the area of concern and to ensure a consistent approach was taken to minimise risks. The registered manager and clinical leads were aware of when they needed to report concerns to the local safeguarding adult's team and where appropriate other agencies. We reviewed records and saw that concerns had been reported appropriately so steps could be taken to protect people from the risk of further harm.

Arrangements for identifying and managing risks were in place to keep people safe and protect them from harm. Needs assessments, support plans and risk assessments were all regularly reviewed and kept up to date to ensure they accurately reflected people's level of need, and the associated level of risk. Examples included risk associated with behaviour described as challenging, falls and pressure area care. Interventions were in place as were contingency plans for situations where risks were heightened. Risk was identified and assessed using a recognised web-based framework (The Galatean Risk and Safety Tool of GRiST); widely used within services for people with mental health needs.

Staff took practical steps to keep people safe. For example, staff in the service had assessed the risk of challenging behaviour. They had identified potential triggers and guidance was developed on what to do to de-escalate situations. We discussed the needs of a person who displayed behaviours described as challenging. There was a need for more detailed guidance on how this person was supported when they displayed such behaviour. The person's care plan was updated to include clearer guidance before the inspection was concluded. Staff kept records of individual incidents, which were reviewed and practice changed when necessary. Where incidents had occurred staff had the opportunity to discuss these at 'de-brief' sessions, to identify what had happened and how practice could be improved. This promoted an open approach to the reporting of and learning from incidents.

The home was in a good state of repair and decorative order and suitable equipment was available to

ensure people's health and safety. A staff member told us, "We have sufficient equipment; air flow and pressure relieving mattresses." The registered manager kept copies of service records; including electricity, gas and water system checks carried out by external contractors. We saw first floor windows were restricted and could not be opened excessively. There were no sharp or hard fixed furnishings which could cause injury and doors to the units had key pads to keep people safe from leaving by wandering from the unit and coming to harm. Corridor, bathroom and lounge areas were free from obvious hazards. Shared areas of the home were free from unpleasant odours and appeared clean.

Staff recruitment checks were dealt with by the provider's human resources department. Before staff were confirmed in post they ensured an application form was completed with provision for staff to provide a detailed employment history. Other checks were carried out, including the receipt of employment references and a Disclosure and Barring Service (DBS) check. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions. We looked at the recruitment records for two staff members recruited over the past year. Appropriate documentation and checks were in place for them. Staff were not confirmed in post before a DBS check and a reference was received. Where difficulty was experienced obtaining references the provider had taken all reasonable steps to obtain these and seek alternatives.

There was a mix of nursing and support staff employed at the service. The unit managers told us, and records confirmed, that staff were deployed flexibly. This enabled suitable levels of observation for people living in the home and allowed for appropriate levels of support. A staffing rota was in place to plan ongoing staff cover. Staff we spoke with confirmed staffing levels were appropriate, and we observed a calm and unhurried atmosphere throughout the home. Comments included; "I am happy here, the best things are the staff to patient ratio of four to nine, and the managers who are so supportive and encouraging", "The staff to patient ratio is superb and we retain our staff," and "The high ratio helps but also good retention and little turnover of staff numbers."

People were supported with their medicines safely. A monitored dosage system was used to store and manage the majority of medicines. This is a storage device designed to simplify the administration of medicines by placing the medicines in separate compartments according to the time of day. Medicines were stored safely. The store room was locked when not in use and during the medicines administration round the trolley was locked when unattended. The treatment room was clean and tidy. Where medicines required cold storage, the temperature of the medicine's fridge was closely monitored and recorded.

We noted the medicine records were well presented and organised. All records seen were complete and up to date, with no recording omissions. Our check of stocks corresponded accurately to the medicines' records. Each person had a medicine's care plan, which detailed the differing level of support needed. This included arrangements for people who received 'when required' medicines. These were used appropriately to promote people's wellbeing. This meant there were measures in place to help ensure medicines were safely managed and administered as prescribed.

Good

Is the service effective?

Our findings

People who used the service made positive comments about the staff team and their ability to do their job effectively. One person said, "I get on alright with the staff. The boss is alright." Another person explained to us, "I like it here … everything's alright." When asked about staff a person commented, "Yes, yes the staff are skilled." A relative told us, "It is excellent here, I could not be more happy with the care; the staff are so helpful and professional. I can visit anytime which is important for both of us. I would always recommend this service, in fact I have done; they do what they promise they will do. I am very happy with the service and grateful for all they do for my relative."

People living on the rehabilitation unit told us about arrangements for buying and preparing food. One person told us, "They help make the meals." Relatives we spoke with indicated that they felt the staff team were effective and suitably supported. Staff also made positive comments about the training and support they received. Comments included: "[Name] (clinical lead) is very easy to approach, personable and academic. So is [Name] (Registered Manager)"; "Access to training is good. It's closely monitored and alerted on the computer system; "There's a good skills mix. It's like a family; we all muck in together," and "It's a good home, all the staff are fine."

