

Ms M Tang

Alyson House

Inspection report

Alyson House
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Date of inspection visit:
13 January 2016

Date of publication:
18 March 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The unannounced inspection took place on the 13 January 2016.

Alyson House provides accommodation and support for up to a maximum of nine people who have a learning disability. At the time of our inspection they were nine people living in the service.

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

Staff delivered support effectively and care was provided in a way that intended to promote people's independence and wellbeing, whilst people's safety was ensured. Staff were recruited and employed upon completion of appropriate checks as part of a robust recruitment process. Sufficient numbers of staff enabled people's individual needs to be met adequately. Qualified staff dispensed medications and monitored people's health satisfactorily.

Staff understood their responsibilities and how to keep people safe. People's rights were also protected because management and staff understood the legal framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff ensured access to healthcare services were readily available to people and worked with a range of health professionals, such as social workers, community mental health nurses and GPs to implement care and support plans.

Staff were respectful and compassionate towards people ensuring privacy and dignity was valued. People were supported in a person centred way by staff who understood their roles in relation to encouraging independence whilst mitigating potential risks. People were supported to identify their own interests and pursue them with the assistance of staff. Person centred social activities took place within the service as well as in the community.

Systems were in place to make sure that people's views were gathered. These included regular meetings, direct interactions with people and questionnaires being distributed to people, relatives and healthcare professionals. The service was assisted to run effectively by the use of quality monitoring audits the manager carried out, which identified any improvements needed. A complaints procedure was in place and had been implemented appropriately by the management team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe living at the service. People's safety was supported by appropriate risk assessments to ensure people's safety.

The recruitment process was effective in recruiting skilled staff after appropriate checks had been carried out. Staffing levels were adequate to meet the needs of the people.

Medicines were dispensed and stored safely for people's health and wellbeing.

Is the service effective?

Good ●

The service was effective.

Management and staff had a good knowledge of Mental Capacity Act 2005 and Deprivation of Liberty, which helped to ensure people's rights were protected.

Staff received a suitable induction. People were cared for by staff that were trained. Staff felt supported in their role.

People had sufficient food and drink and experienced positive outcomes regarding their healthcare needs.

Is the service caring?

Good ●

The service was caring.

Staff treated people kindly and respected people's privacy.

Staff made efforts to seek people's views about their care and took these into account when planning the care and support.

Staff communicated well with people in a variety of ways.

Is the service responsive?

Good ●

The service was responsive.

Care was person centred and met people's individual needs.

Care plans were individualised to meet people's needs. There were varied activities to support people's social care needs.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

Good ●

The service was well-led.

Staff respected and shared the management's values. Support and guidance were provided to promote a high standard of care for people.

There were systems in place to seek the views of people who used the service and others. The service used this feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Alyson 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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 13 January 2016 and was unannounced and was carried out by one inspector.

Before the inspection we reviewed the information we held about the service including previous reports and notifications. We also reviewed safeguarding alerts and information received from a local authority and other Commissioners. Notifications are important events that the service has to let the Care Quality Commission know about by law.

We spoke with five of the people using the service and two of their relatives. We also spoke with the manager, deputy manager, one senior care co-ordinators and one support staff. We also spoke to one health and social care professionals. We reviewed three people's care files. We also looked at quality monitoring, audit information and policies held at the service and the service's staff support records for two members of staff.

Is the service safe?

Our findings

People told us that they felt safe. One person told us, "The staff here are very good. They are always checking on me when I am in my room and help me up and down the stairs." Staff were knowledgeable about the people they supported and were always at hand to support people should they require it. One relative told us, "The staff are first class and always aware of any short comings. My relative is looked after better here than the other places they had been." Another relative told us, "I find people here to always be safe and staff have a very good knowledge about how to look after people."

People were safeguarded from harm by staff who were well trained and competent to support them to manage behaviours which might harm themselves or others. Where incidents had occurred they had been appropriately recorded, investigated and followed up. The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities, such as the Care Quality Commission (CQC) and social services. They showed us that there were posters around the service, which gave advice to people who used the service, visitors and staff about what to do if they had any concerns. Staff had confidence that the senior staff would act appropriately in the event of any future concerns. All staff had attended safeguarding training. The registered manager and staff demonstrated a good understanding of safeguarding by explaining the safeguarding process and how to keep people safe.

Risk assessments were carried out on a regular basis as to minimise any possible risk to people and staff within the service. The service had continued to seek ways in which they could adapt and improve the premises so it could maximise on people's safety. Contingency plans were in place in the event of emergencies which might necessitate evacuation of the service or major incidents, in order to keep people safe.

There were sufficient staff on duty to meet people's assessed needs and when people accessed the community additional staff were deployed. The registered manager adjusted staffing numbers as required to support people needs. One relative informed us, "Staff presence is very good and there is always someone we can speak to."

