

Aitch Care Homes (London) Limited

Alderton House

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

Alderton House provides accommodation and non-nursing care for up to ten people with a learning disability or autistic spectrum disorder. There were nine people living in the home at the time of the inspection. The tenth bedroom was being used for storage. Each person had their own bedroom in the house. There was a communal kitchen, dining room, and lounge and quiet room for people and their visitors to use.

This unannounced inspection took place on 01 and 05 November 2018.

At the time of the inspection there was 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.

At our last inspection we rated the service Good, with a rating of Outstanding in the area of Responsive. At this inspection we found the evidence continued to support the rating of Good overall. However due to the lack of staff and how this sometimes resulted in people not being able to attend their planned activities responsive has now been rated as Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. We have written this inspection report in a shorter format because our overall rating of the service has not changed since our last inspection.

The care service has been developed 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.

However, the service was in a large home which was larger than most domestic style properties and was registered for the support of up to 10 people. This is larger than current best practice guidance. The size of the service having a negative impact on people had been mitigated in the following ways. The design of the building was such that it fit into its environment as it is in a residential road with other large domestic homes of a similar size. There were nothing outside the building that may indicate it was a care home. Staff wore their own clothes and removed badges when in the community. People had a high level of autonomy over how they spent their time. People's support was built around them and this enabled people to live individualised lifestyles. There were numerous rooms that people could use in addition to their private space. The building did not feel overly busy or institutionalised.

People continued to receive a safe service. Staff protected people as far as possible from discrimination, abuse and harm. Risk assessments were in place and had been regularly reviewed so staff were aware of what action to take to reduce risks to people. There were enough staff to ensure that people's needs were met. Recruitment checks were completed to ensure staff were suitable to work at Alderton House. People received their medication as prescribed. Accidents and incidents were monitored so that action could be

taken to prevent a reoccurrence.

People continued to receive an effective service. Staff received training and support which gave them the skills and knowledge they required to do their job well. There was a detailed assessments and lengthy transition period when people moved into Alderton House to ensure it was the right place for them. Staff supported people to eat and drink the right food to maintain their health. 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 supported this practice.

People continued to receive care and support from staff who cared about them. Staff were kind, compassionate and gave emotional support when needed. Staff respected people's privacy and dignity. They knew people well and supported people to be as independent as possible including learning new skills. Staff welcomed people's relatives and visitors.

People continued to receive a service that was very responsive to their needs. People and their families were fully involved in planning their care and support. Support plans were personalised and included information about what goals they wanted to achieve. People choose what activities they wanted to do and where they would like to go. People and their families were confident if they needed to complain it would be dealt with appropriately.

The service continued to be well-led, by a registered manager who provided good, hands-on leadership. People were put at the heart of the service and staff were motivated to provide them with a good quality service. They monitored all aspects of the service for quality and put actions in place to address any shortfalls. There was an open, person-centred culture. The provider sought the views of people, their relatives and staff and these views were taken into account to ensure continuous improvement. The service worked in partnership with organisations such as the local learning disability partnership to provide people with joined-up care.

Further information is in the detailed findings below.

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?

Good ●

The service is good.

Is the service well-led?

Good ●

The service remains Good.

Alderton House

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. We planned this inspection 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 comprehensive inspection took on 01 and 05 November 2018. One inspector carried out the inspection. We visited Alderton House on 01 November 2018 and requested feedback from people's relatives on 05 November 2018.

Prior to the inspection we looked at information we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information and the report of our last inspection.

During the visit we spoke with three people who lived at Alderton House, the registered manager, the deputy manager, two senior support workers and a support worker. Before the visit we wrote to a number of healthcare professionals who the registered manager told us had had recent contact with the service. Two healthcare professionals replied and we have included their comments in this report. We also wrote to a number of relatives and four replied, we have also included their comments in the report.

Is the service safe?

Our findings

People told us that they felt safe living at Alderton House. One person told us, "I feel safe, I've never been scared here." One healthcare professional told us, "I certainly feel that the people at Alderton House are very safe. There is safeguarding information to reduce the risk of harm available to people, their friends and families." One relative told us, "I am confident that [family member] is safe at Alderton house and that staff are very aware of her vulnerabilities, so I have no concerns regarding safety." Staff were aware of the procedures to follow if they suspected anyone had been harmed. Staff had completed refresher training in safeguarding procedures. Any safeguarding concerns had been reported to the appropriate organisations.

