

# The Aldingbourne Trust

## Number 73

### Inspection report

73-75 Aldwick Road  
Bognor Regis  
West Sussex  
PO21 2NW

Tel: 01243838537  
Website: [www.aldingbournetrust.co.uk](http://www.aldingbournetrust.co.uk)

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 31 October 2017. We gave the provider 24 hours' notice to ensure someone would be in the office to assist the progress of the inspection. The service was previously inspected on 06 August 2015 and rated good.

Number 73 is a domiciliary care agency located in Bognor Regis, West Sussex. The agency provides personal care to people with a learning disability and/or physical disability and supports people to live independently in their own homes. The care ranges from a few hours of support a week up to 24 hour care for people in supported living services. A supported living service is one where people live in their own home and receive care and support in order to promote their independence. People have tenancy agreements with a landlord and receive their care and support from the domiciliary care agency. As the housing and care arrangements are separate, people can choose to change their care provider without losing their home. They provide support to adults of all ages. At the time of the inspection visit the service was supporting two people with personal care.

People were supported to live a full and active life, offered choice and staff had safeguards in place to support people to experience holidays, outings and a range of activities to go ahead.

Comprehensive risk assessments were in place and support plans managed risks so people were safe. Risk assessments were regularly reviewed and also when people's needs changed and the staff approach was flexible to allow for changes in circumstances. The staff ensured people were protected from the risk of harm.

The service had a robust recruitment process to help ensure people employed were suitable to work with vulnerable people.

Care and support plans included person centred daily observation records that identified the care and support interventions that had been provided and any issues around care and support for the person being supported.

There were enough staff to support people doing the things they wanted to do and to keep them safe. Staff were motivated and aware of their responsibilities. Staff told us they loved their jobs and felt they had all the support they needed to carry out their role. They told us, "We get a lot of support and always encouraged to share information or ask if we are not sure about anything" and "My induction and training really helped me to get into the role. It was a team effort."

People were protected from avoidable harm. Staff received training in safeguarding adults and were able to demonstrate that they knew the procedures to follow should they have any concerns.

Systems were in place to safely manage people's medicines. Staff were trained in the safe administration of

medicines and kept relevant and accurate records.

People's human rights were protected as the registered manager ensured that the requirements of the Mental Capacity Act 2005 were followed.

People were supported to do things they enjoyed and keep in touch with those people who were important to them.

People had a good choice of diet and were supported to eat and drink when it suited them, as well as being offered choice which reflected their personal preferences.

People were supported to maintain their health and well-being and had regular access to health and social care professionals.

There were robust procedures in place to monitor, evaluate and improve the quality of care provided. The registered manager understood the requirements of CQC and sent in appropriate notifications. The registered manager made sure there was a focus on continuous development of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# Number 73

## **Detailed findings**

### **Background to this inspection**

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31st October 2017 and was announced one day before to make sure management and staff were available due to the way the service operated. The inspection was carried out by one adult social care inspector.

The service had sent us the Provider Information Return (PIR), prior to the date of the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we reviewed previous inspection reports and other information we held about the service including notifications. A notification is information about important events which the service is required to send to us by law.

We spoke with the registered manager and two staff members on duty. One person using the service who was available to speak with had no verbal communication. We spent time observing care practices and interactions between staff and the one person using the service in their own home.

During the inspection we visited the provider's head office and spoke with the registered manager and a senior member of the organisation.

We received comments from a professional and spoke with a relative. We looked at care records of two people being supported, training and recruitment records for two staff members. We also looked at records relating to the management of the service.

## Is the service safe?

### Our findings

The registered manager and staff took time to assess and get to know people during the introduction period, to ensure they were safe and happy with the staff team. Due to the complex needs of some people being supported the registered manager told us how important it was that, "We get it right, because if we don't the impact would not be beneficial to anyone." Only one person was being supported at the time of the inspection as the other person was away on holiday. A staff member told us, "This is their home its important they have their own space." Staff understood the importance of making sure their presence wasn't intrusive, and their home was a place where people felt comfortable, had independence, yet provided safety and security.

Assessments were carried out to identify any risks to the person being supported and to the staff supporting them. They included environmental and any risks in relation to the health and support needs of the person. Individual risk assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff.. For example when using a car to support a person a full assessment was taken to ensure there were always two staff, one to drive and one to support the person so it was safe.

