

Lifeways Community Care Limited

Alstone House (Registered Care home)

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 

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service. This was an unannounced inspection which meant staff at Alstone House did not know we would be visiting.

Alstone House is a care home providing accommodation and personal care for up to four adults with an acquired brain injury, learning disability or an autistic spectrum condition. Some people also have complex physical and psychological support needs. The primary aim of Alstone House is to help people maintain or increase their independence. The support staff provide includes helping people take part in activities away from the home, supporting people to plan and complete tasks

Summary of findings

around their home and emotional and psychological support. Some people required the support of two staff at all times whilst others only needed staff to be present some of the time.

At the time of our inspection three people were living at the home. People lived either in a flat or in a three bedroomed house. Some people were new to the service whilst others had been there for a number of years. 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 and has the legal responsibility for meeting the requirements of the law; as does the provider.

Staff at Alstone House worked with people to identify their individual needs and what they wanted to achieve in the future. They then collaborated with the person to find ways of making this a reality. Staff showed flexibility and creativity in helping people to become more independent. This often focused on helping people to manage anxiety and frustration and to learn how to behave in different situations.

People told us they trusted staff and valued the support they received. They were supported to be active and develop a sense of self-worth by staff. Staff helped people to make choices and respected their right to make decisions. This included facilitating informed risk taking when people were ready to take on new challenges.

When things did not go well, staff reviewed the situation and learned for the future. They received strong support from their manager and from acquired brain injury specialists within the company. Staff sought guidance from external health and social professionals in a responsible way and then followed the guidance they received.

Staff were highly motivated and sought to offer support in line with best practice. The feedback we had from people and health and social professionals told us this was being achieved. The service had recently been named “Best Brain Injury Rehabilitation Unit 2014” at the Independent Specialist Care Awards as a result of the contribution the service had made to healthcare for people requiring brain injury rehabilitation.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People and staff knew how to recognise and respond to abuse. People were encouraged to share concerns with staff. Where risks existed, people were involved in agreeing how these would be creatively managed.

People's freedom and rights were respected by staff who acted within the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This protected people when they could not make a decision independently or they had their freedom restricted by staff.

Sufficient staff who had been trained in relevant topics were available to keep people safe and meet their needs. The environment that people lived in was safe and maintenance took place promptly.

Good



Is the service effective?

The service was effective. Staff at Alstone House ensured people's needs and preferences were met. Staff were knowledgeable about the people they supported and had accurate support plans to refer to. Staff received the training and line management they needed to support people competently.

Staff monitored people's physical and psychological wellbeing and ensured support was in place to meet their changing needs. Where necessary, staff contacted health and social care professionals for guidance and support.

People were supported to eat a healthy diet by staff. The premises were well maintained and met people's needs for space and privacy.

Good



Is the service caring?

The service was caring. We observed people being treated with kindness and respect. We received positive feedback about the support provided from people living at the home, relatives and professionals.

There was a warm and friendly atmosphere in the home. People looked very comfortable with the staff supporting them. People told us staff worked in a manner which maintained their privacy and dignity. People also said staff encouraged them to maintain their independence.

People living at the home and their relatives told us there were plenty of opportunities to express their views about their support and the running of the home.

Good



Is the service responsive?

The service was responsive to people's needs and wishes. Support plans accurately recorded people's likes, dislikes and preferences which meant staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in activities within and away from the home. Staff also helped people living at the home to remain in contact with other people important to them.

There was a system in place to manage complaints. Everyone we asked said they would be comfortable to make a complaint. They were confident that any complaints would be listened to and taken seriously.

Good



Summary of findings

Is the service well-led?

The service was well-led. There was a positive and open working atmosphere at Alstone House. People living at the home, staff, relatives and professionals all said they found the management team approachable. There was a commitment to listening to people's views and making changes to the service in accordance with people's comments and suggestions.

The registered manager and provider carried out regular audits to monitor the quality of the service and plan improvements. Learning also took place following incidents or complaints. Where a shortfall was highlighted, action was taken promptly.

Good



Alstone House (Registered Care home)

Detailed findings

Background to this inspection

When planning the inspection visit we took account of the size of the service and that some people at the home could find visitors unsettling. As a result, this inspection was carried out by an adult social care inspector without an expert by experience.

