

Allerton C&S SW Limited

Allerton C&S SW

Inspection report

26 Angel Crescent
Bridgwater
TA6 3EW

Tel: 01278663919
Website: www.allerton.co.uk

Date of inspection visit:
18 January 2022
25 January 2022
27 January 2022

Date of publication:
21 February 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

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

Allerton C&S SW is a domiciliary care service which provides support to 20 people in supported living settings. The people receiving support may have a learning disability, autism, mental health needs, physical disability or sensory impairment.

A supported living service is one where people live in their own home and receive care and support to enable people to live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone who used the service received personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection 16 people were receiving personal care. We visited three houses, but people were only receiving personal care at two of these premises.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of the safe, effective and well led key questions, the service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support

- People had not always had a consistent team of staff working with them recently because of staff turnover. This was now improving, and permanent staff were being recruited.
- Staff supported people with their medicines safely and to achieve the best health outcomes. Sometimes staff needed to make sure people's creams were used and recorded consistently.
- Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.
- People were protected from infection or illness, such as covid 19, by the guidance and safe practice of staff.
- Staff supported people to play an active role in maintaining their own health and wellbeing. Staff enabled

people to access specialist health and social care support in the community.

- Staff supported people to have the maximum possible choice and control and make their own decisions where possible. Policies and records supported this practice.

Right care

- People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.
- Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. Staff had the skills to understand people who had individual ways of communicating.
- When possible, staff and people worked together when considering the risks people might face. Some risk assessments needed review to ensure they were detailed enough or up to date.

Right culture

- People led inclusive and empowered lives because of the ethos, attitudes and skills of the management and staff. Staff received additional training to safely support people with specific or complex needs.
- Managers ensured staff were competent and held the appropriate values to work for Allerton C&S SW. Actions were taken to address concerns and improve standards where necessary.
- Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.
- Staff turnover had been high, but people now had consistent teams and key staff who knew them well.
- Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. Some written reviews and assessments needed updating.

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

Rating at last inspection

The last rating for this service was good (published 14th April 2021).

Why we inspected

We received concerns in relation to safeguarding and risk management at one of the supported living homes. As a result, we undertook a focused inspection to review the key questions of safe, effective and well led only.

We found the supported living home concerned did not provide personal care to the people who live there. This means it is not regulated by CQC. Therefore, the concerns relating to that home are being managed by other stakeholders and are not included in this report.

We found no evidence during this inspection that people were at risk of harm at the services which are regulated by CQC.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Allerton C&S SW on our website at www.cqc.org.uk.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Allerton C&S SW

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people in supported living houses.

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.

Inspection activity started on 18th January 2022 and ended on 27th January 2022. We visited the location's office on 25th January 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

This information helps support our inspections. We used it to plan our inspection.

During the inspection

We spoke with nine people who were supported by Allerton C&S SW, but only five of them received personal care from the service. People who were unable to talk with us used different ways of communicating including voice output communication aids, objects, signs and body language.

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with two people to tell us their experience.

We received feedback from five people's relatives and nine members of staff, including the registered manager, acting assistant manager, quality lead and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We received feedback from seven professionals or other stakeholders who worked with the service. Their comments have been incorporated into this report.

We looked at four people's care records and reviewed medicines records and additional information on the electronic records system. We reviewed a range of records relating to the management of the service such as incident records, audits, policies and training data.

After the inspection

We continued to have contact with the registered manager and nominated individual. They sent documents and information after the inspection. We had further contact with other professionals regarding the initial concerns which had been shared with us.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Although we had received concerns that people were not being protected from risk or harm, this did not relate to services which were regulated by CQC. In the services we regulate, people and their relatives told us they felt safe with the staff who supported them. A person told us, "The staff are kind". A relative said, "I have no worries whatsoever about [Name's] safety".
- Staff received training about safeguarding people from abuse and told us they would act if they had concerns. One staff member said, "If I suspect anything is wrong, I report it straight away. Things are sorted straight away. I make sure I record it all too".
- When safeguarding concerns were raised, managers acted to protect people. Some professionals told us communication with managers could be improved to ensure people were kept safe. This was discussed with the registered manager during our inspection and is explored later in this report.
- Policies were in place and systems developed by the provider checked people were protected from the risk of harm or abuse.

