Valeo Limited

Alpha House - Huddersfield

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

The inspection of Alpha House took place on 25 February and 8 March 2016. The visit on 25 February was unannounced and the visit on 8 March was announced. We previously inspected the service on 7 October 2013 and at that time we found the provider was meeting the regulations we inspected.

Alpha House provides accommodation, care and support for three adults with learning disabilities and complex needs/ behaviour that challenges.

The service is required to have a registered manager. 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 service had a registered manager.

Staff had a good understanding about safeguarding adults from abuse and who to contact if they suspected any abuse. Risks assessments were individual to people's needs and minimised risk whilst promoting people's independence.

Effective recruitment and selection processes were in place and medicines were managed in a safe way for people.

There were enough staff to provide a good level of interaction. Staff had received an induction, supervision, appraisal and role specific training. This ensured they had the knowledge and skills to support the people who lived there.

People's capacity was considered when decisions needed to be made and advocacy support provided when necessary to support and enable people to express their views. This helped ensure people's rights were protected when decisions needed to be made.

People were supported to eat a balanced diet and meals were planned on an individual basis.

Staff were caring and supported people in a way that maintained their dignity and privacy. People were supported to be as independent as possible throughout their daily lives.

Individual needs were assessed and met through the development of detailed personalised care plans and risk assessments. People and their representatives were involved in care planning and reviews. People's needs were reviewed as soon as their situation changed.

People engaged in social activities which were person centred. Care plans illustrated consideration of people's social life which included measures to protect them from social isolation.

Systems were in place to ensure complaints were encouraged, explored and responded to in good time and people told us staff were always approachable.

The culture of the organisation was open and transparent. The registered manager was visible in the service and knew the needs of the people who used the service.

The registered provider had an overview of the service. They audited and monitored the service to ensure the needs of the people were met and that the service provided was to a high standard.

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

Staff had a good understanding of safeguarding people from abuse.

Risks assessments were individual to people's needs and minimised risk whilst promoting people's independence.

There were enough staff on duty to meet people's individual needs and keep them safe.

Medicines were managed in a safe way for people

Is the service effective?

Good

The service was effective

Staff had received specialist training to enable them to provide support to the people who lived at Alpha House

People's consent to care and treatment was always sought in line with legislation and guidance.

People were supported to eat and drink enough and maintain a balanced diet.

People had access to external health professionals as the need arose

Is the service caring?

Good

The service was caring.

Staff interacted with people in a caring and respectful way.

People were supported in a way that protected their privacy and dignity.

People were supported to be as independent as possible in their daily lives

Is the service responsive?

Good

The service was responsive

Care plans were person centred and individualised

People were supported to participate in activities both inside and outside of the home.

People told us they knew how to complain and told us staff were always approachable.

Is the service well-led?

Good

The service was well led

The culture was positive, person centred, open and inclusive.

The manager was visible within the service

The registered provider had an effective system in place to assess and monitor the quality of service provided.

Alpha House - Huddersfield

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 was planned to check 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 25 February and 8 March 2016. The visit on 25 February was unannounced and the visit on 8 March was announced. The inspection consisted of one adult social care inspector.

Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, and feedback from the local authority safeguarding and commissioners. We had not sent the provider a 'Provider Information Return' (PIR) form prior to the inspection. This form enables the provider to submit in advance information about their service to inform the inspection.

We used a number of different methods to help us understand the experiences of people who lived in the home. Some people who used the service were unable to communicate verbally and as we were not familiar with everyone's way of communicating we used observation as a means of gauging their experience. We spent time in the lounge area and dining room observing the care and support people received. We spoke with one relative, four members of staff, the registered manager and the locality manager. We looked in the bedrooms of three people who used the service. During our visit we spent time looking at three people's care and support records. We also looked at two records relating to staff recruitment, training records, maintenance records, and a selection of the services audits.

Good

Is the service safe?

Our findings

The relative we spoke with told us they felt confident their relation was safe at Alpha House.
Staff we spoke with were clear about their responsibilities to ensure people were protected from abuse and they understood the procedures to follow to report any concerns or allegations. Staff knew the whistleblowing procedure and said they would be confident to report any bad practice in order to ensure people's rights were protected. Staff said, "If I was concerned I would always go to a manager. If I was concerned about a manager I would go above them." "I'd go as far as I needed to go." We saw information around the building about reporting abuse and whistleblowing.

We saw safeguarding incidents had been dealt with appropriately when they arose and safeguarding authorities and CQC had been notified. This showed the manager was aware of their responsibility in relation to safeguarding the people they cared for.

