

# Alliance Home Care Limited

# The Paddocks

## 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

About the service: The Paddocks is a residential care home that was providing personal care to five people with a learning disability at the time of the inspection.

People's experience of using this service:

People received caring person-centred support by a staff team which prioritised their well-being. Staff were positive about working at the service and told us they received the training and support they needed to provide effective care for people living at the service. We observed warm and friendly interactions between staff and people who lived at the service.

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.

People had clear, person-centred care plans which contained detailed information about their care and support needs. Risks to people had been assessed and clear guidance was in place to support people safely. People were supported to access the community regularly. During our inspection everybody living at the service had the opportunity to go out.

There was good leadership in place. The registered manager had effective systems in place to monitor the running of the service. For example, the quality of care records, training and supervision overviews and a range of audits designed to check the safety of the environment. However, some aspects of the environment required updating.

We have made a recommendation that the provider completes an audit of the premises to identify areas that need updating.

Medicines were managed safely and protocols concerning 'as required' medicines were particularly well-managed. People were supported to maintain their health and well-being; the service kept clear records of any health issues, professionals involved and dates of any appointments.

Rating at last inspection: At the last inspection in August 2016 the service was rated Good. At this inspection we found the service remained Good.

Why we inspected: This was a scheduled inspection based on previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# The Paddocks

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience on this inspection had a relative with a learning disability.

**Service and service type:** The Paddocks is a residential care home which was providing care and support to five people at the time of our inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** The inspection was 15 May 2019 and was unannounced.

#### What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us.

At the last inspection in August 2016 the service was rated Good. At this inspection we found the service remained Good.

Some people at the service were not able to tell us about their experiences. We used a number of different

methods such as undertaking observations to help us understand people's experiences of the home. Due to the complexity of the people who live at The Paddocks two people were not able to verbally communicate so we used observation of interaction with staff with people in the lounges, kitchen, dining areas and throughout the service.

During the inspection we spoke with two people living at the home and three staff members, this included senior staff, and the registered manager. We reviewed two people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

# Is the service safe?

## Our findings

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

- ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- ☐ People were safe at the service. They were happy and relaxed with staff. One person told us, "Yes, I like living here". Another person nodded when we asked if they felt safe.
- ☐ Staff understood about safeguarding adults and were clear about how and what to report. When asked about safeguarding they were clear about what actions to take and what to do if they felt their concerns were ignored.

Assessing risk, safety monitoring and management

- ☐ People had comprehensive risk assessments in place. There were clear plans on how to manage risk. Some people had behaviour which challenged, their records contained clear information about potential causes of distress or anxiety and how to reduce this. There was clear guidance for staff on how to support people and keep them and others safe during any episode of behaviour which challenged. Staff reviewed and updated risk assessments either monthly or when any change had occurred.

Staffing and recruitment

- ☐ The provider followed a recruitment procedure to reduce the risk of employing unsuitable staff. Staff files showed the provider had carried out checks before employing new members of staff. All contained a Disclosure and Barring number (DBS) this is a check that is made to ensure potential staff have not been convicted of any offence which would make them unsuitable to work with vulnerable people. Staff files also contained proof of identity, an application form, a record of their interview and two references.

Using medicines safely

- ☐ Medicines were managed safely. The provider had systems in place to order, store, administer and dispose of medicines safely. Staff were trained in the safe administration of medicines and recording systems showed people received their medicines on time. We looked at the medicines administration records (MARs) for everyone who received medicines and there were no gaps. Each person had a medicines profile which guided staff on how the person liked to take their medicines.

- There was notably good practice in management of 'as required' (PRN) medicines. People's medicine records contained detailed protocols about when to administer medicines and alternative strategies before administration of any anxiety medicines. Each of these had been signed by the person's GP.

#### Preventing and controlling infection

- People were protected from the risk of infection. The service was clean and smelt fresh throughout. Staff wore personal protective equipment (PPE) such as gloves and aprons when providing any personal care. Staff disposed of waste safely.
- Staff described using colour coded mops for different areas of the home. Staff used colour-coded chopping boards to prepare meals to reduce the risk of cross contamination between different foods such as raw meat and vegetables.

