

Alderwood L.L.A. Limited

Alderwood L.L.A. Limited - Irchester

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Alderwood LLA Irchester is a 'care home' for six people with autism. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Alderwood LLA Irchester accommodates people in one adapted residential house that is located on a residential street. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This inspection took place on 3 January 2018 and was unannounced.

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

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

People were supported to work towards and complete major achievements in their lives. The service had continued to strengthen their positive links with resource centres for people with a learning disability, local leisure facilities, health and wellbeing providers, and employers who offered work placements. The service was flexible and adapted to people's changing needs and desires, enabling positive outcomes for all concerned. People felt a part of their community, and were able to take pride in their achievements.

Professionals involved in people's care confirmed that the service was focused on individuals needs and the service had been able to meet people's high level of needs where other services had failed. Staff had gone the extra mile to ensure that a people received the medical treatment that they needed and they had taken innovative steps in complying with the accessible information standard.

The provider was involved with the development of a national initiative to try and prevent the over medication of people with learning disabilities, autism or both and this ethos was firmly embedded within the service. The provider continued to be awarded by external bodies for educating the wider community about positive approaches to autism, and for the on-going investment into the strong development within their staff team.

The service had a consistently high level of engagement with relatives of people that used the service. Feedback from relatives was extremely positive and commented on the unique nature of the service, and how their own lives had been improved as well as their relative using the service.

Staff were well supported by the registered manager and senior management team. The registered manager had a clear vision for the service and its development. Staff were passionate and dedicated to their roles and

had belief in the ethos of the support they received, and that of the provider in general. Staff at all levels had a strong belief that they were providing the best possible care for people, and were confident and empowered in their roles because of the strong leadership and management across the company. Staff were innovative in their approach to support, and were enthusiastic about supporting people to overcome life's hurdles.

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

Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. Safeguarding procedures were followed accurately and alerts made when required. Detailed risk assessments and behaviour management plans were in place to manage all risks within a person's life. Staff were all confident in supporting people with complex needs and behaviours which may challenge the service.

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

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

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

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

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Outstanding ☆

The service was very responsive.

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

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

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

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

Is the service well-led?

Outstanding ☆

The service remains outstanding.

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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 3 January 2018 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection, the provider completed 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 looked at the PIR prior to our visit and took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications. These detail events which happened at the service that the provider is required to tell us about. We also contacted the Local Authority for any information they held on the service.

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

Is the service safe?

Our findings

People continued to receive support that was safe. One relative told us, "The service is the safest place [name] could be." The staff we spoke with felt that all the people using the service were in a safe environment, and the care planning in place kept people safe from avoidable harm. All the staff we spoke with were aware of safeguarding procedures and had relevant and up to date training in this area.

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

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

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

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

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

Is the service effective?

Our findings

People's needs and choices were assessed and care was delivered to achieve effective outcomes. We saw that people received detailed pre assessments before receiving support, and when people moved in to a service, their transition was tailored completely to their needs. A relative told us, "[Name] has been with the provider since they were a child. They have moved around several of the houses, and whenever they have moved, it was done at the right pace for them." There were processes in place to ensure that no discrimination took place, and people's cultural and life choices were respected.

People received care from staff that were knowledgeable and had received the training and support they needed. Staff training was relevant to their role and equipped them with the skills they needed to care for the people living at the service. For example, staff had received specialist training in supporting people with autism and behaviours that may challenge. One staff member told us, "I think the training here is second to none. It absolutely equipped me to be able to work with these young people." We saw that staff all went through the same induction process which entailed training and shadowing more experienced staff. One staff member had the role of a mentor, and would work with all new staff to ensure they were able to work effectively with people. This included completing a workbook to evidence their progress through their probationary period.

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

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

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

People were supported in an environment that was centred around their own needs, and personalised to their own tastes. All aspects of the service were designed to meet the needs of people who may display behaviour that challenges, and who may be hyper-sensitive to different environments at different times. A

variety of different spaces were available for people to use, including a quiet garden room for people who may wish to get away from the main part of the house. The service was able to provide a homely feel that was personalised to the individuals, whilst at the same time remaining a safe environment for all that lived there.

People were encouraged to make decisions about their care and their day to day routines and preferences. During our inspection we saw staff offer choices to people and give them the time needed to respond. Extensive efforts were made to make sure that people with communication difficulties could express as much choice as possible. For example, a variety of personalised pictorial guides and options for different scenarios, were available for people to use, and care planning documented the communication with family members about people's choices and preferences.