Risk assessments were in place and had been reviewed to ensure the information was still current. They provided staff with the information they needed to reduce risks to people were practical whilst still encouraging them to be independent and carry out activities that they enjoyed. For example, ensuring people were safe to go out with family members by providing a member of staff to accompany them at a distance.

The registered manager had assessed people's needs and was aware of the number of staff required on each shift to meet them. The registered manager followed robust procedures to ensure that new staff were suitable to work at this service. They carried out all the required checks, including a criminal record check.

Medicines were managed safely. People told us that always received their medicines. One person told us, "The staff give me tablets to keep me healthy." One healthcare professional told us, "The person's medication is managed very safely and the service does provide the prescribed medications reliably." One relative told us, "I'm confident that medicines are administered on time and correctly." Another relative told us about a situation when their family member had to attend hospital for an emergency and the staff member had arranged with the hospital staff for their family member to be administered their medication that they would have had at home. Staff checked that the right medication had been administered by their colleagues on a daily basis and the amount of medicines in stock tallied with the records.

Staff undertook training and promoted infection prevention and control procedures. The registered manager ensured there was enough personal protective equipment (PPE) available and that staff used this when they supported people with personal care. People were supported to deep clean their bedrooms and/or en-suites at least once a week by staff.

Accidents and incidents had been recorded in detail so that any patterns could be identified and changes made to prevent a reoccurrence. For example, the registered manager changed how staff were deployed to reduce a person displaying behaviour that challenged others because they were bored.

Is the service effective?

Our findings

The service continued to provide an effective service. Staff from Alderton House worked with people, their family and the staff at their previous home to assess the person's needs to ensure that Alderton House would be the right place for them to move to. A lengthy transition period was then planned so that the person could visit Alderton House and get to know the staff and other people living there before moving in.

Staff undertook the training they needed so that they could do their jobs well. The provider offered training in a range of topics. Staff received regular individual formal supervision and appraisals so that they could discuss their performance and development needs with their line manager. The registered manager also observed how staff worked so that they could provide feedback to the member of staff.

People received the support they required with eating and drinking. People could choose if they wanted to prepare their food independently, with help from staff or for staff to do it for them. People could choose what they wanted on the menu and could also choose something else if they wanted to. One Person told us, "I can choose my favourite food, I like sausages." One relative told us, "[Family member] has some dietary requirements and these are adhered to. [Person] is also given sufficient support at meal times."

The service worked closely with other organisations to make sure people received care and support that met their needs. Health and social care professionals told us that staff kept them fully up to date with what was happening with the people they worked with. One healthcare professional told us, "The staff and managers at Alderton House do seek my view about the care they provide to the residents and they do respond with an effective plan to address any concerns."

People received the support to maintain their health. Each person had a Health Action Plan which included information about their health and any appointments with health care professionals they had attended. People were supported to make and attend appointments as necessary to maintain their health. One relative told us that staff had noticed a change in their family members behaviour and mood so they arranged for them to see someone from the local learning disability team. The relative was also invited to attend the appointment so they could share their views.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Staff had received training and had a good understanding of the ways in which this legislation related to their everyday work. They gave people choices in as many aspects of their lives as possible and asked consent before providing care and support to the person. The local authority had

appointed an Independent Mental Capacity Advocate (IMCA) who had been involved in making decisions in a person's best interests. An IMCA is an independent person who will help the person to make decisions, represent their views and act in the person's best interests. One healthcare professional told us, "I feel that the people have been extremely supported with their decision making, as we try to keep them in a place where they feel most comfortable and they are always given aids to help their understanding."

Is the service caring?

Our findings

The service remained good at caring for people. People and their relatives told us they thought staff were kind. One person told us, "I like living here, I like my bedroom, the support workers are kind to me." Another person told us, "Staff are kind, they help me with my personal care." One relative told us, "There is a homely and appealing atmosphere in the home and staff generally present a kind, friendly and lively approach." Another relative stated, "[Family member] can be quite challenging at times and [person] is treated with the utmost compassion and kindness." A third relative told us, "I have never seen or heard staff being anything other than happy, positive and considerate to the residents." One healthcare professional told us, "I feel that the staff are extremely caring and compassionate in the way that they provide care."

People told us they thought the staff knew them well. One person told us, "They know that I might get a headache and when I do they give me tablets." Staff enjoyed working at Alderton House. One member of staff told us their favourite part of the job was supporting people to learn new skills and it was lovely to get a hug from someone when they had made them happy. Staff demonstrated that they knew each individual well. For example, the registered manager told us that staff were aware that when one person was reluctant to tidy their bedroom it normally meant that they were worrying about something and staff could give the support they needed.