#### Learning lessons when things go wrong

- There were systems in place to report and learn from incidents. For example, when a medicine error occurred an investigation took place. A training need in administration of medicine was identified. Staff received training and learning was discussed in supervision.



# Is the service effective?

## Our findings

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

- ☐ People's outcomes were consistently good, and people's feedback confirmed this.

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

- ☐ People had their needs thoroughly assessed by the service. Assessed needs covered health, psychological and emotional needs, communication, daily living skills and relationships. The assessments were detailed and contained clear information about individuals' needs.

Staff support: induction, training, skills and experience

- ☐ People received care from staff who were trained. Staff received the provider's mandatory training and service specific training. This included administration of emergency epilepsy medication and Makaton, a sign language used by one person at the service. Staff also received training in learning disabilities and autism.
- ☐ Staff received regular supervision. One member of staff told us, "It was helpful every time." Staff were able to approach the deputy or registered manager at any time if they needed guidance.

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

- ☐ People were supported to maintain a healthy diet. Staff catered for people's individual preferences and involved people in choosing the menu and shopping for food.
- ☐ We observed staff support a person to make a cup of tea. They prompted the person to get milk from the fridge, pour the milk and put a tea bag in the cup. The staff member put the kettle on and poured the water, explaining to the person this because it was hot. Staff gave clear instructions and praised the person throughout; they made it fun by laughing and joking with them.
- ☐ One person needed to be protected from eating unsuitable foods. In order to keep them safe there was an access gate fitted to the kitchen area. People could access the kitchen with staff support.

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

- ☐ People were supported to live healthier lives and have access to ongoing healthcare. Everybody had a health action care plan which contained comprehensive information about their needs. Everybody had a completed and up to date hospital passport. Which included essential information relating to them, should

they require a hospital admission.

- Staff were proactive in supporting people's health needs. Staff supported people to attend for appointments whenever possible. One person refused to attend the dentist; staff had arranged for the dentist to visit the service to get the person used to them.

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

- The service was adapted to meet the needs of the people who lived there. One person who had personal care needs had an en-suite bathroom. People had been actively involved in the decoration of their bedrooms; one person had taken part in painting their rooms. People had also been able to help paint a wall in the dining room.
- One person was at risk from banging their head against large areas of glass; the provider had ensured protection was in place over these areas to reduce this risk.
- People's bedrooms were personalised, with bedding and pictures of their choice which reflected their interests. However, one person's bedroom did not have carpet and some areas of the service required decoration or repair.
- We recommend the provider carry out an audit of the premises to identify areas that need updating.

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

- Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.
- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The service had clear records of all DOLs applied for and granted. Where a person's DOLS authorisation had expired the registered manager had submitted an application for continuation
- People's care plans gave information about how people who did not communicate verbally gave or withheld consent. For example, one person used a picture board to communicate, they showed this to us. One member of staff told us, "I have got to know people so well." Staff said they could ask three people what they wanted and knew the two other people well who did not communicate verbally.

# Is the service caring?

## Our findings

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

- People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Both of the people living at the service we spoke with told us they liked living at the service and staff were kind. Two family members had completed satisfaction surveys and confirmed their loved one was happy at the service and had improved their independence. Staff told us, "The service users come first."

- Staff spoke very warmly about people at the service. They were respectful in the way they spoke with and about people. We observed staff supporting people. They gave people choices and asked what they would like to do.

- Where needed people had a positive behaviour support plan (PBS). This identified when and how people may become anxious or distressed and provided an individual, detailed plan, to guide staff how best to support people both during and after. Staff were able to describe these plans, for example, explaining the first thing to do for one person was, "Give them their space".