Staff received training relevant to their role and were supported by the registered manager. One comment made to us was, "There's plenty of training; recently on Deprivation of Liberty Safeguards." Another staff member said, "The training is good and helpful. We've done breakaway, which was good and we'll be doing NAPPI (Non-abusive psychological and physical interventions)." A staff member told us, "I'm more than happy with my induction."

Staff we spoke with said they received supervision with their managers. Records confirmed staff attended regular individual and group supervisions. Staff we spoke with felt the supervision they received was helpful. Regular supervision meetings provided staff with the opportunity to discuss their responsibilities and to develop in their role. The records of these supervision meetings contained a summary of the discussion and the topics covered were relevant to staff roles and their general welfare.

Records showed staff had received safety-related training on topics such as first aid, moving and handling theory and food hygiene. Topics and learning opportunities relevant to the health and care needs of people using the service were also offered and further training was planned, including further positive behaviour management training. Staff also had access to additional information and learning material relevant to the needs of people living at Alderwood.

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. The application procedures for this in care homes and hospitals are 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 were being met. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) with the registered manager.

People's capacity to make decisions for themselves was considered as part of a formal assessment. All but one of the people living on the rehabilitation unit were assessed as having capacity and therefore were not deprived of their liberty. Those people living with dementia, who were accommodated on the respite and assessment unit also had their capacity to make decisions assessed. Where they lacked capacity and decisions were taken in their best interests, a DoLS had been applied for. A copy of the authorisation was retained on file so staff were aware of any relevant conditions attached to the authorisation.

The people we spoke with told us they liked the food provided. Staff undertook nutritional assessments and if necessary drew up a plan of care. This was reviewed periodically; either monthly or weekly depending on people's needs. People's weight was regularly monitored to ensure care was effective and to identify the need for additional advice and support from the GP or dietitian. A staff member told us, "If we have any problems the (dietitian) will advise and visit." We saw this support and advice had been arranged where a person was at risk of malnutrition and supplementary food products had been prescribed for them. Some people living at the home were actively involved in preparing food for themselves, rather than having meals prepared each day. A person living on the rehabilitation unit told us, "You choose your food and pick what you want. Every month we get a take away and fish and chips on a Friday. Sometimes we bake scones and cakes." A staff member said, "We do our own home cooking and tend to ask what they (people using the service) like on a daily basis."

On the respite and assessment unit we observed at lunch time that staff were kind and caring. The meal was served in a clean environment. Utensils, sundries, along with the food itself were well presented. The support offered by staff was not intrusive but ever present and vigilant.

People using the service and their relatives confirmed that health care from health professionals, such as the General Practitioner (GP) or dentist could be accessed as and when required by making a request via staff or the registered manager. Records showed people were registered with a GP and received care and support from other professionals, such as the chiropodist, dentist and optician. Links with other health care professionals and specialists to help make sure people received appropriate healthcare had been made. For example, the input of hospital staff was documented and their advice was incorporated into care plans. A consultant psychiatrist held a monthly review on the assessment unit but also attended more frequently when required. This confirmed people's healthcare needs were considered within the care planning process. Care plans relating to healthcare needs were up to date and completed appropriately. Medical history information was gathered and was available in a way that could easily be communicated with other services, for example when someone needed to be admitted to hospital at short notice.

Good

Is the service caring?

Our findings

People using the service told us staff were caring and they were treated kindly. They also told us they were happy living at the home. One person said, "Coming here has been a good move. I've good clothes and the foods alright." People told us they were involved in decisions about their care and stated if they had any worries they could approach the staff and they would help. One person told us, "I'm aware of my care plan." Another said, "Involved in my care plan? Yes." A relative we spoke with also made positive comments about the caring approach of staff. They said, "We are very happy with the care here, our relative loves the staff." Another relative commented to us, "The staff here are so kind and supportive, my relative seems to love and trust them. We are very happy with what has been done for her here"

We observed staff members interacted in a caring and respectful manner with people using the service. They acted appropriately to maintain people's privacy when discussing confidential matters or helping people with their medicines. For example we saw a staff member taking over 35 minutes to assist a distressed person with their care and they continue to spend one to one time with them until they were settled and comfortable. We witnessed appropriate humour and expressions of affection and concern from staff towards people using the service. People often returned a smile and showed familiarity and trust in those caring for them.

People said their privacy and dignity were respected. We saw people being spoken with considerately and staff were seen to be polite. We observed the people using the service to be relaxed and they were open in posture when in the presence of staff. Staff were clear about the need to ensure people's privacy. We saw staff respect people's own bedrooms; knocking on doors and only entering when the person said they were happy for them to do so. Staff were also aware of the need to protect people's confidences. One staff member explained they would ensure personal matters were not discussed openly and records would be stored securely.

People were able to spend time in the privacy of their own rooms and in different areas of the home. Practical steps had been taken to preserve people's privacy, such as door locks fitted to toilets and bathrooms, with blinds fitted to the windows.

There was evidence that people using the service were involved in aspects of planning their care and treatment. People told us they were aware of their care plan and involved in planning their care. Care records evidenced that consent had been obtained to share information. People were able to identify who they did and did not wish to share information with for example, specific named family members. This was documented and signed. People were also encouraged to express their views as part of daily conversations, during three monthly 'residents meetings' and in care reviews. Records of these meetings demonstrated that a variety of topics had been discussed. We observed people being asked for their opinions on various matters, and we observed staff to be discussing and encouraging normal day to day activities such as cooking, cleaning and shopping.