Before the visit we examined previous inspection reports and notifications we had received. Services tell us about important events relating to the service they provide using a notification. At our last inspection in August 2013 we did not identify any concerns about the care being provided. We also reviewed the Provider Information Return (PIR) from the home. 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.

On the day we visited we spoke with two of the three people living at Alstone House, the registered manager and four members of staff. We spent time observing the care

and interactions between staff and people living at the home. We were shown around the home. We looked at two support plans, two staff files, staff training records and a selection of quality monitoring documents.

Following the visit we spoke with two relatives and three professionals who were involved in the support of people living at the home.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

'The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People told us they felt safe at Alstone House. One person told us, "I'm happy and safe". Each person told us they could speak with someone to get help if they felt unsafe. One person said, "Staff put a lot of effort into helping me and they advise me when I am feeling low." Relatives had no concerns about the safety of the home. One relative told us, "They look after her well – no concerns." A professional told us, "I have been very impressed by the staff at Alstone House; their knowledge, extensive care plans and reviews of these. There is full communication regarding any safeguarding concerns and plans."

Staff had access to guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. They told us they had received safeguarding training and we confirmed this from staff training records. Staff described the correct sequence of actions to follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns. Staff were also aware of the whistle blowing policy and the option to take concerns to appropriate agencies outside the home if they felt they were not being dealt with effectively. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

Staff received training on the Mental Capacity Act 2005 (MCA) and understood the need to assess people's capacity to make decisions. The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff described how they had consulted relatives and professionals as part of making decisions in people's best interest when they lacked capacity. This ensured people's rights were protected.

One person had fluctuating capacity and staff had spent considerable time working with them to find the least restrictive way of supporting them when they lacked capacity. Staff listened to the person's preferences and concerns and developed an approach tailored to their individual needs. Everyone then agreed in advance what restrictions should be put in place if needed. Staff balanced the person's need for security with regular checks to make sure their right to make choices was not infringed. This approach was successful because the person had been

thoroughly involved in the planning and agreed the approach was right for them. The person said the agreed plans made them feel "safe but still free" and had resulted in them getting anxious less often.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. Staff had been trained to understand when and how an application to deprive someone of their liberty should be made. Applications had been submitted when required and proper policies and procedures were in place. One person needed staff to protect them by physically restraining them when they were at risk of harming themselves. Staff and the person concerned told us this only happened when it was absolutely necessary. The person told us they appreciated staff keeping them safe at these times. A professional told us, "Any necessary restrictions are fully discussed and the option is there to request changes." There were written guidelines to tell staff how and when to use restraint and a review took place each time restraint was used to check the guidelines were being followed. People's rights were therefore recognised, respected and promoted.

Risk assessments were completed with the aim of keeping people safe yet supporting them to be as independent as possible. Staff worked to help people with a learning disability or brain injury move towards living independently. This was a very different journey for each person and the risks were varied and changing. Some risks related to practical tasks such as taking part in activities but others related to knowing how to behave in different circumstances and managing anxiety and frustration. There were no simple solutions to these risks and the support each person needed to gain or regain these skills was very different. Staff supported people to take informed risks and needed to be flexible to respond to the resulting situation. Everything often went well but on occasion people needed significant support if things had not gone to plan. Staff, and particularly the registered manager, had built up considerable expertise in helping people to deal with the psychological impact of their brain injury.

Staff began by identifying with the person what they wanted to accomplish and then worked out how this could be achieved. People were involved in weighing up the risks and benefits of an activity or approach to support and the

Is the service safe?

resulting assessments were reviewed regularly. Some of the solutions people and staff had come up with were very creative and ensured people's freedom was respected. For example, staff worked closely with people to understand why they might behave in a certain way and then worked with them to find ways of modifying this behaviour to reduce the risks. People told us this worked because they trusted staff and had seen the benefits of working with them in the past. This collaborative approach made people feel in control and staff always treated people as individuals. Staff repeatedly emphasised to us that people had to be allowed to take risks and make mistakes if they were to regain their independence. The risk assessments we looked at were detailed and gave staff clear guidance to follow.