Systems were in place to manage and reduce risks to people. In people's care files we saw comprehensive risk assessments to mitigate risk when accessing the kitchen, behaviour that challenged, support required to maintain a safe environment, personal security, physical health, finances, decision making and using public transport. We saw these assessments were reviewed regularly, signed by staff and up to date. The members of staff we spoke with understood people's individual abilities and how to ensure risks were minimised whilst promoting people's independence. This showed the service had a risk management system in place which ensured risks were managed without impinging on people's rights and freedoms.

Staff told us they recorded and reported all incidents and people's individual care records were updated as necessary. We saw in the incident and accident log that incidents and accidents had been recorded in detail and an incident report had been completed for each one. Staff were aware of any escalating concerns and took appropriate action. We saw the registered provider had a system in place for analysing accidents and incidents to look for themes. This demonstrated they were keeping an overview of the safety in the home.

The staff we spoke with said there had been a shortage of staff due to some staff leaving, but this was improving with recruitment of new staff. They said they were happy to pick up extra shifts. The registered manager told us more new staff had been recruited and would be starting with the service soon. On the second day of our inspection we saw one new member of staff on their first day of work shadowing a more experienced member of staff

The registered manager told us each person who used the service was allocated staff according to their assessed needs and we saw this was reflected in their care records and tallied with the number of staff on duty. We saw appropriate staffing levels on the first day of our inspection which meant people's needs were met promptly and people received sufficient support. There were a minimum of four staff on duty on the morning shift and four on the evening shift. At night there was one waking night staff from 10pm until 8am and an on-call manager on duty. Sometimes five care staff were on the duty rota when certain activities were planned in the community.

On the second day of our inspection one member of staff was present in the house with one person who used the service and one new member of staff was shadowing. The registered manager was absent due to ill health. The person who used the service required two to one staffing for certain periods of the day. If a behavioural incident occurred the new starter would be unable to support, due to having no training in supporting people with behaviour that challenges. The staff member on duty had called in a senior staff member to provide support, but this staff member had not yet arrived at 12.30pm. This meant the staffing contingencies in place were not always applied effectively. The registered manager said they would address this with staff, who should have called in senior staff sooner due to the ill health of the registered manager.

The provider had their own bank of staff to cover for absence and asked familiar staff to do extra shifts in the event of sickness. This meant people were normally supported and cared for by staff who knew them well.

We saw from staff files recruitment was robust and all vetting had been carried out prior to staff working with people. For example, the registered manager ensured references had been obtained and Disclosure and Barring Service (DBS) checks had been carried out. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups. This showed staff had been properly checked to make sure they were suitable and safe to work with people.

Appropriate arrangements were in place for the management of medicines. The senior staff member on duty told us all staff at the home completed training in safe administration of medicines every year and we saw certificates to confirm this. We saw staff competence in giving medicines was also assessed regularly. This meant people received their medicines from people who had the appropriate knowledge and skills.

Blister packs were used for most medicines at the home. We found all of the medicines we checked could be accurately reconciled with the amounts recorded as received and administered. We saw a stock check was completed three times daily and signed by two members of staff. This demonstrated the home had good medicines governance.

Staff we spoke with had a good understanding of the medicines they were administering and we saw medicines being administered as prescribed.

People's medicines were stored safely in a secure medicines room. Topical medicines were stored in the medicines room and records for these were up to date.

Medicines care plans contained detailed information about medicines and how the person liked to take them, including an individual 'as required (PRN) medication protocol for the person. Having a PRN protocol in place provides guidelines for staff to ensure these medicines are administered in a safe and consistent manner. This meant people were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises. We saw evidence of service and inspection records for gas installation, electrical wiring and portable appliance testing (PAT). A series of risk assessments were in place relating to health and safety.

People had a personal emergency evacuation plan (PEEP) in place. PEEPs are a record of how each person should be supported if the building needs to be evacuated. A fire training sheet was signed by staff and fire drills occurred regularly. This showed us the home had plans in place in the event of an emergency situation.

Good

Is the service effective?

Our findings

We saw people were supported by staff with sufficient skills and experience. We saw evidence in staff files that new staff completed an induction programme when they commenced employment at the service. We asked three staff what support new employees received. They told us new staff shadowed a more experienced staff member for a month before they were counted in the staffing numbers. The shadowing focused on getting to know people's individual needs and preferences. One member of staff said, "It was good. I had plenty of time to get to know people." This demonstrated that new employees were supported in their role.