Staff had a good understanding of service users' rights regarding choice, and appropriate assessments were carried out with people. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). All the people within the service had been appropriately assessed and had DoLS authorised for their support. The staff were providing support in line with these decisions.

Is the service caring?

Our findings

Staff were passionate about providing a friendly and caring environment for the people using the service. One relative of a person said, "The staff are all lovely. I have known them all, even the management for many years and they are very caring". During our inspection we saw that staff were kind and caring towards people and gave them the time they needed to communicate and complete the routines that were important to them.

People's choices in relation to their daily routines and activities were listened to and respected by staff. Staff understood each person's preferences and so encouraged positive activities throughout the day to keep people fulfilled and active. Staff clearly understood the times and areas in which people found stress and anxiety, and supported people with the structure they required to reduce this. The staff we spoke with clearly had passion and pride for the successful care that they were providing to people, and helping them avoid as much anxiety and stress as was possible. We saw that staff asked people what they would like to do, and respected their choices. People were relaxed in the company of staff and clearly felt comfortable in their presence. We observed interactions between staff and people and saw that people were given the time they needed to express themselves and guide staff in providing care the way they wanted.

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

Is the service responsive?

Our findings

Care was completely personalised to each person that used the service, and people and their relatives were fully involved in their care. Staff had an excellent understanding of all of the needs of the people they were supporting, and clearly had a drive and passion to help people achieve as much as they could. One staff member said, "We are always trying to see what else is possible. We all believe in getting the most out of life for these young people." One relative told us, "[Name] had difficulty elsewhere before coming here. They have many challenges, but the staff meet those challenges every time. They never give up on people."

The service had an excellent understanding of people's social and cultural diversity. All the staff we spoke with were knowledgeable about each person's beliefs and preferences, and were able to tell us how they supported people with choices around food and access to parts of the community that their culture or beliefs were affiliated with. For example, we saw that one person had been supported to become a volunteer at their local mosque. We saw how the person's progress had been documented through this process, building links with the local community and making positive relationships. The person had been welcomed by their faith leaders and was helping to clean the mosque and take part in activities that were important to their beliefs. Another person was encouraged to fundraise for their local church. We saw that people's family history, culture and religion were being respected and encouraged, and people were able to feel part of a community that was important to them.

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

The service had taken innovative steps to meet people's information and communication needs. Extensive communication plans and tools were available that were tailored to each person. The service used social stories to support people with preparing and understanding a wide variety of tasks. Social stories are a tool to help individuals on the autism spectrum better understand communication, interpersonal skills and processes. We saw that pictorial guides were handmade by the service to support people with basic understanding of objects and rooms, through to more complex procedures and routines that they would need to prepare for to avoid anxiety and stress. Staff we spoke with all told us of the importance of accessible information for the people they were supporting. A relative told us, "[Name] is supported so well with the social stories. They are designed for them specifically, and help them through even the most basic of tasks that they would otherwise find impossible. Staff know exactly how to use these tools." Staff we spoke with were all able to tell us examples of social stories and picture guides that they used daily to enable people to cope and understand.

Support was personalised for people to make sure they could receive the services they needed. For example, we saw that staff had spent a large amount of time working with a person to prepare them for an MRI scan and the use of general anaesthetic at the hospital. This included staff role playing, and hand making a social story pictorial guide with photographs of the environment the person would need to visit, the processes they would need to go through, and the medical treatment they would receive. This guide used photographs

of the actual environments the person would be entering, to maximise the effectiveness of the social story. The process was documented and we saw that the person was able to receive the treatment required successfully. A relative told us, "They [staff] did a fantastic job. These things would be impossible without the desensitisation process that they put in place. [Name] is hyper sensitive to many things, and the service helped them overcome so much of it."

The service had devised a personalised and innovative approach to supporting people with activities, education and work. This system was called the Adult Development Programme (ADP). This enabled people to have robust and valuable learning opportunities, such as community appreciation, safety awareness and vocational skills. Goals and targets were set for people, with their own involvement and input from families. The ADP set out a bespoke structure to enable people to participate and achieve tasks, from simple day to day things like preparing food, to longer term goals such as volunteering or employment opportunities. One staff member told us, "The ADP is set up entirely at the persons own pace, and all the staff are very clear on how to support someone to achieve something." We saw that through the ADP programme, people were successfully learning new skills and completing major achievements. For example, one person with complex needs was being supported to be employed at a local shop. The person was able to take on the task of breaking down boxes and packaging for the shop ready for recycling and disposal. The service had recognised the person's abilities and sensory needs, and supported them to apply these to have a job within their community. Each part of the process was planned out and worked through successfully. This meant that people using the service felt a part of their wider community, and felt proud of their achievements in helping others around them.