Staff had a good understanding of people's risks and took time to make sure they were being supported in ways which reduced those risks. In one instance staff had a prompt sheet to identify when the person might display a behaviour and themes in a person's behaviour resulting in enhanced risk. This helped staff to be aware of people's well-being and anxiety levels. Staff had very clear instruction to support a person safely. For example, 'Never leave to bathe alone, encourage fluids to manage post infection.' Staff had action plans in place for individuals to help reduce risks, by offering the person reassurance and 'time out' when they needed it. This demonstrated the service recognised what action to take to ensure people were safe. People's risk assessments had been regularly updated so staff knew the best way to care for people taking into account their changing safety needs.

There were sufficient numbers of staff to meet people's assessed needs and help ensure their safety. On the day of the inspection people were supported to take part in daily activities and routines. For example, staff members on duty were taking time with a person doing things they liked such as taking the person out for a drive in their car. Staff told us that they had the necessary time to support people safely. One staff member said, "We [staff] have a lot of flexibility. We have no set rules and go along with whatever the client wants to do."

There was a designated team of staff supporting people seven days a week on a 24 hour basis. Staffing levels were determined by an assessment of need and the tasks and wishes of the individual. For example, one person only needed support from one member of staff whilst at home but two members of staff when out. This was always provided to help ensure the person was as safe as possible.

Staff recruitment files contained all the relevant checks to show staff were suitable and safe to work with people who may be vulnerable. Staff confirmed necessary safety checks were all carried out before they were able to support people. One staff member explained, "They [management] made sure everything was

back and OK before I started any support work." There was evidence family members had been involved in the recruitment of staff for their relative. It had been important to identify specific characteristics which they thought were important for a staff member supporting their relative. For example expecting staff to uphold their relative's right to privacy and dignity.

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff were up to date with their safeguarding training. In addition staff were regularly asked to complete safeguarding adults quiz. This was a list of questions with multiple choice answers as well as giving staff scenarios for them to consider. This meant staff were kept up to date with current good practice and had a good overview of what safeguarding people meant. Staff told us that if they reported signs of suspected abuse it would be taken seriously and investigated thoroughly. They knew who to contact externally should they feel that their concerns had not been dealt with appropriately.

People being supported required assistance from staff to take their medicines. The service had a clear medicines policy, which stated what staff could and could not do in relation to administering medicines. People's individual support plans described in detail the medicines they had prescribed and the level of assistance required from staff. There were suitable and safe storage facilities for people's medicines and regular audits were carried out to make sure they were being administered as prescribed. Staff received suitable training and updates to ensure medicines were administered and managed safely.

## Is the service effective?

### Our findings

People received care and support from staff that knew them well and had the knowledge and skills to meet their needs. A family told us, "This has been the best placement for [Person's name]. We can't thank the manager and staff enough" and "They [staff] are all very skilled. We have every confidence in them all."

Staff received continuous and on-going training to carry out their role with regular updates taking place, so they were familiar with current good practice and guidance. Specific training was available to staff where certain conditions required specific knowledge in how to manage a health event. For example, autism, epilepsy and training with an emphasis on positive behaviour support. Staff were expected to complete regular quizzes based upon the five key questions of regulation. The registered manager told us it was to help staff familiarise themselves with fundamental standards of care, "So that they feel confident and have the necessary understanding of what good care should be." A staff member told us, "They [managers] are very keen on making sure we understand what good practice is and question why we do things for clients or encourage them to do things we might find a bit risky." In addition the staff have supported families in training to support their relatives in epilepsy and fist aid so that in an emergency situation they would be more confident in dealing with a situation.

Staff told us they were well supported. They told us they were supported through supervision, both formally and informally. A staff member told us, "I feel really supported and we [staff] know there is always someone at the end of the phone if you are unsure about anything." The registered manager told us spot checks were carried out as part of the supervision programme. This was to make sure staff were able to carry out some aspects of their role. For example safe administration of medicines and recording.

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 when this is in their best interests and legally authorised under the MCA. Any Deprivation of Liberty Safeguards (DoLS) applications must be made to the Court of Protection.

The registered manager and staff understood the legislation as laid down by the MCA and the associated DoLS. Discussion with the registered and deputy manager and staff confirmed they understood when an application would be necessary. 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. We checked to see if the service had procedures in place to manage MCA and found that staff had received training in MCA/DoLS. A family member told us they had Court of Protection for their relative. This meant they had the legal powers to act in their relatives best interests and provide consent on their behalf.