Staff encouraged people to maintain and build their independent living skills. A staff member said to us, "We

encourage people to do as much as possible for themselves." Support plans outlined activities people were involved in, including using community and leisure facilities. People were encouraged, and if necessary supported by staff to access such community facilities. For example a staff member told us about a local community based luncheon club and an arts group that were both regularly accessed.

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs and they were listened to. One person said to us, "I know who to speak to if I'm not happy." People also told us about activities they took part in. A person told us, "I get out now and again. I sometimes go to the luncheon club." Several staff told us about the holidays that people went on, as well as other activities offered. One such comment was, "There's much more going on now. They (people using the service) go on holiday twice a year. We're doing our own cooking here."

The people living at Alderwood accessed a variety of activities; both away from the service and in house. Examples included a luncheon club, art class, games and a baking day. One person mentioned to us, "I get a paper every day."

Staff identified and planned for people's specific needs through the care planning and review process. We saw people had individual care plans in place to ensure staff had the correct information to help them maintain their health, well-being and individual identity. When people had moved to Alderwood an initial assessment of their needs had been undertaken. Their needs had been reviewed and re-assessed since that time. From these re-assessments a number of areas of support had been identified by staff and care plans developed to outline the care needed from staff. There was evidence to show that people's care and treatment was reviewed and re-assessed in response to changes. For example, staff acted on feedback from people where plans of care were not working and if risks had changed or increased.

Care plans covered a range of areas including; physical health, psychological health, leisure activities, networks and relationships. We saw that care plans were reviewed regularly and if new areas of support were identified, or changes had occurred, then care plans were modified to address these. Care plans were evaluated frequently and included updates on the progress made in achieving identified goals. Care plans were sufficiently detailed to guide staffs' care practice. The input of other care professionals had also been reflected in individual care plans. Staff wrote care plans with a focus on maintaining people's skills and independence; empowering people to do as much as possible for themselves and to fulfil their potential.

Detailed progress records were available for each person. These were individual to each person and written in sufficient detail to record people's daily routine and progress. Such records also helped monitor people's health and well-being and meant staff had accurate information to ensure people could be appropriately supported in line with their preferences and needs. Entries were detailed, factual and respectful. Areas of concern were clearly recorded and these were escalated appropriately, for example to the GP, or to other mental health and community safety professionals.

Staff had a good knowledge of the people living at the home and could clearly explain how they provided support that was important to each person. Staff were readily able to explain people's preferences, such as those relating to health needs, behaviour described as challenging and leisure pastimes.

People using the service told us they were aware of who to complain to and felt issues would be resolved. Most said they would speak to a member of staff and the registered manager if they had any concerns.

People were aware of external agencies and organisations they could contact should they be unsatisfied with the registered manager's or provider's response. Information about making a complaint was available throughout the service. There were no complaints recorded or received by CQC during the twelve months prior to the inspection.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. They had been registered in respect of this service prior to October 2010. People we spoke with told us they were happy at the home and with the leadership there. They told us that staff interacted well with people using the service and that they were caring, supportive and helpful. One person told us, "The boss is great. They ask how things are going."

Staff were complimentary about the leadership of the service. One staff member said, "We've got a strong leadership. They're approachable, but will let you know when things are wrong." Another commented, "Managers? They're approachable." Staff also told us about how they were involved in the operation of the service. For example one said, "We have staff meetings and unit meetings to discuss the day to day running of things; outings, service user holidays and up-coming events. We've got one tomorrow."

The registered manager was present and assisted us with the inspection. They appeared to know the people using the service and the staff well. Paper records we requested were produced for us promptly and we were able to access care records on the provider's IT system. The registered manager was able to highlight their priorities for the future of the service and was open to working with us in a co-operative and transparent way. They were aware of the requirements to send CQC notifications for certain events and had done so. We saw the registered manager had a visible presence within the home and was known to the people using the service. The registered manager told us about the underlying values they saw as important, including ensuring people were treated with dignity and respect.

To ensure a continued awareness of current good practice the registered manager attended ongoing training, networked with other managers within the provider group and had supported the learning and development of colleagues. They sought the advice and input of relevant clinical professionals, including in relation to people general medical and mental health needs.

We saw the registered manager and clinical leads carried out a range of checks and audits at the home. A representative from the provider organisation (Mental Health Concern) also visited to carry out a quality check on care and staffing issues, and staff confirmed senior managers attended the service periodically, seeking their views and those of the people living at Alderwood. A poster with their contact details was clearly visible in the home. Annual questionnaire surveys were carried out and those received from people using the service provided positive feedback and highlighted areas for further action.

The registered manager told us there were staff meetings and meetings for people living in the home. Records confirmed this was the case. There was a broad range of topics discussed with good attendance apparent. The team meetings included discussions of care related, safety and personnel related issues. This gave people and staff the opportunity to be involved in the running of the home and to be consulted on subjects important to them.