

Aldanat Care Services Limited

Aldanat Care

Inspection report

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27 June 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



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

Aldanat Care is a 'supported living' service providing personal care for 20 people. Support is primarily provided to people with learning disabilities and autistic people. People live in individual flats and shared houses across Essex. Some people live in the grounds of Peter House, in Manningtree, where there are also offices and training rooms. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Right Support

Care plans focused on people's strengths, however in places needed to develop and build on people's goals and long-term aspirations.

Staff supported people with their medicines when they needed them.

People were supported to have maximum choice and control of their lives and staff supported them in their best interests; the policies and systems in the service supported this practice. However, in some circumstances did not always consider the least restrictive measure.

Staff supported people to play an active role in maintaining their own health and wellbeing and enabled people to access specialist health and social care support in the community.

Right Care

The provider made sure that there was enough skilled staff to meet people's needs and keep them safe, as well as ensuring they met best practice guidance. Staff had training specifically for their role and they felt they were skilled to do their role. People were involved in recruitment. The provider was in the process of developing their training to deliver learning disability and autism and this was something that the provider planned to continue developing.

The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Right Culture

Professionals spoke highly about the responsiveness of staff, however they felt that the communication with the management needed to improve.

Staff felt supported and the management team were always available.

The registered manager had a good understanding of their responsibilities towards people they supported and had passion in delivering person centred care.

The provider had quality assurance systems in place, which ensured they were capturing the good practices as well as where improvements were needed.

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 16 June 2021)

Why we inspected

We received concerns in relation to closed culture and safeguarding risks to people. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well-led only.

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

The overall rating for the service has remained the same based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from the concerns received. Please see the Safe, Effective and Well-Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aldanat Care on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Aldanat Care

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

This service provides care and support to people living in multiple 'supported living' settings, so that they can live 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 15 June 2023 and ended on 13 July 2023. We visited people on 15 June, 16 June and 26 June.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and 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. We used all this information to plan our inspection.

During the inspection

We communicated with 7 people who used the service and 7 relatives about their experience of the care provided. Some people who used the service were unable to talk with us, so we used different ways of communicating including using Makaton (a type of sign language), pictures, photos, symbols, objects and their body language. We spoke to 6 professionals who work within the service.

We spoke with 16 members of staff including the registered manager, managers and support workers. We reviewed a range of records. This included 6 people's care records and multiple medication records. We looked at 3 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 also reviewed.



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 has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments detailed how to manage identified risks, whilst providing the least restrictive level of support, however we found examples where staff did not follow these guidelines and it resulted in people being unnecessarily restrained and, in some cases, not in line with safe practices.
- People were encouraged to be involved in managing their own risks and provide input into risk assessments. In some cases, there were restrictions in people's homes without adequate justification as to if this was the least restrictive measure. However, where risks emerged, staff were proactive in managing these. For example, prompt health professional involvement enabled staff to be confident about the best ways to manage situations where themselves or the person could be put at risk.
- The registered manager had already identified that there was further support required for staff in particular with supporting staff to manage risks. During the inspection they were going through recruitment to introduce a specific role to mentor and coach staff in situations where they are supporting people who may pose a risk to their physical and emotional needs.

Using medicines safely

- People received medicines when needed. Records and trends picked up by the management team showed that there were consistent areas of improvement in the signing of the medicine administration records. In response to this the registered manager had arranged staff to be put on additional training.
- Medicine protocols, risk assessments and care plans were detailed as to how to support the individual with their medicine.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were supported safely. The registered managers made sure there was a consistent approach to safeguarding matters, which included completing a detailed investigation and sharing the learning with staff following any incident.
- Staff were knowledgeable and understood what abuse meant and were able to talk through the steps they would take to ensure people were safe. One staff member said, "My responsibility is to ensure that I am not guilty of safeguarding issues. I must avoid all manners of abuse, such as financial, emotional, psychological, physical abuse; sexual etc. The policy here is to report to my line manager if and whenever I observed any issue of safeguarding at work. This is a bid to protect the service users being supported. If after reporting such and nothing is done, I must report such to CQC for attention."
- People were observed to feel comfortable around the staff and were able to express their support needs and were seen to have positive relationships with staff. One person said, "I feel safe with them, I get looked after very well."

- Relatives told us the service provided safe support for their family members and trusted the staff and provider. A relative said, "We are very indebted to the support & assistance late last year in having [family member] transferred from their former home. [Family member] was neglected, in poor health, poor morale and generally the whole system was failing [Family member] there....It has been a wholly positive and progressive experience with the team ...So, for now the family, are content and relieved that [family member] is in good, friendly capable, diligent hands."

