

Aldingbourne Care Limited

Aldingbourne Cottage

Inspection report

Westergate Street
Westergate
Chichester
West Sussex
PO20 3QR

Tel: 01243543571

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Aldingbourne Cottage is a residential care home providing personal care and accommodation for people with a learning disability or autism. At the time of our inspection the service was supporting 10 people.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 10 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by staff practices and the focus on supporting people to live as full a life as possible. People using the service receive planned and co-ordinated person-centred support that is appropriate to their needs. A relative told us, "I feel that [My relative] is now part of a community rather than living in a lonely situation with the unrealistic expectation that [they] could become more independent."

The service was generally maintained to an acceptable standard. However, outside a person's bedroom the carpet was damaged and could represent a trip hazard. We also found that the service bathrooms were in need of redecoration and that the wet room smelt musty and damp. Following feedback at the end of the inspection immediate action was taken to address these issues. The carpet was replaced, bathrooms redecorated and works to replace the wet-room were scheduled for December 2019.

Staff and managers had some understanding of the Mental Capacity Act and had made necessary and appropriate applications to the local authority of the authorisation of restrictive care plans under the Deprivation of Liberty safeguards. However, there was limited evidence available of best interest decision making. This issue had been identified by the manager prior to the inspection. We have recommended the service reviews its current practices to ensure best practice guidance is followed.

The service's recruitment practices were safe and there were enough staff on duty to meet people's support needs. Medicines were managed safely and there were systems in place to help people to manage their finances.

Staff had received safeguarding training and understood how to protect people from all forms of abuse or discrimination. Risks were appropriately managed, and staff knew how to support people if they became anxious or upset.

Staff had the skills necessary to meet people's needs and their training was regularly refreshed. Staff told us they were well supported by the registered manager and records showed they received regular supervision.

The staff team provided support with kindness, care and compassion. People told us, "The staff are good" and "The staff are very nice here, they look after me quite all right." While a relative said, "The staff in the team seem to be very caring and friendly" and professionals' comments included, "The staff seem on the ball and friendly. People seem happy."

People's care plans were accurate and detailed. They provided staff with enough guidance to enable them to meet people's needs. People and their relatives were involved in the development and review of care plans and told us these documents were accurate. Staff had a good understanding of people's individual communication preferences and specific, picture based, tools had been developed to support peoples' decision making.

People and relatives knew how to raise complaints and systems were in place to ensure any complaint received was fully investigated and resolved. Feedback was valued, and regular surveys were conducted to ensure the service was meeting people's expectations.

The service was led effectively by the registered manager and the staff team were well motivated and focused on providing person centred support. Quality assurance systems were effective and designed to drive improvements in the service's performance.

Rating at the last inspection

At our previous inspection the service was rated Good. (Published 14 June 2017)

Why we inspected

This was a planned initial inspection of the service.

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?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Aldingbourne Cottage

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.

Inspection team

The inspection was completed by one inspector and a specialist advisor who was a social worker with a background in supporting people with learning disabilities.

Service and service type

Aldingbourne Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is required to have 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. There was a registered manager in post at the time of our inspection.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed the information we held about the service and previous inspection report as part of the inspection planning.

During the inspection

We met and spoke with five people who used the service and observed how staff met their support needs. We also spoke with two members of care staff and the registered manager. We also spoke with a visiting health professional.

We reviewed a range of records. This included four people's care plans and medication records. We also looked at three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service were reviewed, including policies, procedures, staff rotas and the service's training matrix.

After the inspection

Following the inspection, we spoke with three people's relatives and sought feedback from professionals who visited the service regularly. We also reviewed a range of documents that we had requested from the service during the inspection.

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 Good. At this inspection 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

- People were relaxed and comfortable and told us they enjoyed living in the service. A relative said, "I feel that [my relative] feels safe and trusts the staff."
- Staff had a good knowledge of local safeguarding arrangements and understood their role in protecting people from abuse and avoidable harm. They told us, "I believe people are safe." The registered manager had recently completed additional specific training on their safeguarding role and responsibilities.
- There were appropriate procedures and systems in place to protect the people from financial abuse. Financial records balanced and had been regularly audited.

Assessing risk, safety monitoring and management

- Risks were identified, assessed and managed. Each person's care plans included information for staff on the action they must take to protect people for known risks both in relation to the environment and their specific care needs. This information was regularly reviewed and updated when changes in levels of risk were identified.
- Staff were provided with detailed specific guidance on how to help people to manage anxiety. This included information on distraction techniques that had previously proved successful.
- Emergency plans and procedures were in place to ensure people's safety in the event of a fire. Necessary improvement works had been completed in response to a recent fire risk assessment.
- Utilities, lifting equipment and emergency equipment were regularly checked by appropriately skilled contractors to ensure they were safe to use.

Staffing and recruitment

- Staff had been recruited safely. Necessary pre-employment checks had been completed to ensure staff were suitable for their roles.
- On the day of our inspection there were enough staff available to meet people's needs and rotas showed planned staffing levels were normally achieved. Staff told us, "We have enough staff" and "We are a little busy today but if we needed more [staff] help someone would come in."