The approach to nutrition and hydration was focussed upon in people's support plans. Staff told us it was important people had choice but that a healthy diet was always promoted. They said meals and food choices were discussed with people who used the service on a daily basis. Meals and mealtimes were very flexible and were often based around other activities taking place. Staff ate with the person and this provided a more homely atmosphere. A staff member told us one person used a 'tablet' [small hand held computer] with an app to support communication and this is used to look at foods and make choices. Family members were very satisfied with the success of this. Staff comments included, "[Person's name] has come on leaps and bounds with this new app. It makes it easier for [the person] to make choices in the food they like."

People were supported to maintain good health and had access to healthcare professionals and services. People's support plans showed the range of healthcare professionals they were registered with to be supported to maintain and manage their individual health needs. For example where a person who was phobic about visiting the dentist. By using a person centred desensitization process the person accepted the dentist to visit in their own home. People had health passports. These are documents that people can take to hospital appointments and admissions when they are unable to verbally communicate their needs to hospital staff which gave hospital staff the detail they needed to support them. People also had access to a community nurse with special needs experience. This supported people in a number of areas where they needed more information and guidance such as relationships.

There was a comprehensive health assessment which was easily accessible within the person's individual care and support plan. This provided support staff with clear information and appropriate guidance about health needs and how best to manage their on-going health issues.

## Is the service caring?

### Our findings

We observed staff engaging with a person they were supporting in a positive, encouraging, caring and professional way. The person had no verbal communication, however this did not detract from the obvious level of understanding staff had. For example, when the person wanted to go out staff talked about what the person wanted to take with them and what made them anxious. A staff member told us, "We [staff] have been supporting [Person's name] for some time now and we recognise the body language and movement to indicate what sort of mood they are in, or if they want to do something." It was clear the person's needs were being respected by staff and they were being treated with kindness and respect. A staff member said, "It's a great job, I feel lucky to work here."

Care Plans were very person centred. They reflected how the person wanted to be supported. It provided support staff with very detailed information about all aspects of the person's needs and wishes. For example one plan said, "My care and support plan is about the whole of my life, not just about my assessed needs or money." This gave staff a very strong message about how they should provide care and support in a meaningful and engaging way. A staff member told us, "The level of detail helps us to provide the care and support people need."

Routines were very flexible and arranged around the person being supported. For example a staff member spoke with a person about what activity they were about to do. They said, "[Person's name] we can go for a run in the car. You like doing that a lot don't you?" The staff member also told us plans could change quickly due to various changes which affected how the person might manage in the activity at any time. This demonstrated staff clearly understood and responded to people's individual needs in a kind and caring way.

Staff recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights. This was reported on in equality and human rights through well-developed person-centred care planning. Support planning documentation used by the service helped staff to capture information. This was to ensure the person received the appropriate help and support they needed, to lead a fulfilling life and meet their individual and cultural needs. For example respecting people's disability, gender, identity, race and religion. Staff had supported a person to extend their boundaries in respect of enabling them to gain confidence in going out to the point where the person has a volunteering role and befriending a person locally. This demonstrated the staff team were committed in enabling people to achieve personal goals.

Family members reported that they were confident their relative received consistent care and support which did not discriminate them in any way. One commented, "[Person's name] is being cared for by staff that really care and are really interested." This demonstrated staff delivered care and support in a non-judgemental way and protected people's rights.

Staff members were responsible for daily recording about how people were being supported and communicated any issues which might affect their care and wellbeing. Staff told us this system made sure they were up to date with any information affecting a person's care and support. Staff made sure all records

were up to date and transferred this information through verbal handovers. A staff member said, "It's important we share information between each other when there had been any changes in mood or activity."

Support plans included details of long and short term goals which had been discussed and agreed with all relevant people at care plan review meetings, including family members. Anticipated outcomes were monitored and information was used to determine if any new approaches were necessary in order to enhance the quality of life of the person being supported.

## Is the service responsive?

### Our findings

People and their families were involved in planning their own care and making decisions about how their needs were met. People set goals they wished to achieve. Records showed staff were trained in supporting people to do this and assessing people's needs. Within the support plans it clearly stated what the member of staff would do for each activity or task and how this had been agreed and consented to with the person or their legal representative. This demonstrated people's independence was being promoted.

People received a personalised service that met their needs. There was a person centred care plan in place for each person. The plans provided staff with a range of information about the person. For example, communication, personal care, nutrition and mobility needs. People's preferences such as their like of favourite activities and preferred names were clearly recorded. Staff responded to these plans in accordance with people's preferences. For example, taking part in social activities and following their interests. Staff were working with one person to support them in the future to attend dance classes. This had been recognised as a 'passion' for that person and set as an achievable goal. A staff member told us, "It is taking some time but we are going the right direction."

