

Alderwood L.L.A. Limited

Alderwood L.L.A. Limited - Dybdale Crescent

Inspection report

1 Dybdale Crescent
Wellingborough
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Alderwood L.L.A. Limited - Dybdale Crescent is a residential care home providing personal care for three people at the time of the inspection. The service can support up to four people within the main home and one person accessing respite care within the self-contained adjoining annex.

People's experience of using this service and what we found

Based on our review of key questions of Safe and Well-led. The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

Staff supported people to have choice, control and independence over their own lives. Staff supported people to develop strategies to manage emotional distress and anxiety, maximising safety so as to provide the best circumstances in which people could make decisions and experience an active and rewarding day.

Periods of anxiety or emotional distress were recorded, which included the action taken by staff to support people. The registered manager considered these as part of the review process of people's needs.

People had been asked about their living environment and were in the process of choosing colour themes for their bedroom and communal areas.

Staff supported people to access health and social care support, which included a regular review of their prescribed medicines. Staff supported people with their medicines safely. Positive relationships had developed with local health care providers, who provided timely support, considering people's emotional and sensory needs for planned appointments.

Right Care

People's dignity and human rights were promoted, and people were encouraged to make day to day decisions about the activities and events they wished to participate in. However, phrases used to describe periods of emotional distress or anxiety were not always respectful.

Staff understood how to protect people from poor care and abuse. The service worked with other agencies to do so. Staff had training on how to recognise and report abuse and knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Recruitment was ongoing to

fill vacancies.

People could communicate with staff and understand information given to them as staff supported them consistently and understood their individual communication needs. People received care that supported their needs and aspirations and was focused on their quality of life.

Right culture

The provider sought the views of family members and staff through the sending out of surveys. However, most family members and staff had not received an outcome of the consultation process from the provider, or information as to planned actions in response to feedback. Surveys had recently been developed to seek people's views using pictorial cards.

The provider's policies which had recently been introduced were not fully implemented, they referred to the visions and values of the provider in creating a supportive, open and inclusive culture. Family members spoke of recent improvements in the culture of the service since the appointment of the registered manager. This had created a more open culture, with an emphasis on encouraging their relative's to be involved in decisions about their care, and through staff's positive and encouraging approach.

Family members spoke of their regular visits to see their relative at the home, which included outings to local parks or other local amenities, sometimes accompanied by staff. A family member told us. "The current cohort of staff is perfect; they provide person led care which is just right. There's a proactive approach of getting people out and about."

People appeared relaxed within their home and in the presence of staff. People were seen to be supported to choose activities of interest to them, which included day trips, visiting a local farm to help in the care of animals, trips to local parks and shops along with activities within the home, which included household chores, reading, puzzles, listening to music and watching television.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

The inspection was prompted in part due to concerns received about staff shortages and the high use of agency staff, and staff's inability to meet people's needs as staff did not have the skills they needed.

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector carried out the inspection.

Service and service type

Alderwood L.L.A. Limited - Dybdale Crescent is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received since the provider registered the service with CQC. We contacted

the local authority commissioners and Healthwatch for information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection

During the inspection

We spoke to the relatives of people about their experience of the care provided. Some people were unable to talk with us and used different ways to communicate including signs, pictures, gestures, vocalisations and body language. We spent time with people and observed the interactions between each other and with staff as part of our inspection visits.

We spoke with eight members of staff including the registered manager, regional manager, shift leaders and support workers.

We reviewed a range of records. This included one person's care records and two medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, audits, minutes of staff meetings and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from abuse. Staff had received training in safeguarding and were aware of local safeguarding protocols. A staff member told us. "I have no concerns for people's safety at the home. If I had concerns I would have no hesitation in reporting my concerns."
- Family members said they believed their relative to be safe, and where necessary they had been informed of any safeguarding concerns involving their relative. A family member told us. "I have no safeguarding concerns. The registered manager makes safeguarding referrals and investigates any incidents involving my [relative]."

Assessing risk, safety monitoring and management

- A range of care and risk support plans were in place which included positive behaviour support plans. These included information as to how staff were to respond too, and support people's anxiety and emotional distress, through effective use of communication and a consistent staff response. They set out ways to provide safe support and avoid or minimise the need for restricting people's freedom.
- People's records showed a positive risk-taking approach. This enabled people to have opportunities to try new things. For example, visiting a farm and taking part in the care of animals in a structured and supportive way, in conjunction with their behaviour support plan, goals for achievement.
- Staff were trained in the use of restrictive interventions; the training was certified as complying with the Restraint Reduction Network Training standards. Staffs approach encouraged people to take the necessary steps to calm themselves during periods of anxiety, by using techniques that had a positive impact on them. A family member told us. "My [relative's] anxiety since moving to Dybdale has reduced. In their previous placement physical restraint was a daily occurrence. At Dybdale, physical restraint is not used."
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk, which included fire signage in the home identifying escape routes.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures call the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place, or had been applied for, to deprive a person of their liberty.