Assessing risk, safety monitoring and management

- Risks to people were assessed and people were involved in this where possible. Relatives and other people had reviewed risk assessments, however, one person told us they wanted to know more about their risk assessment.
- Risk assessments included safely moving and handling people, managing expressions of emotional distress, internet safety and specialist feeding arrangements. Staff had received additional training to ensure they could safely meet people's complex needs.
- Some risk assessments and care plans needed review. For example, to ensure they were up to date, accurate or included enough information for staff be able to support people safely in line with best practice. We highlighted this during our inspection.
- The provider was not responsible for the premises, but we were told there were delays in repairs being carried out. We had no evidence people had been harmed, but this had the potential to put people at risk. Staff regularly checked the environment, reported concerns and followed up concerns with those responsible for the premises.

Staffing and recruitment

- Recruiting and retaining staff was presenting a national challenge at the time of the inspection. One of the supported living homes was fully staffed, but others had vacancies. There had been significant staffing changes within the past six months, but new staff were settling into their roles and getting to know people.
- Staffing levels were regularly reviewed, and agency staff were used when necessary. Where possible, the same agency staff were booked to provide consistency.

- Staff told us, "It's nice to have permanent staff, but we're managing" and, "We're re-establishing the staff team. If I could clone some of the new staff, that would be great".
- One person told us, "Staff work hard" and another said, "Staff are nice". Relatives added, "Staff are kind and considerate" and, "The core team are good, but there's been quite a high staff turnover".
- The provider had systems in place to ensure recruitment practices were safe. This included criminal and employment checks being carried out to confirm staff were suitable to work with people. One person told us they had been involved in the recruitment of new staff.

Using medicines safely

- Systems were in place to support people to take prescribed medicines when needed. Some people administered their own medicines and others required full assistance in this task. Risk assessments were in place to reflect people's needs and abilities.
- Staff received training to ensure they were competent to safely manage and administer medicines.
- We found some inconsistency in the safe management of topical medicines such as creams or lotions. For example, one person's cream was not stored in the medicine cupboard and did not have an expiry date on it. In addition, there was no body map to show where the cream should be applied. The risk to people was low, and staff addressed this when we raised it during our inspection.
- Medicines audits were carried out to ensure administration and recording was safe. When errors were identified, managers told us action was taken to improve practice. For example, further training or increased supervision of staff.

Preventing and controlling infection

- Staff understood their responsibilities in relation to infection control and hygiene. They had access to personal protective equipment and used this effectively and safely.
- A policy was in place for infection control and hygiene. This included information about the safe management of Covid 19 as well as other topics such as food hygiene, sharps disposal and spillages.
- The provider managed risks to support people safely during the coronavirus pandemic. For example, sensitively supporting a person to manage the requirements of self-isolation when they contracted the virus.

Learning lessons when things go wrong

- The provider displayed a commitment to learning lessons when things went wrong. For example, when concerns had been raised about staff, the provider followed disciplinary procedures to address concerns and improve standards in the future.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were described in care plans. These were available to all staff electronically. This meant staff could access information to help them meet people's needs safely and in line with their preferences.
- Some people or their relatives had contributed to the development and review of their care plans. This ensured people's views were represented.
- The people we spoke with were positive about the support they received. One person told us, "I like [staff name], they're really nice".
- Staff told us they assessed people's needs and delivered support effectively. Comments from staff included, "I think we're really good at letting people live how they want to live" and, "We try to get people to make decisions for themselves".
- Relatives told us they were happy with the support their family member received but hoped people would be able to fulfil more of their potential and expand their activity choices as the restrictions of the Covid 19 pandemic eased.

Staff support: induction, training, skills and experience

- Permanent staff had the knowledge, skills and experience to deliver effective care and support. Agency staff also completed specific training and were given information to ensure they could support people according to their wishes and best practice.
- Staff told us they received induction on starting in their role, shadowed more experienced staff and then had ongoing training. Some staff were new in post and had not completed all training courses, but plans were in place to achieve this. Staff were positive about the training and induction they received. One staff member said, "There was lots of training involved, and they made sure I was confident to do it afterwards".
- People's relatives thought staff had the training and skills they needed. One relative said, "The staff are pretty good. They're very aware of safety".
- Staff told us they received regular supervision and support. One staff member said, "The support is fantastic. I can call on managers 24 hours a day".