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

- Staff consulted people when possible about their choices and preferences. People's care records contained detailed information about how they liked to live their lives.
- One person had died at the service recently. Staff were carrying out 'social story' work with people to help them understand this and to prepare for a new person coming to live at the service. Social stories are short descriptions of a particular situation, event or activity, which include specific information about what to expect in that situation and why.
- We heard about one person going to the shop to choose the paint for their bedroom. Staff explained they had a choice of two colours as they became stressed with too many choices.
- Staff were able to describe individuals' preferences, likes and dislikes and how they helped people make choices. One person preferred female care staff to deliver personal care; all staff were aware of this.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy respected. Staff knocked on bedroom doors. Bathroom and bedroom doors

were always closed when offering assistance to people.

- ☐ Staff promoted people's independence. During the morning we observed staff supporting people to help with cleaning around the service. One member of staff said, "It's their home, they need to be involved in the cleaning."
- ☐ Throughout our visit we observed staff promoting people's independence wherever possible. For example, helping a person solve a puzzle without doing it for them. The registered manager told us, "They are young and we can help them reach their potential."

# Is the service responsive?

## Our findings

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

- ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ People received personalised care that was responsive to their needs. The service was tailored to meet the needs of individuals and was organised around meeting people's needs. Staff worked with people to develop meaningful and enjoyable activities. Staff told us, and records showed, that staff facilitated people's access to the community and to a range of activities.

- ☐ People's care plans contained detailed information about their care needs and how they liked to spend their time. During our inspection, all of the five people living at the service were supported to go out.

- ☐ Care plans were holistic and covered people's social, emotional and health needs. Plans contained information about what people were able to do for themselves, information about what people liked about them and things the individual did not like. Care plans were reviewed monthly and any identified changes included.

- ☐ People's individual communication needs were assessed and recorded in line with the Accessible Information Standard (AIS). The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with a disability, impairment or sensory loss. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared with others, including professionals. Staff knew people well and responded to their individual communication needs.

- ☐ People were supported to undertake a range of activities. These included foot massage, arts and crafts which took place in the garden due to good weather, puzzles or football. People were encouraged to choose what to make or which puzzle to complete.

- ☐ One person told us, "I like going outside" and they go into town and go 'on the bus'. People were able to go out either on the bus with staff or in the service's car. A driver was always on shift. The service was near Gatwick airport and one person loved to go out in the evening to watch planes.

Improving care quality in response to complaints or concerns

- ☐ The service had not received any complaints since 2016. They had received six compliments. There was a complaints policy in place.

#### End of life care and support

- ☐ Nobody at the service was receiving end of life care. Staff had worked with people and their relatives where possible to have an end-of-life plan in place. However, people living at the service were young and staff did not expect people to be approaching the end of their lives in the near future.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

- ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- ☐ The service was managed by an enthusiastic staff team. The registered manager and staff spoke enthusiastically about supporting people to increase their independence and quality of life.
- ☐ The registered manager and all the staff described how they delivered person-centred care based on people's preferences and care needs. Staff received training in any particular needs people had, for example Makaton (a sign language used by one person). Staff were able to discuss any training needs in supervision.
- ☐ The registered manager and provider learned from mistakes and admitted when things had gone wrong. For example, they completed incident forms and discussed any concerns or events with the community learning disabilities team. This reflected the requirements of the duty of candour, and their philosophy of being open and honest in their communication with people. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

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

- ☐ The registered manager had an effective governance system in place. There were environmental checks in place to keep the physical environment safe and systems in place to monitor staff training and supervision. There were systems in place to learn from incidents and actions were put in place to reduce the risk of recurrence.
- ☐ The registered manager and deputy were open and approachable. Staff told us they felt well-supported in their roles.

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

- ☐ People, their relatives and members of staff were encouraged to comment on the running of the service. The provider had carried out satisfaction surveys. Staff were able to discuss their ideas and improvements to the service at staff meetings.

Continuous learning and improving care

- ☐ The registered manager told us they were currently making plans for people to go on holiday and

exploring new activities such as working with a musician. They were hoping to raise funds to develop a sensory room for people.

Working in partnership with others

- ☐ The service worked with local organisations to improve people's health and social well-being.