There was an effective system was in place for safe staff recruitment. This recruitment procedure included processing applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

Medication was safely and securely stored and the service had a procedure in place for the safe disposal of medication. Staff involved in the administration of medication had received appropriate training and competency checks had been completed in order for them to safely support people with their medications. Medication was clearly prescribed and reviewed by each person's General Practitioner (GP). The service carried out regular audits of the medication. This assured us that the service was checking people received medication safely.

Medicines prescribed to be taken as required (PRN) were appropriately recorded and each person had a PRN protocol providing guidance as to how and when they should be used. Where a PRN medicine was used in the event of a person becoming anxious or upset, the guidance was clear about the steps that should be tried before use. This helped safeguard people from the risk of over-use of medicines to control behaviour. The reason for administration was also recorded in each case.

Is the service effective?

Our findings

People and their relative told us they found staff had a good knowledge and skill level on how to best meet people's needs and that they always provided good quality care. One person told us, "The management team and staff look after me very well and always seem to know what I need without even asking me." A relative added, "Staff appear to be well trained and have a good knowledge of how to care for people in the service."

Staff informed us that when commencing employment they were required to complete an induction which helped them learn about their role. As part of their induction, staff were required to read people's support plans as this ensured staff had good knowledge of the people they were supporting. Staff went on to say this was a continuing process as people's needs changed.

Staff attended mandatory training when they started employment and they attended yearly refresher courses either through workbook or planned training dates with the local Authority. Staff informed us that were offered an array of training modules which had relevance to their roles and this helped them to deliver safe and effective care to people. Staff we spoke with were positive about their training and they felt supported by the management team. Staff had been trained in first aid and should there be a medical emergency, staff knew to contact the doctor or paramedic if required.

Staff had regular supervision and meetings to discuss people's care and the running of the service and they were being encouraged to be open and transparent about any concerns they may have. One member of staff said, "We have supervision every other month and if we need to speak to the management team we can speak to them at any time." The registered manager informed that they regularly hold discussions with staff to acknowledge areas of good practice and improvement which hopefully will help improve the quality of care being provided. The registered manager had a communication book in place for staff to use to make note of any information that maybe useful to delivering good care to the people using the service.

The Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) governs decision-making on behalf of adults who may not be able to make particular decisions because they do not have capacity to do so. Therefore we looked at whether the provider had considered the MCA and DoLS in relation to how important decisions were made on behalf of the people using the service. Details on how to involve the person in decision-making according to their Individual levels of understanding and preferred communication methods were included in each person's care plan.

The service ensured that if people had no support with making decisions regarding their care and choices, advocacy support was available from an Independent Mental Capacity Advocate (IMCA) should one be required. Advocacy services ensure that people's rights are protected. The mental capacity assessments relating to people's capacity to decide about moving on had indicated that some people required the services of an Independent Mental Capacity Advocate (IMCA). Advocates attended people's review meetings if the person wanted them to.

The registered manager and staff showed a good understanding of their responsibilities and had made the appropriate DoLS applications in recent months. Staff were able to demonstrate how they helped people to make decisions on a day-to-day basis. We observed staff consulting with people about how they wanted their support to be delivered and if the person was unable to make an informed decision staff would then make a decision in the person's best interests, taking into account the person's past and present wishes and feelings. Where a person lacked capacity the service had care plans in place to support people and the service had consulted the person's family and all professionals involved with their care to ensure the people's wishes and feelings were being respected and their needs were being met in the best way possible.

People said they had enough food and choice about what they liked to eat. The service regularly monitored people's food intake and adapted individual plans to ensure that people had a balanced diet. The registered manager told us, "On a monthly basis we monitor people's weight and then review food intake and then design a diet plan as to ensure people's weight is stable and people are getting all the nutrients they require." People were provided with special diets such as soft and pureed food if required. We observed a lunchtime meal, which was a very social occasion and people gave positive feedback about the food they had eaten. People were not rushed and supported to eat at their own pace.

People's healthcare needs were well managed. People had access to a range of healthcare professionals and services, such as, GP and Consultant Psychiatrist. One relative told us, "The service always makes sure that my relative goes to their doctor's appointments and they always communicate with us." The registered manager and care plans supported this statement. We observed discussion between relatives and the registered manager about one person's health and wellbeing. The registered manager expressed how important those discussions were in order to monitor health together.

Is the service caring?

Our findings

We found staff to be friendly and caring towards people living in the service. Staff made people feel that they mattered. We observed staff listening to people and interacting with them in an appropriate, respectful manner and they always gave people time to respond. Staff had positive relationships with people. One person told us, "I like it here, all the staff are very good to me and the manager always comes round every day and says good morning and asks me how I am." Another Person added, "[staff name] look after me and make sure I have everything I need."