A system was in place to record and review incidents and this fed into risk assessments. Staff took steps to learn from any incidents and put measures in place to prevent them happening again. Staff did not automatically stop an activity as a result of an incident but worked with the person to find ways of reducing the risk to an acceptable level. A professional told us, "Recently there was a particular crisis situation which could have resulted in a breakdown of the placement. To their credit, staff remained totally committed to the service user's care and safety." The person concerned was surprised staff had not given up on them during this difficult period. In order to achieve this, staff had made changes to the support they provided and sought external guidance. They had managed a very challenging situation in a safe and effective way.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

The number of staff needed for each shift was calculated using the hours contracted by the local authority and staff knowledge of activities to take place that day. The home was fully staffed at the time of our inspection and people were being supported by the number of staff contacted by the local authority. Staff spent time sitting with people and had time to talk with them. Relatives and professionals felt there were enough competent and knowledgeable staff to meet people's needs. In order to maintain consistency for the people living at the home, agency staff were not used. Where possible, bank staff were used who already knew people and they had an opportunity to work with more experienced staff before completing a shift independently.

The home was well designed and maintained which contributed to people's safety. Fire alarms and equipment were regularly tested to ensure they were in working order. There was an emergency evacuation procedure for each person that identified the help they would need to safely leave the building in an emergency.

Is the service effective?

Our findings

The staff at Alstone House ensured the support people received was effective and resulted in a good quality of life. In order to achieve this, staff monitored people's physical and psychological wellbeing and addressed their changing needs. The effectiveness of the support provided was regularly reviewed during weekly or monthly key worker meetings. Staff described some of the changes they were helping people to implement. One person was developing the skills they needed to manage their own medicines. This was being done one step at a time with the aim of increasing the person's independence.

People were supported by staff to take part in activities outside the home. One person enjoyed going out, for example shopping, and we could see from their weekly plan and daily notes that they often went out. They told us they were supported by staff to do what they wanted to do. Another person chose to stay in their room during our inspection. Staff encouraged them to come out but they declined. Staff told us they had to balance letting the person do what they wanted with helping them to become more active. Professionals told us people were being supported well which resulted in increased stability in their lives. Professionals were pleased with the progress people were making.

The registered manager told us anyone who wished to move to the home was invited to visit first. This enabled people to make a decision about whether it was the right place for them. An assessment of their needs was then carried out with them to make sure the home was able to meet their requirements and expectations. This ensured people were involved in planning their support from the very beginning. The service provided people with information about what they could expect from the home. There was a service user guide which contained information about the services and facilities offered by Alstone House. One person had recently moved to the home but they were not willing to speak with us to tell us about their experience of moving in.

Where necessary, staff contacted health and social care professionals for guidance and support. Professionals were positive about the way staff met people's needs. One

professional told us, "Staff appeared to be following the physiotherapy care plan". Another professional told us, "Consultation and referrals are sought with other relevant professionals whenever necessary."

Each person had a health action plan that identified their primary health needs and the support they required to remain well. This helped staff ensure people had the contact they needed with health and social care professionals. One person told us staff helped them keep well and this included their mental and physical health.

Food and diet was important to the people we spoke with. One person was very health conscious and told us staff helped them to choose food that was good for them. Sometimes they needed staff to remind them what they should be eating and they told us staff did this in a caring and supportive way. Staff told us about other people's food preferences. They said they knew what people liked by asking them and also watching how they responded to the food prepared for them. Staff worked hard to identify people's preferences. One professional was pleased the person they were involved with had started to increase their weight since coming to the home.

The home had wide corridors and open spaces that allowed people using a wheelchair to move around unhindered. Staff told us that wall rails had recently been fitted to help one person who could be unsteady on their feet. This gave them more independence around the home. People had private space when they wanted to be alone. Staff respected their private space and sensitively helped people to communicate when they did not want staff to enter their room. Some people had a prearranged signal to staff not to knock on their door if they did not want to be disturbed. This avoided embarrassing situations for all concerned.

Newly recruited staff completed an induction course and spent time working with experienced staff to make sure they had enough knowledge to support people effectively. Records showed staff training was up to date and staff received further training specific to the needs of the people they supported. This included training in how to support someone with an acquired brain injury, an autistic spectrum condition or mental health problems. This additional knowledge helped staff better understand and support the people they were caring for. For example, they

Is the service effective?

understood a person with an acquired brain injury required frequent rests as everyday tasks could be very draining for them. Staff told us they felt competent and could ask for additional training when they needed to.

Staff met regularly with their line manager to receive support and guidance about their work and to discuss training and development needs. Records of these meetings showed staff had an opportunity to communicate any problems and suggest ways in which the service could improve. For example, staff had identified when they had a concern about the practice of another member of staff and this had been acted on by the registered manager.