Staff were provided with training and support to ensure they were able to meet people's needs effectively. We looked at the training records for three staff and saw training included infection prevention and control, first aid, food hygiene, autism awareness, mental health awareness, understanding self-harm, MCA and DoLS and safeguarding adults. Staff told us and we saw from records they also completed training in preventing and managing behaviour that challenges, as well as extended autism awareness training. Training was a mixture of computer based and practical face to face training.
The training matrix showed which staff had undertaken training and highlighted training that was due to be refreshed. Staff had completed training in mandatory areas, such as safeguarding and first aid as well as additional relevant topics, such as MAPA (Management of Actual or Potential Aggression). This demonstrated that people were supported by suitably qualified staff with the knowledge and skills to fulfil their role.

Staff we spoke with told us they felt appropriately supported by managers and they said they had supervision every three months, an annual appraisal and regular staff meetings. Staff said, "I feel supported." and, "We talk a lot day to day as well." Staff supervisions covered areas of performance and also included the opportunity for staff to raise any concerns or ideas. This showed staff were receiving regular management supervision to monitor their performance and development needs.

Staff told us communication was good. A 15 minute handover was held between shifts and a daily communication book, diary and handover sheet for each person was used to share information such as health issues, activities and incidents or concerns.

The registered provider had policies in place in relation to the Mental Capacity Act 2005 (MCA). 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.

Staff at the service had completed training and had a good understanding of the Mental Capacity Act 2005. One staff member said, "We always involve people in every decision made. (Person) was involved in their recent best interest meeting." We asked the registered manager about the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and they were able to describe to us the procedure they would follow to ensure people's rights were protected. We saw all three people who used the service had a DoLs authorisation in place and a mental capacity assessment had been completed prior to the application. This meant that the human rights of people who used the service were protected and they were not unlawfully restrained.

Where people did not have capacity to make complex decisions, we saw examples where best interest meetings were held involving advocates and other health and social care professionals. We saw in the files of people who used the service mental capacity assessments and best interest decisions had been made in relation to important decisions for the person, such as managing their own money and locking their bedroom door. This meant the rights of people who used the service who may lack the capacity to make certain decisions were protected in line with the Mental capacity Act (2005) and guidance.

Care plans and incident records showed that physical intervention was only used as a last resort where harm may come to the person concerned or to those close by. All incidents were clearly documented. Information recorded included the contributing factors to behaviours, staff's interpretation of triggers to the behaviour and method of restraint, for example, blocking an intended assault. The length of time the restraint was in place was recorded as were the names
of staff involved. The incident records showed the event was subject to senior staff review with any lessons learned translated into care plans. Staff we spoke with were able to describe de-escalation techniques and how they minimised the use of restraint.

People at Alpha house were supported to have sufficient to eat and drink and to maintain a balanced diet. The staff told us they did the cooking and people who used the service joined in with the household shopping. One person who used the service was supported to bake, as they enjoyed this.

Meals were planned on an individual basis around the tastes and preferences of people who used the service. Sometimes people chose to eat out and meals were adjusted accordingly. Each person had a list of food likes and dislikes in their care records, which was used to inform meal planning and individual space in the kitchen for personal food items. We heard staff offering a person who used the service a choice of food and we saw they received the meal and drink of their choosing. A one cup kettle had been installed in the kitchen to enable people to safely help themselves to a hot drink with support. We saw the individual dietary requirements of people were catered for, for example; one person who used the service was supported to follow a Halal diet.

Meals were recorded in people's daily records. This included a record of all food consumed, including where food intake was declined and details of the food eaten. People were weighed monthly to keep an overview of any changes in their weight. This showed the service ensured people's nutritional needs were monitored and action taken if required.

People had access to external health professionals as the need arose. Staff told us systems were in place to make sure people's healthcare needs were met. People had an up to date health action plan in their care records. Staff said people attended healthcare appointments and we saw from people's care records that a range of health professionals were involved. This had included GP's, psychiatrists, community nurses, chiropodists and dentists, speech and language therapy and psychologists. We saw concerns were followed up, for example one person had their physical and mental health reviewed when they had been staying in

bed for longer periods than usual during the day. Their time in bed was monitored and recorded and patterns explored for possible causes. This showed people who used the service received additional support when required for meeting their care and treatment needs

The atmosphere of the home was comfortable and homely. There were pictures and photographs in the communal areas, including art work created by a person who lived at Alpha house. People who used the service had been involved in the decoration of the rooms. All bedrooms were individualised to the tastes of the person. A communal bath and shower was available for use. The windows in the dining room had been replaced with frosted glass for privacy, as one person had continually pulled the curtains down during a period of anxiety. The settee in the lounge had been damaged and on our second visit this had been replaced. One person's bedroom had been specially adapted due to their specific needs and the flooring was due to be replaced to promote their hygiene and dignity. This meant the design and layout of the building was conducive to providing a homely but safe and practical environment for people who used the service.