The service had a very strong, person-centred culture that was acknowledged by everyone we spoke with. Care plans were personalised to each individual's needs. The service worked closely with all professionals and relatives to undertake specific ways of providing care for all the people living in the service and this was all recorded in the care plans. And this was also supported by a visiting professional who told us, "The service maintains regular contact with our office and we work closely with the service to ensure people's needs are being met appropriately. "

People were supported to be as independent as they chose to be and this was documented in their support plans; the registered manager also added how they supported people to be independent. For example we observed one person being supported to purchase new pair of shoes using they own money; staff took a step back and allowed the person space to make a decision but were present to help should the person require. People and staff were really relaxed in each other's company and with the staff who were present. There was free flowing conversation and exchanges about how they planned to spend their day.

People and staff respected each other's choices, for example ensuring each other's privacy. We observed a member of staff asking and listening to people what they wished to do for the day and then proceeding to support them with their decision.

Staff knew people well, their preferences for care and their personal histories. People and their relatives were aware of their support plans and had regular meetings with the management team to identify any needs or wants they may have, along with their overall well-being. A relative told us, "The manager is very approachable and always communicates with us when there is a change in our relative's needs."

People were supported and encouraged to maintain relationships with their friends and family, this included supporting trips home to their family and into the community. One person confirmed people's relatives and friends could visit whenever they wanted, "I visit my relative almost every day and on some occasions I can take my relative out for the day, on Boxing Day the manager helped make arrangements for a number of the residents to go and spend time with family outside the home." Daily notes confirmed this.

People were supported and encouraged to access advocacy services. Advocates attended people's review meetings if the person wanted them to. The registered manager gave us examples of when the service had involved an advocate, such as supporting with annually reviews and support planning. Advocates were mostly involved in decisions about changes to care provision.

Is the service responsive?

Our findings

People's care and support needs were well understood by the staff working in the service. This was reflected in detailed support plans and individual risk assessments and also in the attitude and care of people by staff. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including friendships with each other, interests and meals.

The registered manager met with other health professionals to plan and discuss people's transfer to the service and how the service would be able to meet their needs. People and their relatives were encouraged to spend time at the service to see if it was suitable and if they would like to live there.

They used the information they gathered to make changes to people's support plans. Staff had carried out comprehensive assessments of people's needs before they were admitted to the service. Support plans were reviewed and changed as staff learnt more about each person.

The service also encouraged people to access activities in the community. The registered manager expressed that staff continued to encourage and support people to develop and sustain their aspirations. The service had a garden area in which people had regular access and staff were able to observe them from a distance to ensure they were safe.

Relevant incidents were recorded and monitored. It was clear people's support was provided flexibly based on their changing needs. Each person's care plan included information on how to respond to situations, moods and specific behaviours. Care plans were regularly reviewed as required. The provider's in-house staff team devised individual management plans where necessary, to enable staff to provide consistent support. These too were subject to regular review.

Changes in people's behaviour or needs were identified by staff and discussed. For example where a medicines alteration had led to changes in someone's interest in meals, their routine had been adapted to encourage sufficient intake. Appropriate monitoring had been set up to measure and review the effectiveness of these steps.

People were involved as much as possible in reviews of their care. Communication with the service was said to be very good. Relatives told us they were always kept appropriately informed and attended review meetings. Staff were able to identify and represent people's views from their knowledge of their communication methods. Staff used a range of means to involve people in planning their care, such as trying different ways of delivering care and watching people's responses to their care. People's needs were discussed with them and a support plan put in place before they came to live at the service.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff, people and relatives knew about the complaints procedure and that if anyone complained to them they would either try and deal with it or notify the manager. Complaints we

reviewed had been dealt with in an appropriately and timely manner.

Is the service well-led?

Our findings

People and their relatives felt at ease discussing any issues with the registered manager and the staff team. One relative said, "When we visit the manager always speaks to us about our relative and asks us if there is anything we would like to change or improve."

The registered manager was visible within the service and informed us that their absence was covered by the deputy manager who looked after the service and kept them up-dated of any changes or concerns. The registered manager had a very good knowledge of all the people living there and of their relatives.

The deputy manager supported the registered manager to carry out monthly audits to ensure that continual improvements were made. For example, the service carried out audits on people's care files, medication management and the environment. The registered manager was keen to deliver a high standard of care to people and used information from the quality monitoring processes to keep the service under review and to drive any improvements. The management team also carried out residents, relatives and staff meetings on a regular basis to listen and learn from people's experiences and used this as another way to find ways to improve the service.

People benefited from a staff team that felt supported by the registered manager. The ethos to enhance the wellbeing of the people that live in the service was put into practice by value based training and a robust induction process. Management provided support to staff through an open door policy, regular supervision and a yearly appraisal, which was documented within individual staff files. Staff received positive feedback, encouragement and motivation from their manager.

We found the registered manager to be open and transparent and they highlighted areas which the service needed to improve, to ensure the service was running smoothly and continually improved the care delivered to people.