Staff meetings also helped to improve practice. These meetings had been very important when staff were supporting one person through a period of severe anxiety and frustration. They had discussed the approaches being used and had used the staff meetings to agree on a consistent approach based on staff feedback and expert input. As a result of this consistent approach, the person had been supported to recover. Staff had access to specialists in acquired brain injury both within and external to the service. These experts helped them to identify whether the support they were providing was the current best practice. This was further explored as the registered manager used case studies at team meetings to help staff work out the best ways of responding to a situation.

Is the service caring?

Our findings

There was a warm and friendly atmosphere at Alstone House. The interactions we saw between people living at the home and staff were caring and professional. For example, staff ensured they used language the person understood and made the person smile by reminding them of their achievements. People and staff also had conversations about topics of general interest that did not just focus on the person's care needs. People looked comfortable with the staff supporting them and chose to spend time in their company. People told us they were treated kindly and with respect and one person said, "My staff are lovely." They went on to explain how staff had worked with them to establish routines and support to help them stay calm and well.

Professionals we spoke with after our visit were positive about the home. One professional told us, "The staff appeared interested and caring towards the residents when I visited." Another professional told us, "The staff attitude appears to be extremely caring. The service user is encouraged to be involved as much as they want to be in all decision making regarding their care and accommodation. Their independence is thoroughly promoted, and they are always treated with respect". Similarly, a relative told us, "Nice people and they do what they can for [name]".

Staff demonstrated detailed knowledge about the people living at the home. Staff spoke passionately about respecting people's rights and supporting them to maintain their independence and make choices. Staff described some of the work they had done with people to develop their independence, for example travelling to visit relatives or reducing the amount of staff support the person needed. Throughout the day we saw people being offered choices about food, social activities and how they spent their time.

We heard staff patiently explaining choices to people and taking time to answer people's questions. People told us they were encouraged to be as independent as possible. They told us they were able to make choices about their day to day lives and staff respected those choices. We heard one person discussing planned hair and beauty treatments with staff and staff gave advice about cost but the final decision was made by the person.

Staff were aware of the need to protect people's dignity whilst helping them with personal care. One way this was achieved was to ensure people were encouraged to be as independent as possible. We observed staff respect people's privacy and people said their privacy was respected. When staff wished to discuss a confidential matter they did not do so in front of other people. Records showed staff had delicately discussed sensitive issues such as dying and sexual relationships with people to ensure they had the support they needed.

People at Alstone House were able to contribute to varying degrees to decisions about their support and were involved wherever possible. The registered manager told us that when people were unable to express their views about their support, staff sought input from relatives and professionals. The home had information about local advocacy services and had made sure advocacy was available to people. This meant people were able to discuss issues or important decisions with people outside the home. Advocates had, however, not been needed recently. Relatives told us they had opportunities to be involved in the development and review of support plans. They felt communication with the home generally was excellent and they were kept informed about changes. One relative was pleased with the positive changes they had seen and said, "[name] has come on a lot since they started living here".

Is the service responsive?

Our findings

The service was responsive to people's needs and wishes. Each person who used the service had a support plan which was personal to them. Support plans included information on maintaining people's health, their daily routines and how to support them emotionally. The support plans enabled people to set their own goals and record how they wanted to be supported. This meant staff had access to information which enabled them to provide support in line with the individual's wishes and preferences. One professional told us "staff clarified [name]'s priorities then worked really well with them". People said they were involved in regular key worker meetings to review their support plan.

One person wrote in a recent satisfaction survey produced by the service, "The support plans are very beneficial for the staff because they are supporting me really well." Staff talked knowledgeably about the people they supported. We asked staff how they took account of people's changing views and preferences. They told us there was a verbal handover at the beginning of each shift where the incoming staff team was updated on any relevant information. Key worker meetings took place weekly or monthly and people and their relatives were asked for feedback as part of this process. One person told us their weekly meetings were very important to them. We observed people discussing their preferences with staff and saw staff work with them to accommodate their views. Each support plan contained a log of any changes to the person's health or behaviour and the resulting changes to their support plan. This ensured staff provided care that was consistent but flexible. Items in the log were incorporated into the main body of the support plan every six months once they had been tested and embedded.

Each person was treated as an individual. Staff got to know the person and the support they then provided was built

around their unique needs. People told us there were no blanket restrictions in place and they felt their care was designed to meet their specific requirements. Staff told us people did not always want to accept the support offered. Staff checked whether the person understood the implications of rejecting the support and respected their right to choose.