Good

Is the service caring?

Our findings

The relative we spoke with said, "I'm happy with the carers. They make you feel welcome. They are very nice."

Staff we spoke with enjoyed working at Alpha House and supporting people who used the service. One staff member said, "I like it. I enjoy looking after the guys. Every day is different."

Staff we spoke with had a good knowledge of people's individual needs, their preferences and their personalities and they used this knowledge to engage people in meaningful ways, for example engaging a person in drawing and chatting to them during the activity. Staff told us they spoke to the person, or their family members about their likes or dislikes and spent time getting to know them during induction to the home. We saw care files contained detailed information about the tastes and preferences of people who used the service and staff told us they had opportunity to read these records before commencing work with the person. This gave staff a rounded picture of the person, their life and personal history before they went to stay in the home.

Staff worked in a supportive way with people and we saw examples of kind and caring interaction that was respectful of people's rights and needs. We saw one person was reassured in a kind and supportive way when they expressed concern about their relative's current poor health.

People were supported to make choices and decisions about their daily lives. Staff said, "It's all about choice. People have to make their own choices. They have a choice of clothes and what to wear. (person) likes to stay in bed. They get to do what they like." "We are all about choice. If we don't agree with it it's their choice." We saw people were offered a choice of food and drink and activity. Staff used speech, gestures, Makaton sign language, photographs and facial expressions to support people to make choices according to their communication needs. One person chose to eat in their room and lie in bed in the morning. One staff member said about the décor of the communal areas, "The lads were involved in choosing the colour scheme. I brought paint pots in for them to choose from."

People's individual rooms were personalised to their taste, for example one person had cabinets full of CDs and DVDs of their choice and photographs of family members around the room. Personalising bedrooms helps staff to get to know a person and helps to create a sense of familiarity and make a person feel more comfortable.

We saw staff took an interest in people's well-being and were skilful in their communications with people, both verbally and non-verbally to help interpret their needs. Care plans contained details of how to recognise when a person was unhappy or happy for example: "When I am happy I will smile a lot and gently pat the top of my head with my left hand."

Staff were respectful of people's privacy; they knocked on people's doors and asked permission to enter. Staff told us they kept people covered during personal care and ensured doors were closed. One staff

member said, "We make sure people are supported to bath several times a day if required for their dignity." One care record we sampled said, "All staff must display an unconditional positive regard for (person)." The registered manager said, "This is their home. We are guests in their home."
People were encouraged to do things for themselves in their daily life. One member of staff said, "(Person) likes to do their own washing. People have daily jobs like cleaning the table or taking the rubbish out." We saw people were supported to safely help themselves to a hot drink and maintain their independent living skills. The manager said, "We try to encourage people to do things for themselves. If it takes all day that's fine." This showed that people living at the home were encouraged to maintain their independence.

Good

Is the service responsive?

Our findings

We saw staff at Alpha House were responsive to people's needs, asking them questions about what they wanted to do and planning future activities. Staff were patient with people, and listened to their responses. This meant that the choices of people who used the service were respected. Through speaking with staff and a relative we felt confident people's views were taken into account. A relative said, "They always update us and let us know about any problems. I always go to reviews." We saw people had been involved in planning their care wherever possible. Where this was not possible or not desired by the person their family and other relevant health and social care professionals had been involved. Additionally people had review meetings with their keyworkers every six months. Due to a change in one person's needs the manager was trying to re-instate an independent advocate for them, as they had no family involvement.

The staff we spoke with had a good awareness of the support needs and preferences of the people who used the service. We found care plans were person centred and explained how people liked to be supported. For example, entries in the care plans we looked at included, "Things I like. Non-alcoholic beer." "I prefer to have a cup of coffee with my meal." "Food I prefer not to eat: Long pasta." "When I am bored or agitated I may scowl and pace about." and, "I will attempt to brush my teeth, but I only brush one side." This helped care staff to know what was important to the people they cared for and helped them take account of this information when delivering their care. Daily records were also kept detailing what activities the person had undertaken, what food had been eaten and medicines given, as well as their mood and any incidents. This showed the service responded to the needs and preferences of people who used the service.