People were protected from the risk of social isolation and staff spoken with recognised the importance of companionship and keeping relationships with those who matter to them. People were supported to take part in personalised activities and encouraged to maintain hobbies and interests. One person had been actively involved in painting and decorating their own room with the support of staff. Staff spent time to ensure they engaged in home based and external activities of choice which included shopping, eating out and also baking. One person was being supported on holiday and another person had their own transport which staff used to support them to travel to community activities. Appropriate risk assessments and insurance cover were in place to protect people when using transport.

People being supported were at the centre of their care planning. There were pictorial prompts for staff to use to explain care and support if necessary. There was evidence of families being involved in reviews when possible and consulted on changes. For example, where a person had a medicine change, the service had worked with other professionals and the family to deliver this. This showed Number 73 did not make decisions without sharing necessary information and making people feel they were involved.

People were encouraged to take as much choice and control over their lives as they could manage, with any identified risks being well managed. This was in respect of the way they chose to live and staff responded to their requests (verbal and non-verbal) for support. For example staff understood where a person might be disadvantaged. This was because the person communicated with people very well and there might be an unrealistic expectation that people would expect too much from the person. To manage this staff recognised the need to simplify language in order to respond to this and manage it more effectively. There was another example of how staff responded to a person's level of anxiety by using a prompt sheet. This gave staff and family member's prompts to use simpler answers. This helped reduce the person's level of stress. This demonstrated staff were equipped with the knowledge and skills to effectively respond to individual needs.

Staff and a family member told us that people were supported to keep in touch with family and friends and the records we saw evidenced that staff encouraged this contact.

There was a system in place to regular review the care and support needs of people who used the service. Care planning documents identified regular reviews had taken place and the date when the next review was due.

The service had a complaints policy and procedure in place and information on how to make a complaint was provided to the person who used the service and their relatives. A relative told us they knew how to raise a complaint or concerns if they needed to.

## Is the service well-led?

### Our findings

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

There were systems in place to monitor the quality of the service and to look at ways of developing it. For example a quality manager carried out quarterly audits in all areas of the operation. It analysed the outcomes against the organisations key performance targets (KPI) in order to measure its effectiveness. On the day of the inspection there was a meeting taking place to look at a development project. The registered manager told us, "We are always looking at how we can move forward. It is a progressive organisation." There were regular management and business meetings the outcomes of which were reviewed annually and a business plan put in place for the following year. This demonstrated the service had a structure and budgets to follow, so that its development would be enhanced year on year. A professional told, "Have been impressed by the professionalism of the staff and the obvious inclusive nature of the service."

The organisation Aldingbourne Trust produced a monthly newsletter which was cascaded to registered locations including No 73. The October issue included reference to staff award nominations. It gave examples of where staff had made a positive impact on a person's life. For example working with people to become more confident in swimming. Where new staff had gone into post there was an introduction of the person and what they would be responsible for. This showed the organisation kept staff informed of what was happening within the organisation and at various locations. Staff told us they felt it was a good place to work and that they felt very supported by the management team. Comments included, "Great support from top down" and "Look after staff at all levels."

Staff told us they felt they were able to put their views across to the registered manager and senior management, and felt they were listened to. They told us they enjoyed working at the service and said they felt valued and there was a positive culture. They said they thought the staff team worked well together and it was clear from our observations that the registered manager worked efficiently and effectively and in a mutually supportive way with staff team members.

The views of family members were sought at regular intervals including reviews. A relative told us the way the annual survey was conducted had changed and they felt it was much better. They said this was because it was now a face to face meeting with the registered manager and much more in-depth. They told us communication at all levels was very good and any issues they may have were addressed immediately. Comments included, "Communication with the manager and staff is very good," "Slightest problem they [staff] sort it out. Dealt with straight away" and "Quality of life for [Person's name] does not compare with before being supported by No73." Some recent comments included, "[Person's name] is with people they are confident with" and "We have no complaints at all."

The registered manager told us the service treated people as individuals whilst ensuring that they had a

flexible level of support which met their needs. The registered manager provided regular feedback to senior management in order to ensure operational goals were being achieved. By seeking feedback from people, families and healthcare professionals meant their views were used to continuously develop the service.

Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care and support. Staff reflected positively about the service. Comments included, "Having a great time working in this job. Very fulfilling" and "By getting the training and support it makes this a lovely job." A relative told us they thought the staff team were very skilled because they were well training. They said, "Staff care. They are well trained and focused."