People and staff all got on well together. During the inspection people went into the registered manager office throughout the day to have a chat with them. The relationships between people and staff were friendly, caring and supportive, while staff remained professional at all times. People were talking and laughing with staff throughout the day. Staff were also aware of when people were feeling anxious or sad and supported them in a sensitive manner at these times.

People told us that staff respected their privacy and dignity and knocked on their bedrooms doors before entering. One relative told us, "Staff interact with residents in an appropriate and considerate way and I have not seen any evidence of poor practice in this area. I have seen evidence of staff respecting my [family member] and other residents and managing potentially difficult situations in a professional and effective way."

People were encouraged and supported to have contact with their families and friends. One relative told us, "On [family member's] birthday we were invited to join the residents and staff for a special birthday supper." One person was offered the choice each week if they wanted the staff to drive them to see their family. People were fully involved as much as possible in making their own decisions about their care. People invited their relatives to review of their care but only if they wanted them to be involved.

Is the service responsive?

Our findings

The service continued to provide care and support that was very responsive to people's needs and people and their families were fully involved in planning their care and support. One relative stated, "Overall Alderton is an excellent place for [family member] to live and I could not be happier with the way [person] is treated and cared for. I have no worries or concerns and know that I will always be kept up to date with any information relating to [family member]." Two people had wanted to move on to more independent style living arrangements. The staff had worked with them to teach them daily living skills such as budgeting, road safety and cooking so that they were able to move. One of the people had always wanted to live near the coast so staff had helped them to find a suitable house and location.

Staff made people and their families feel listened to and valued by involving them in decisions about people's care and support. One family member told us, "The staff make Alderton! I'll never be able to explain how grateful I am that [name of family member] has ended up in such a wonderful home surrounded by kind caring people that actually genuinely care about his wants and his needs. They have been hugely supportive to me as myself and my [family member] have had a lot of stress over the years. I took on the responsibility of [family member's] social care and with out the support of the team I'm not sure I could have done it. I feel my life has become a lot more stress free knowing [family member] is not only being well looked after but [family member] is now living a fun and happy life."

Staff worked hard and took time to understand the most effective way to support each person. For example, a new pictorial system was put in place for a person who was struggling to communicate their needs and was therefore communicating behaviourally. Since the new plan had been in place and a new structure around their meal times, all behaviours had dramatically reduced and the staff were much more responsive to the person's needs. Being able to effectively communicate also meant that staff could help the person to anticipate what was happening next which relieved anxieties and meant they could try new activities.

One relative told us, "I can't describe how wonderful the team have been. Before [family member] moved to Alderton [family member] was in respite care for 18 months, the team at respite could not get [family member] to do anything([family member] even refused walks) it was very sad to see [gender] becoming so de skilled. Since moving to Alderton [family member] does a range of activities such as Trikes, swimming, meals out , shopping days. It took a lot of hard work and dedication to get [family member] to do all these activities as [gender] can be very stubborn, but the team all worked together to build [family member] trust & confidence and now [gender] living a fulfilled and happy life!"

Staff had found creative ways of meeting people's needs in an individual way. One person that moved to Alderton House had only ever felt safe sleeping on a mattress on the floor. Before the person moved to Alderton House the registered manager had found a bed that went low to the floor. The staff had got to know the person well and found that they really enjoyed being outside and going for walks because the person loved nature and finds trees very calming. Staff had decorated the person's bedroom with wallpaper with pictures of trees on it. The person now enjoyed spending time in their bedroom relaxing.

The staff identified that one person found particular times of the year challenging. With this in mind, they were assigned a key worker who had similar interests to them such as gardening and animals. Because of this, and for the first time, they have been much happier and actively involved in setting goals for them self and had achieved them.

Staff listened to what was important to people and tried to find ways of helping them reach their goals. For example, one person when they moved into Alderton House had been reliant on their wheelchair for mobility. Staff had made physiotherapy referrals and supported the person with exercises so they were now able to walk around the home using a frame. Another person was using a bath lift to get in and out of the bath but told staff they didn't like using it. The staff had made a occupational therapist referral and new equipment had been purchased which enabled the person to use the bath without the bath lift.