We asked the registered manager about the activities people took part in. Some people needed and preferred a structured plan whilst others preferred a flexible approach. The registered manager told us staffing levels were planned around people's activities to ensure they could be as active as possible. One person told us going out was very important to them as they had a lot of energy. They often had three different activities planned in one day. Another person told us how staff helped them to plan their week and then supported them to "stick to their plan". This structure helped them stay calm and well. People's support plans detailed relationships that were important to them. People told us they were supported to keep in contact with their relatives and friends by phone or in person. This was very important to them and staff had to resolve practical problems to help people achieve this. They also worked with people to minimise risks when they wanted to travel to visit relatives independently.

People living at the home said they could chat with staff if they were not happy with something. They said they felt listened to and that their concerns would be addressed. The home had a complaints procedure and any complaints made were recorded and addressed in line with this policy. We looked at the complaints log and found no new complaints had been received since our last inspection in October 2013. Relatives told us they had not had reason to complain but would know how to if necessary. They said they were confident any complaint would be dealt with appropriately.

Is the service well-led?

Our findings

The home had a registered manager who was supported by a deputy manager. The location of their office made it easy for people living at the home, visitors and staff to speak with them. We observed people and staff approaching the registered manager throughout the day to ask questions or chat. Relatives told us they found the registered manager very approachable. Professionals from other agencies said their communication with the registered manager was good and they had a good relationship with staff at the home. One professional told us, “There is a strong management system in place that deals with any issues or problems effectively.”

Staff were positive about the management of Alstone House and the support they received to do their jobs. One member of staff said “Really nice place to work – positive experience”. There were regular staff meetings which were an opportunity to share ideas, keep up to date with good practice and plan improvements. Staff said there were plenty of opportunities to discuss issues or ask advice. They told us the registered manager was always available if they needed guidance. They went on to say that the support the registered manager provided was flexible and the level of support was increased during challenging periods. One person living at the home had recently been very anxious and staff said the team had been well supported during this difficult period. This demonstrated the management team believed in openness and a willingness to listen.

The mission statement for the provider referred to delivering “excellent, individualised and inclusive services to people” and making “a positive impact on the life of each person we support”. Staff understood the aims of the company and we saw this mission statement being put into practice during our inspection. For example, staff meeting minutes showed us staff had spent time discussing how to support people to meet their unique needs. People told us their needs and preferences were being met with one person telling us they felt “safe but still free”. We heard from health and social professionals how people were supported by a dedicated staff team with one professional saying, “To their credit, staff remained totally committed to the service user’s care and safety”.

The registered manager told us she was constantly striving to ensure best practice was implemented in the home. This

included following identified best practice and developing new approaches. The focus of this work was finding innovative ways of helping people to be as independent as they could be. As a result of this work, Alstone House had just been named “Best Brain Injury Rehabilitation Unit 2014” at the Independent Specialist Care Awards. They received the award for the contribution the service had made to healthcare for people requiring brain injury rehabilitation. This reflected the drive within the service to improve the support offered. Staff and people living at the home were very proud of this achievement. The staff and registered manager used reflective practice to constantly improve the service offered to people. Professionals told us this resulted in the risks to people with complex needs being managed with minimal infringement on their personal freedom.

There was a commitment to listening to people’s views and making changes to the service in accordance with people’s comments and suggestions. The provider had asked people living at the home, relatives and professionals to complete a satisfaction survey. The survey results had been analysed and a report produced. The results were positive although the sample size was very small as only two people were living at the home at the time. The responses did not highlight any improvements that people or their relatives would like the home to make. Alstone House had a complaints procedure in place that gave staff guidance on how to respond to a complaint. This helped to ensure people making a complaint were treated fairly.

Accidents and incidents were recorded and reviewed appropriately. Action was taken promptly in response to individual incidents and when trends were identified. Support plans and any accompanying risk assessments were updated accordingly. The registered manager carried out regular audits to monitor the quality of the service and plan improvements. This included audits on equipment, fire safety, medicines and support planning documents. The audits and reviews benefited people as they resulted in improved practice. The registered manager was supported and monitored by the Acquired Brain Injury Development Manager and the Area Manager for the provider. Reports were sent to these managers to demonstrate the service was being well run and these senior staff from the provider also conducted independent checks on performance and quality.