Using medicines safely

- There were suitable arrangements and procedures in place to ensure people were safely supported with their medicines.
- Medicine Administration Records had been appropriately completed and were audited regularly.

Preventing and controlling infection

- There were appropriate cleaning arrangements in place and staff supported and encouraged people to participate in some cleaning tasks. There was part time cleaner who worked four days per week. On the day of our inspection the cleaner had to leave during the morning unexpectedly, and this adversely impacted on the appearance of some areas of the home.
- Staff followed infection control policies and used personal protective equipment appropriately.

Learning lessons when things go wrong

- Accidents and incidents were documented and reviewed by the registered manager so any patterns, trends and learning could be identified.

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 the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care and the quality of the environment was inconsistent and did not always achieve good outcomes.

Adapting service, design, decoration to meet people's needs

- The environment of the service was generally maintained to an acceptable standard. However, we did identify that the bathrooms were tired and in need of redecoration. In particular, we found there was a damp musty smell present in areas near the service's wet room. Relatives were aware of these issues and told us, "My only criticism of Aldingbourne Cottage is the bathrooms, which seem tired and could do with updating." In addition, we found that the carpet outside one person's bedroom was torn and may have represented a tripping hazard.
- The new registered manager was aware of these issues and had raised them with the provider. Works had not commenced to resolve these issues prior to the inspection as consideration was being given to extending the building which would have involved the replacement of the bathrooms.
- Following feedback, at the end of our inspection, prompt action was taken to address and resolve these issues. The torn carpet was replaced the next day and bathrooms subsequently redecorated. Works to replace the wet room were commissioned and due for completion in December 2019.
- People's bedrooms were well maintained and had been personalised in accordance with their individual likes and interests. There was an enclosed outdoor garden, with seating, that people could access independently when they wished.

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 Act 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service had correctly identified that some people who lacked capacity were unable to leave the service without staff support. Appropriate application had been submitted to the local authority of the

authorisation of these care arrangements.

- The registered manager and staff had some understanding of the requirements of the MCA and supported people to make decisions and choices during the inspection. Staff told us, "Day to day decision the guys make for themselves."
- However, there was a lack of evidence to show that capacity assessments had been completed. Where decision had been appropriately made in individuals best interests these decisions had not been consistently documented.
- The new registered manager had identified these issues prior to our inspection and had developed a plan to address and resolve these issues.

We recommend the service reviews its current practices in relation to the Mental Capacity Act to ensure they comply fully with published best practice guidance.

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

- The service had systems in place to assess people's needs before they moved into the service. These assessments ensured the service would be able to meet the person's specific needs and expectation.
- People's initial care plans had been developed by combining information gathered during the assessment process, with details from relatives, previous care providers and commissioners. Relative told us, "I did provide a lot of information, both written and verbal when [My relative] moved in to Aldingbourne Cottage and felt as if I was listened to at all times."

Staff support: induction, training, skills and experience

- Staff had the skills necessary to meet people needs and their training was refreshed and updated regularly. Staff told us, "We get training regularly." While relatives said, "The staff we have had contact with have all appeared competent and well trained, with caring attitudes" and "Staff seem to be good at their jobs."
- There were induction procedures in place to support new staff to gain a understanding of people needs and preferences. New staff normally completed a number of training courses and shadow shifts before they were permitted to provide care independently. Where new staff did not have previous care experience they were supported to complete training in line with the requirements of the care certificate.
- Staff told us they were well supported by the registered manager and records showed they had received regular supervision.

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

- People told us, "The food is good" and meals were prepared daily from fresh ingredients. Each evening there was a choice of two menu options available and people were supported to participate in various tasks and roles in the kitchen. People were involved in menu planning and specific communication tools had been developed to enable everyone to participate in these decisions.
- Staff understood people's individual dietary needs and care plans included specific guidance on the support people needed at mealtimes. People were able to access snacks and drinks when they wished.

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

- Care records showed people had been supported to access healthcare services when required and one person was supported to attend planned appointment during the morning of our inspection.
- People's care plans included information for professionals designed to ensure the person's individual support needs could be met in the event of a hospital admission.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People got on well with their support staff who they approached for reassurance and support without hesitation. People told us, "The staff are good", "I am so glad to be here" and "The staff are very nice here, they look after me quite all right."
- Relatives were complimentary of the staff team's caring and compassionate approach and told us, "The staff in the team seem to be very caring and friendly" and "[My relative] has a good rapport with the staff team." While professionals' comments included, "The staff seem on the ball and friendly. People seem happy."

Established staff knew people well and had a detailed understanding of their individual needs and preferences. They took pride in describing people achievements and told us, "It is really nice here, everyone is really friendly and welcoming", "The people are great, they can be so independent" and "It is lovely to be able to sit and chat with people."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about what to do throughout the day and staff respected people choices. Staff told us, "We do what people want us to do" and "People chose when they want to get up, [person's name] likes to have a lie in."
- People were able to decline offered activities and care interventions. We observed that staff adjusted plans and varied how support was provided in response to people's choices.