All of the relatives that provided feedback about Alderton House were very positive about the care and support their family members received. One relative told us, "All the staff I come into contact with are professional and friendly and [family member] is very attached to them. We remain as involved as we can be in [family member's] care but are equally confident that [family member] is very happy where [they are]. [Person] is a very sociable [gender] and loves the whole family atmosphere created at Alderton House." A healthcare professional told us, "I do not have any concerns about Alderton House whatsoever. I would go as far as saying that this care home is exceptional in the care that they provide and the time that they give to their residents."

Support plans were very detailed and included information about what was important to the person, what their strengths were and areas they needed support. Each person had a keyworker (a keyworker is a member of staff who is allocated to the person to provide extra support) who met with the person regularly to discuss what they would like to achieve and goals they would like to set and how they could work towards them. A relative told us, "They operate a key worker system which I think is a good way of ensuring individual needs are understood and met. I feel the staff have worked hard to ensure my [relative] has a lively and varied week and that [their] ability level and interests are taken into account when planning sessions."

Staff worked hard to arrange opportunities for people to be involved in meaningful activities. A relative told us, "I think the staff are extremely geared towards helping [family member] get the most out of every day. One person told us they enjoyed volunteering at the local charity shop, going to the local pub and café and bowling. They also told us that they enjoyed it when they went shopping once a week with their keyworker. One person told us that they discussed where they would like to go during meetings with other people living at Alderton House. They stated, "I choose to go to the pantomime." However there were four vacant posts at the time of the inspection. Although the provider allowed the registered manager to book agency staff they were only permitted to do this a week in advance. This restriction had often meant that agency staff could not be secured or it was not the same agency staff. The staff and registered manager confirmed that working below the expected staffing levels meant that people did not always get to take part in their scheduled activities. This sometimes had a subsequent effect on people's well-being and their behaviour.

The provider had a process in place so that people could raise their concerns if they wanted to. No complaints had been made in the last year. Minutes of meetings showed that people were asked if they knew how to complain and the process was explained to them if they were unsure. One relative told us, "If I had any complaints I would address them in the first instance to [registered manager] or [deputy manager] as they are both very approachable and helpful."

Although the home was being used by young adults the staff had discussed end of life wishes with people

that were willing to. This had been a big help when one young person had died unexpectedly and the staff were able to share the end of life document with the person's family. This had meant that the family were able to fulfil the person's wishes. People who wish to, were supported to write a will and the management team had found a solicitor with experience of learning disabilities which meant the process was much easier for the person.

Is the service well-led?

Our findings

The service continued to be well-led and there was an open, person-centred culture. One person told us, "[Name of registered manager] is friendly." Healthcare professionals praised the service. One wrote, "Alderton House is probably the most organised care home and the most caring." One relative told us, "I feel I can email or speak to the manager whenever I need to and that the staff as a whole are approachable and helpful. Another relative told us, "[Registered manager] is extremely approachable and so are the other seniors." The provider and registered manager had a clear vision and strategy and staff were fully involved in working to support people to lead as fulfilling a life as possible. Where they wanted to people were also supported to move on to a more independent setting.

There was 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 they run the service. Although the registered spent time in the office staff told us that when needed they were also hands on to support people and the staff. This also allowed the registered manager to assess how staff were working and the culture of the home.

There was a quality assurance system in place that sought the views of people living at Alderton House, their relatives and health care professionals. One health care professional told us, "I definitely feel that the service Alderton House is constantly striving for is improvement as they are always looking for ways of improving activities, diet, contact with family at all times. We do have a general sit down once a year to see where other further improvements can be done and I'm often involved in some of the decision making." Surveys were given out to people on a regular basis about different areas of the support they received. The registered manager was compiling a report of the most recent results and arranging to follow up any issues raised.

The registered manager and senior staff carried out audits on various aspects of the service, such as medicine management, care plans and health and safety, to check that staff were following the correct procedures. External members of the provider's staff carried out regular audits of the home and wrote a report of their findings. This ensured that the service continued to learn and improve. For example, since the previous inspection improvements made included, more frequent medication competency assessments to ensure staff are competent. New additional weekly checks had been implemented regarding checking for general hazards and fire safety. Senior staff were now checking all of the money held on behalf of people of a weekly basis so that any discrepancies could be highlighted immediately and the correct action taken. The handover form had been amended to allow instructions to be passed from one shift to another, also providing a documented audit trail of actions.

People were involved in the local community. Local shops and amenities had come to know people well and made special arrangements so that people could use them. For example, if a person needed to leave quickly due to anxieties the shop staff knew that a member of staff from Alderton House would return to pay as soon as possible.