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink and maintain a balanced diet.
- People were able to choose the food they preferred. Staff showed a person food options so they could select what they wanted for lunch. Staff provided guidance and advice about healthy eating where necessary.
- Staff were aware of people's additional dietary needs, for example diabetes or percutaneous endoscopic

gastrostomy (PEG) feeding systems. Staff had received additional training to be able to safely support people with specific needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The service worked with professionals to achieve good health outcomes for people.
- People were supported to access healthcare services and specialist support when required. We saw evidence that people had seen their GP, dentist, neurologist and audiologist.

Ensuring consent to care and treatment in line with law and guidance

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 MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Restrictions on people's liberty had been identified and referrals made where necessary.
- Most staff had received training in the MCA and those we spoke with understood how this impacted on the support people received.
- Staff ensured people consented to their care and were supported to make their own decisions where possible. One person said, "They talked with me and I agreed with the decisions".
- There had been delay in carrying out assessments of some people's mental capacity, but this had been addressed and decisions were recorded in line with legislation.
- A professional told us staff had promoted advocacy services for one person, although it was also noted that staff may benefit from further training about the role of advocacy with people who lack capacity in decision making.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There had been changes within the organisation which resulted in challenges for staff and managers. This included new senior managers, ways of working and policies. Issues were being addressed and staff were positive about the provider.
- The registered manager was aware of areas to develop such as staffing and consistent standards. They were working with staff to achieve this.
- Managers had taken action to ensure staff were competent and had the appropriate attitudes to work for Allerton C&S SW. This included taking disciplinary action where necessary.
- Comments from people's relatives included, "I'd like to see [Name] getting out more and being more adventurous, but it's been a very difficult couple of years. The support is fine".

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 communicated with people or their relatives following an incident or accident. For example, one relative told us staff had been very swift to inform them when another person who lived at the service had contracted Covid 19.
- Other agencies, such as local authority safeguarding teams, had been informed when there were concerns.
- Records of incidents and accidents were kept and regularly analysed to understand any issues, themes or areas for improvement.

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

- A registered manager was in post and they were clear about the responsibilities of their role. They were supported to provide a high-quality service and meet expectations.
- Staff were positive about the management team. They all said the managers were approachable and supportive. One staff member told us, "I love the managers. They've been the reason I've stayed. They've been a massive help".
- Staff were clear about their responsibilities and the expectations of their role. Comments included, "We're person centred to do what the person wants" and, "I do my absolute best to keep people safe. I need resilience, but I love my job". A relative told us, "I have no qualms. Staff are very rigorous with safety. They're pretty good".
- The registered manager made notifications to CQC as legally required. Notifications are information about

important events the service is legally obliged to send us within required timescales.

- The provider was clear in its expectations about governance and performance, and systems were in place to monitor the quality of service provided. Audits were completed by senior staff and overseen by the registered manager and quality team. Where necessary, action plans were in place to drive improvements or ensure changes to practice were implemented.
- The provider was aware of the legal requirement to display their current CQC rating. This was also displayed on the provider's website

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

- Some people were unable to give views about the service and their care. Wherever possible, people were asked their opinion about matters which affected them.
- Relatives told us they could contact staff with concerns or feedback. One relative said, "I would be able to contact them if I had any problems or niggles".
- Staff were encouraged to feedback to the management team and provider. Staff told us they could approach members of the management team at any time and felt able to make suggestions.

Continuous learning and improving care

- Action plans from audits were monitored to ensure standards and quality of care continued to improve.
- Staff had been involved in customising an electronic system for recording and sharing information. This saved staff time, helped them remain up to date, supported monitoring and facilitated the delivery of effective support.
- The provider had been a finalist in the regional Care and Support West Care Awards in 2021.

Working in partnership with others

- Professionals gave constructive feedback about working in partnership with the service. One professional said, "I have concerns around the lack of communication [from managers] with the other agencies involved in my client's care". Another added, "I need to hear more from them".
- People's records showed they were supported by a range of professionals including GPs, social workers and behavioural specialists. This ensured people received person centred care which met their specific needs.