Respecting and promoting people's privacy, dignity and independence

- Managers and staff consistently acted to ensure people's privacy and dignity were always respected.
- People were supported to develop independent living skills and were encouraged to engage with a variety of tasks and chores within the service.
- Care records and other Information were stored securely when not in use.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff had a good understanding of people's needs and provided individualised care and support.
- Care plan included detailed information about people health conditions and sufficient guidance for staff to ensure people's needs were met.
- Each person's care plans included a one-page profile with information about their likes, interest and life history. This information helped new staff quickly gain an understanding of who people were and how the previous experiences impacted on their current support needs.
- People, their relatives, health care professionals and day service providers had been involved appropriately in care plan review processes. Records showed care plans had been updated in response to identified changes in people's needs.
- Daily records were completed detailing how people had spent their time, the care and support provided and staff observations in relation to people's physical and emotional well-being.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans included useful information for staff on people's individual communication needs and preferences.
- Information and care plans were available in accessible formats. Individualised, picture based, communication tools had been developed to enable people to make specific decisions and choices.
- Details of people's specific communication needs were shared with healthcare professionals prior to appointments and a hospital passport had been developed to ensure people's needs were understood in the event of a hospital admission.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were a range of activities available for people to engage with within the service. Some people enjoyed craft activities while others engaged with puzzles and construction games. Most people were supported to regularly attend day centre placements.
- The service operated two vehicles to enable people to access community events and visit local attractions when they wished. Records showed people regularly attended local sporting and cultural events they were interested in. People were supported to participate in religious practices that were important to them and one person told us, "At the weekend sometimes I go out to church things like that."

- People told us, "There are plenty of things to do" and relatives said, "There is plenty for [my relative] to do", "Staff certainly make an effort to entertain [my relative] and I feel that the new manager has improved this further" and "There has been an improvement with support for activities outside of the home in the last year, since the new manager has taken over. Overall happy with the range [of activities]."
- Staff encouraged people to participate in domestic tasks and chores within the service and one person had taken on specific responsibilities in the service's kitchens.
- People were supported to maintain relationships that were important to them. Visitors were encouraged, and the service was able to arrange transportation to enable people to visit their relatives at home. Relatives told us, "I have always felt welcome and never patronised".

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and information about how to make complaints was available in accessible formats.
- People and relatives knew how to make complains. Records showed all reported concerns and complaints made had been investigated and resolved.

End of life care and support

- The service was not supporting anyone with end of life care needs at the time of our inspection. There were systems and procedures available to enable people to make decisions in relation to these issues should that become necessary.

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 good. At this inspection the service remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was supernumerary on the service's rota and responsible for day to day leadership. Their role was well defined and understood by the staff team. Relative told us, "[It is] very well managed", "The manager is good, he is fairly new but is making a difference" and "We do believe the service is well managed and [we are] happy with [the registered manager's] leadership plus changes he has introduced."
- Staff told us they were well supported by the registered manager who was approachable and took action to address and resolve any issues reported. Staff meeting were held regularly and provided opportunities for learning to be shared and for any changes in people's needs or wishes to be discussed and resolved. Records showed the registered manager had listened to staff ideas and suggestions which were implemented where possible.
- The registered manager told us they were well supported by the providers who visited the service regularly. Staff told us, "Each week we see the owners."
- The provider had notified CQC of significant incidents in line with the requirements of the regulations.

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

- The service was person centred and staff were focused on supporting people to live fulfilling lives and develop new skills. People told us, "I am loving it here" and "It is a nice place to live."
- Health professionals were complimentary of the service culture and told us, "I think it is very good."

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 understood their responsibilities under the duty of candour and kept relatives well informed of any incidents that occurred or changes in people's support needs.
- Staff and the registered manager took an open and honest approach to the inspection process. They acted promptly on the feedback provided and supplied all information requested.

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

- Feedback from people and their relatives was valued and appreciated. Information supplied by relatives had been included in people's care planning records and relative's told us, "I feel that I can give input about

[my relative] and their needs without the staff being defensive."

- Quality assurance surveys were completed regularly and were available in accessible formats. Responses to the recently completed survey of people and their relatives had been consistently positive and complimentary. A staff survey completed in November 2019 also provided positive feedback.
- The staff team had a good understanding of equality issues and valued people's individual skills and talents. There were systems in place to ensure people and staff were protected from all forms of discrimination.

Continuous learning and improving care

- There were appropriate systems in place to monitor the service's performance and drive improvements in the quality of care provided. Audits had been completed regularly and where issues had been identified action was taken promptly to resolve these situations. The registered manager ensured learning was shared effectively amongst the staff team.

Working in partnership with others

- The service worked collaboratively with healthcare professionals and commissioners to ensure the person's needs were met.
- Timely referrals had been made to enable the person to access external professional support when necessary.