- For people that the service assessed as lacking mental capacity for certain decisions, staff recorded assessments and any best interest decisions.

Staffing and recruitment

- The service had enough staff, agency staff were used, however the number and frequency of agency staff was declining. People were supported by two staff throughout the day, both in the home and when going out. Additional staffing of three to one was provided to support people at particular times when their anxiety was heightened, for example when attending medical appointments.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff recently appointed spoke of the robust recruitment process and were positive about their induction in being introduced to people they were to support, and the information provided. A staff member told us. "My induction included 'shadow shifts' observing and being alongside the two staff they were supporting. I was given lots of information about how to support people."
- Family members spoke well of the staff, which included the knowledge of staff as to their relative's needs. A family member told us. "There have been staff changes. However, the impact on [relative] had been minimal as staffs' induction was good, with an emphasis on good communication and consistency of approach."

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people, with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Staff followed national practice to check that people had the correct medicines when they moved between the service and when spending time away visiting family members.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicine safely.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keeping the premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.
- The needs of people using the service meant shielding and social distancing rules were difficult to achieve as people required two staff to support them, who remained close with them throughout the day.
- The service had a plan in the event a person was admitted into the home.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people and staff in line with government guidance.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service's infection prevention and control policy was up to date.
- The service supported visits for people living in the home in line with current guidance.

Learning lessons when things go wrong

- Processes were in place for staff to follow should an incident or accident occur. The appropriate records were completed by staff. Staff told us the registered manager continued to provide guidance to ensure documents were completed well and comprehensively.
- The registered manager reviewed all incidents, accidents including behaviour observations records which

were completed when people expressed emotional distress. The review of documents was used to review and update people's care strategies.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection the provider had failed to ensure audits were effective. Audits had not identified shortfalls or had not brought about improvement. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- The registered manager since their appointment had undertaken a range of audits and developed an action plan based upon their findings to bring about improvement. The action plan had focused on key areas to promote people's safety and wellbeing, which included improvements to people's care records, medication management and governance.
- Staff were able to explain their role in respect of people's needs, considering their communication needs, and the support required to support when they were anxious or emotionally distressed.
- Regulatory requirements and responsibilities were met by the registered manager. Notification to the Care Quality Commission were submitted as required.
- The registered manager was supportive of the inspection process and welcomed feedback on any areas which could be improved further.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We found improvements were needed to ensure staff were consistently respectful of the people they spoke of, and how they recorded information. For example, staff sometimes referred to people as 'having a behaviour'. The registered manager had identified this as an area for improvement, and was providing guidance for staff, staff we spoke with confirmed this.
- Family members spoke of improvements since the appointment of the registered manager. They spoke of their commitment to good quality outcomes for their relatives, by supporting and encouraging staff to explore opportunities so their relative had new experiences, whilst building upon their current achievements.
- Staff spoke positively about their role and enjoyment of working and supporting people. They told us it was a rewarding role and spoke of their commitment to supporting people to manage emotional distress, and to provide opportunities for people to have new experiences. A staff member told us. "Since the

appointment of [registered manager], the home has been a happier and safe place for residents and staff. People's anxiety and stress has reduced, and a positive approach has reduced incidents of distress."

- The registered manager and family members spoke of planned improvements to the environment to personalise it to better reflect the personalities of those living at the service. The registered manager had ordered new furniture, and people had chosen paint colours for their bedrooms and communal areas.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour. This meant they were honest when things went wrong.

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

- Family members were aware of recent changes in senior leadership and referred to the transfer of the service under the brand 'Achieve Together'. Family members were unsure as to any potential impact this may have on future investment and the care provided to their relative.
- Family members views about the provider's consultation process about the quality of the service was mixed. Not all relatives had received a survey or questionnaire. Those who had, told us they had not received any information as to the outcome of the consultation process. The registered manager had responded to individual issues raised.
- Staff said the provider had sought their views and that they had completed surveys. However, staff had not received feedback from the provider, or information as to what actions, if any, were to be taken in response to staffs' comments.
- People and their relatives were involved with their care and made decisions with the support of staff and other professionals where required. A family member told us. "The current cohort of staff is perfect; they provide person led care which is just right. There's a proactive approach of getting people out and about."

Continuous learning and improving care; Working in partnership with others

- The provider's policies were being introduced to the service and its staff; however, these were not fully implemented. This had resulted in uncertainty of practice and consistency in some areas. For example, the staff supervision processes had changed. Staff had mixed views as to their experiences of supervision, both in content and frequency.
- The registered manager spoke of the provider's phased introduction of electronic systems and processes to support them to monitor and record safety and outcomes through monitoring risk, quality and compliance. Information would be available to the provider and the senior management team as part of the provider's governance arrangements.
- Staff meetings took place regularly where a range of topics were discussed. Minutes showed information was shared and there were opportunities for discussion about the broader issues such as the values of the service, and staff's role and approach to supporting people.
- The registered manager had developed a good relationship with local health care providers, which meant when people attended health care appointments, the health care provider and staff planned the visit with consideration to people's sensory and emotional needs.