Staffing and recruitment

- People were supported by a staff team who were matched with each person to ensure they had the right skills and personalities. This involved people being part of the interview process to select the best candidate for them.
- Staff said they felt there was enough staff to keep people safe. We observed people being supported when they required it and did not need to wait for their needs to be met.
- The provider operated a robust recruitment process. Appropriate checks were undertaken to help ensure staff were suitable to work at the service. A disclosure and barring service (DBS) check and satisfactory references had been obtained for all staff before they worked with people, along with references, Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- Staff had access to, and followed, clear policies and procedures on infection control that meet current and relevant national guidance.
- Staff had relevant training in food safety.

Learning lessons when things go wrong

- The registered manager did not always capture incidents relating to restraint and how any lessons learnt that is identified is shared with the relevant people to drive change and improvements.
- Staff were involved in sessions where staff, professionals and management were able to share information and look at ways to support the person in a positive way.
- Staff said they were open about all safety concerns and comfortable with reporting incidents and near misses, in order to learn from these.

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 remains 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

- Assessments highlighted people needs and their desired outcomes. Where needed, referrals to external agencies were made.
- Staff were knowledgeable about people they were supporting and were proactive in learning ways to offer support in a way that was best for them. This enabled people to have a good quality of life. One person said, "It is perfect living here, I get treated very well. The staff are absolutely fantastic, When I am not well, they look after me how I need them to. They listen to me. When I moved in, I was in a cocoon and now I have turned into a butterfly."

Staff support: induction, training, skills and experience

- People received support from staff who were trained and had been matched to what the persons preferences where. Staff received specific training relating to people's health and well-being.
- The provider met best practice when supporting people with learning disability and autism and had ensured they continued to develop the training for staff.
- People felt they were supported by staff who had the right attributes. One person said, "They are good we play golf together."
- Relatives and staff felt they had the right training and skills for the role. A staff member said, "Working for Aldanat Care has been a positive experience overall. A typical day in my role involves providing support to individuals, assisting with their daily activities, and ensuring their well-being. I feel that I have received adequate training and possess the necessary skills to perform my duties effectively."

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

- People spoke about how they had choice and control of what they ate every day. Mealtimes suited the preference of the person, and they were supported to prepare meals they enjoyed eating.
- Dietary needs and requirements were identified in care plans and staff had a good understanding about this.

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

- Staff and the management team worked well with professionals for the benefit of the person. Care staff reported any concerns they had about the persons health and wellbeing to management, who in turn ensured relatives were contacted if appropriate, and external professionals were contacted if needed.
- Where there was professional involvement staff ensured the person was involved in these discussions as well as being open with relatives.

- Professionals felt the staff were responsive to people care. One professional said, "The service has engaged with me well and we have had Teams meeting to discuss the issues now presented, they are always welcoming when I visit."

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff gave examples of where the person had choice and control over their lives and staff made attempts to encourage and empower them to have their voice heard.
- Staff received training in the Mental Capacity Act and had a good understanding of how to put this into practice. One staff member said, "I feel our service users are listened to and their needs are met. Both our service users appear happy, and I feel they are very well supported. We are given good feedback from their families. The mental capacity act is about assuming capacity until proven otherwise, an unwise decision does not mean a lack of capacity, ensuring the information to make a decision is given in an understandable way, ensuring decisions made are in the best interest, and of the least restrictive option. We promote our service users making decisions about their day-to-day life and we listen to what they say."

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. At this inspection the rating has remains good. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

- The registered manager had quality assurance systems in place and these systems were reliable and effective to identify what improvements were needed. For example, where there were areas of improvement within the services, these were collated and filtered through to actions.
- The registered manager had reflected on the need for additional checks on restrictive practice and management of medicines and although these were captured at a local level, to drive improvement the registered manager was going to develop the system they already had and incorporate these areas into themes and trends to drive change.
- The management team had a service improvement plan where they had detailed key improvements made following audits. This was continuously adapted as they obtained feedback from people, professionals or as a result of an internal audit.
- The provider had regular contact with the registered manager, staff, people and relatives to gain feedback.
- Relatives and staff gave positive feedback on the responsiveness of the management team. Some professionals however, felt that communication could improve and in some areas the service could be managed more effectively. One relative said, "If anything is bothering me, I will get a response for any concerns I have, [Manager], I can WhatsApp them, or phone them. I phoned out of hours and know who is on. They are so responsive. They are dealt with straight away."

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

- The registered manager had a good understanding of people they supported and had a passion for wanting to deliver person-centred care.
- Staff reported a positive ethos in the service and knew they could go to the management team for advice and support. One staff member told us, "We get really good support. We have 3 other managers; they are always there for me. There is always someone there. This company are really good. We have regular supervisions and staff meeting."

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

- The management team gave people and relatives the opportunity to talk about how they wanted to improve the support they received. These were listened to, and action taken.
- Staff gave feedback through face-to-face meetings with the management team and surveys.

Working in partnership with others

- The registered manager gave examples of how they had regular input from other professionals to achieve good outcomes for people.
- Professionals we spoke with told us that when they had involvement in the service, they witnessed staff having the right values and were kind and caring. However, they felt at times there was a lack of engagement from the management team and communication could be improved.