The service personalised their support for all aspects of a person's life. For example, we saw that the support for one person's eating routine was entirely customised to them. The tablecloth being used was of a particular detail, along with the plate and cutlery, to make sure the environment to eat in was one of low arousal. These details in people's support meant that they could get the most out of every situation. Another person had been supported with a step by step desensitisation process to manage their own personal care and shaving. We saw that the work had been successful as the person was now taking on these tasks by themselves. The staff we spoke with took pride in the fact that the methods they used resulted in successes for people, from small everyday tasks up to larger achievements.

People were placed at the centre of their care and were able to develop and grow in confidence. The staff developed strong relationships with people and fully understood what caused each person stress or anxiety, and may therefore be a barrier to achieving something. Staff developed multiple ways to work with people to de-sensitise these barriers and help people progress. For example, the service used animals and animal care in this way. We saw that people were completely comfortable around the dog that the service had, and were walking and caring for it on a daily basis. We saw that each person's journey had been documented and showed that some people had originally seen dogs and animals as a source of stress or fear. Each person's journey went at the pace suited to them, and involved social stories, and gradual introduction to the dog and the tasks surrounding its care. This meant that what was once a huge barrier to accessing community spaces had now been overcome. A horse project was also used by the service, where people could access horses and learn about the tasks involved with their care.

All the relatives we spoke with were passionate about telling us the quality of the care that was provided, the progress made in life for their loved one, and the unique nature of the service. A relative told us, "I can't put in to words how good they are. They understand autism like no one else. It has completely changed [name] life, and my life for the better."

Care plans reflected people's likes, dislikes and preferences. The care plans we looked at were detailed and

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

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

Is the service well-led?

Our findings

The service had a registered manager that was visible within the service, approachable, and knowledgeable about all aspects of people and staff within the service. One relative of a person said, "I have known [Registered manager's name] for years. They are very good, I can say anything to them and I know it will be followed up." Another relative said, "It is a great company. I can't fault the way anything is run."

All the staff we spoke with told us the registered manager was always supportive and easy to talk to. One staff member said, "The registered manager is fantastic. You can go to them for anything. They have seen it all before because they used to work as a carer within this company. Most of the seniors and managers here started as carers and worked their way up. The company like to grow their own managers which is quite inspiring and motivates you to do a good job." Another staff member said, "I have worked here for several years, many of us have. I love it here, I feel like we really make a difference. The company is excellent to work for and there is support on all levels. If something gets broken, it's fixed straight away. If we have an idea, we are supported with it." During our inspection, it was clear that people using the service knew who the registered manager was and were happy to interact with them. The registered manager talked to us about the people using the service and had a clear passion and drive to run a quality service for the people using it. The registered manager said, "The young people across this company are fantastic, and the progress they have made is amazing."

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

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

The provider had also been involved with the Stopping Over Medication of People with Learning Disabilities, Autism or both (STOMP) initiative. This involved meeting with members of parliament to discuss issues surrounding medication for people with autism and complex needs. We found that the ethos behind this initiative was embedded firmly in staff practice. One staff member told us proudly that one person was now on far fewer medications than they were previously, due to the positive approach to supporting them with behaviours which may challenge.

The service continued to have an excellent reputation with other professionals as providing quality support to people. Close links were kept with a variety of health and social care professionals involved in people's

support. A doctor who was involved in people's support across many of the provider's services told us, "Alderwood provides a very high quality and safe service to people with learning disability. I personally have found Alderwood staff very courteous, professional, responsive and reliable. They are very good communicators as well. I have noticed high morale among staff during my interactions with them. Their contribution towards Transforming Care is commendable. I have been very impressed."

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

The provider and registered manager were fully committed to ensuring the service continually improved through seeking feedback from relatives of people. The service had a consistently high level of engagement with relatives of people that used the service. We saw that relative feedback forms were sent out so that family members could comment or make suggestions to the service.

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

People continued to be supported to become involved in the local community. The service had continued to strengthen links with resource centres for people with a learning disability, local leisure facilities, health and wellbeing providers, and employers who offered work placements. This aim enabled people to gain a solid foundation for gaining new life skills and encouraged their on-going learning and development. The registered manager and the staff we spoke with all told us how important it was to build positive links within the community and with other agencies. One staff member told us, "It's important for these young people to feel a part of their community, and for the community to understand more about autism, and how much these people have to offer."

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

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

that the management team were very responsive to the needs of the service, and improvements were identified and acted upon promptly.