It was evident through discussions with staff that they spent time trying to understand each person and how best to meet their needs. Care plans were person centred and detailed covering areas such as evening routine, mobility, hygiene, communication, continence, medication, decision making, money, relationships and sleep and included long term goals that the person was working toward. Care plans also contained detailed information about people's individual behaviour management plans, including details of how staff would care for people when they exhibited behaviours that challenged, and the action staff should take in utilising de-escalation techniques. When we spoke with members of staff they were aware of this information. This showed the service responded to changes in the behaviour of people who used the service and put plans in place to reduce future risks.

People's needs were reviewed as soon as their situation changed. The manager told us, and we saw from records, reviews were held regularly and care plans were reviewed and updated monthly or when needs changed. A monthly summary was completed including health and medicines, personal hygiene, domestic skills, activities undertaken and relationships. Each review contained recommendations and goals to be achieved. These reviews helped monitor whether care records were up to date and reflected people's current needs so that any necessary actions could be identified at an early stage.

People were supported to participate in activities both inside and outside of the home. One relative said, "(Person) does lots of walks. They keep (person) active on outings and holidays." We saw care for people was person centred and staff were led in their work by what people wanted to do. One person who enjoyed

doing DIY had a shed in the garden and they were supported to practice their DIY skills. Staff spoke with good insight into people's personal interests and we saw from people's support plans they were given many opportunities to pursue hobbies and activities of their choice. On the day of our inspection one person went out to the shop and returned with items of their choice. Another person went out clothes shopping and bowling. We saw each person had an individually planned holiday. One staff member told us they were planning a holiday abroad this year with one person who had never been.

Staff told us and we saw from records how they enabled people to see their families as often as desired. One member of staff said, "We take (person) to see their family every week." This meant staff supported people with their social needs.

The relative we spoke with told us staff were always approachable and they were able to raise any concerns. We saw there was an easy read complaints procedure in peoples care files. Staff we spoke with said if a person wished to make a complaint they would facilitate this. We saw the complaints record showed where people had raised concerns these were documented and responded to appropriately. Compliments were also recorded and available for staff to read.

Good

Is the service well-led?

Our findings

The service was well led. A relative said, "The manager is very good. She would act on any issues straight away."

Staff we spoke with were positive about the registered manager and told us the home was well led. Staff told us, "The manager is very approachable." "She tries to come out of the office and spend time with us in the house." The registered manager regularly worked with staff providing support to people who lived there, which meant they had an in-depth knowledge of the needs and preferences of the people they supported. The registered manager told us they felt supported by the provider, and were able to contact a senior manager at any time for support.

The service promoted a positive culture that was person-centred, open, inclusive and empowering. The registered manager said that they operated an 'open door policy' and staff were able to speak to them or a senior member of staff about any problem any time. Staff we spoke with confirmed this. The registered manager said, "You want the best for staff. I want them to be happy at work."

The registered manager said the home aimed to promote a relaxed and homely atmosphere, led by the people who lived there. The registered manager told us they attended managers' meetings and training to keep up to date with good practice and they had recently attended training in intensive interactions, going back to the basics of personal interactions with people with complex needs. This meant the registered manager was open to new ideas and keen to learn from others to ensure the best possible outcomes for people living within the home.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. Staff meetings were held approximately every two months. Topics discussed included staff training, individual resident's needs, person centred thinking, changes to daily records sheets, using a questionnaire with people who use the service around activities and service user holidays. Actions from the last meeting were discussed and goals were set from the meeting. Staff meetings are an important part of the provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and treatment for people living at the home.

People who used the service and their families were consulted about the service on an individual basis. People had been supported to fill in service user questionnaires about the quality of the service and these had been compiled by the provider to look for themes. Questionnaires were sent out to family members by the provider and feedback from families was all positive, except one relative felt they were not always informed of staff changes.

We saw documents were maintained in relation to premises and equipment. There was evidence of internal daily, weekly and monthly quality audits and actions identified showed who was responsible and by which date. Audits of medicines were conducted three times a day and audits of service users' money were conducted twice a day. Care plans and documents were also reviewed and audited frequently. This showed

staff compliance with the service's procedures was monitored. The locality manager visited the home regularly to provide support and the provider's compliance team also visited to complete audits and ensure compliance with the provider's' policies and procedures. Training compliance was sent to the locality manager every month to ensure training was up to date. This demonstrated the senior management of the organisation were reviewing information to drive up quality in the organisation.