

## Aldingbourne Cottage Limited

# Aldingbourne Cottage

### Inspection report

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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 

### Overall summary

Aldingbourne Cottage is a 10 bedded care home without nursing providing 24 hour care for people with learning disability or autistic spectrum disorder and/or physical disability in the village of Westgate, Chichester. At the time of our inspection there were five people living at the home

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.

People told us they felt safe with staff. Relatives had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm.

# Summary of findings

Potential risks to people had been identified and assessed appropriately. There were sufficient numbers of staff to support people and safe recruitment practices were followed. Medicines were managed safely.

Staff had received all essential training and there were opportunities for them to study for additional qualifications. All staff training was up-to-date. Team meetings were held and staff had regular communication with each other at handover meetings which took place between each shift.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found the registered manager understood when an application should be made and how to submit one. We found the provider to be meeting the requirements of DoLS. The registered manager and staff were guided by the principles of the Mental Capacity Act 2005 (MCA) regarding best interests decisions should anyone be deemed to lack capacity.

People were supported to have sufficient to eat and drink and to maintain a healthy diet. They had access to healthcare professionals. People's rooms were decorated in line with their personal preferences.

Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and these were communicated to staff in a variety of ways – verbally, through physical gestures or body language. People were involved in decisions about their care as much as they were able. Their privacy and dignity were respected and promoted. Staff understood how to care for people in a sensitive way.

Care plans provided information about people in a person-centred way. People's personal histories had been recorded and their preferences, likes and dislikes were documented so that staff knew how people wished to be supported. Some people went to a day centre during the day and there was a variety of activities and outings on offer which people could choose to do. Complaints were dealt with in line with the provider's policy and there had been no formal complaints logged in the previous year.

People could express their views and discuss any issues or concerns with their keyworker, who co-ordinated all aspects of their care. The culture of the service was homely and family-orientated. Regular audits measured the quality of the care and service provided.

# Summary of findings

## 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 safe.

People were protected from harm by trained staff. Risk assessments were in place.

Staffing levels were sufficient to keep people safe and the service followed safe recruitment practices.

Medicines were managed safely.

Good



### Is the service effective?

The service was effective.

Staff had received suitable training and this was up to date. There were opportunities for staff to take additional qualifications.

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005.

People had access to a choice of menu and were supported to maintain a healthy diet. A variety of professionals supported people to maintain good health.

Good



### Is the service caring?

The service was caring.

Positive, caring relationships existed between people and the staff who looked after them.

People were consulted about their care and were able to exercise choice in how they spent their time.

People's privacy and dignity was respected.

Good



### Is the service responsive?

The service was responsive.

Care plans provided detailed information so that staff could support people in a person-centred way.

Many people went out to a day centre during the day. Other activities were also available according to people's preferences.

Complaints were acted upon in line with the provider's policy. No complaints had been received in the last year.

Good



### Is the service well-led?

The service was well led.

People gave their feedback about the service provided by communicating their views to their keyworker.

Staff were supported to question practice and asked for their views about Aldingbourne Cottage through a survey organised by the provider.

Regular audits took place to measure the quality and safety of the service provided.

Good



# Aldingbourne Cottage

## 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 21 December 2015 and 26 January 2016. One inspector undertook this inspection.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we observed how staff interacted with people who used the service. We looked at how

people were supported in the communal areas of the home. We also looked at plans of care, risk assessments, incident records and medicines records for two people. We looked at training and recruitment records for two members of staff. We also looked at staffing rotas, staff handover records, minutes of meetings with people and staff, records of activities undertaken, menus, staff training and recruitment records, and records relating to the management of the service such as audits and policies.

On the first day of our visit the registered manager was not available and we were assisted by the senior staff member on duty who was able to tell us about the service and provide us with written records. We went back to the service for a second visit to enable us to speak with the registered manager and to look at those records that were not available to us on the first day of the visit. We spoke with four people and two relatives to ask them their views of the service provided. We also spoke to the deputy manager and two members of staff.

The service was last inspected on 6 February 2014 and there were no concerns.

# Is the service safe?

## Our findings

People were supported by staff to be safe and people told us they felt safe at Aldingbourne Cottage. One person said “I know I am safe here, I have lived here over nine years and I have always felt safe and secure. Relatives told us they were confident their loved ones were kept safe.

People were protected from abuse and harm and staff recognised the signs of potential abuse. Staff knew what action to take if they suspected people were being abused. One member of staff said, “I would report it firstly to the registered manager or deputy manager. If they were not available I would make sure that the person was safe and report it to the senior person on duty. Staff had received training in safeguarding and knew they could contact the local safeguarding team or CQC if they had any concerns. Staff were able to name different types of abuse that might occur such as physical, mental and financial abuse.

Risks to people and the service were managed so that people were protected. Risk assessments were kept in people’s plans of care. These gave staff the guidance they needed to help keep people safe. We saw risk assessments regarding traveling in the homes transport, going out into the local community and mobility. We also saw a risk assessment for one person regarding their epilepsy. The person was deemed to be at low risk because, although the person had a history of seizures in the past, since they had been at Aldingbourne Cottage they had not had a seizure. The risk assessment still provided staff with information and guidance to minimise any risk should the person have a seizure. The home had a fire risk assessment for the building and there were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as a fire or flood.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. A minimum of two care staff were on duty throughout the day. In addition, the

registered manager was also available to provide additional cover. Staff told us there were a minimum of two members of staff on duty between 8am and 8pm. From 8pm there was one member of staff on duty who could sleep between 11pm and 6.30am. There was an ‘on call’ member of staff available to provide additional support to the night staff member if required. The homes staffing rota for the previous two weeks confirmed these staffing levels were maintained. Additional staff were organised as and when required to support people with appointments or for social events. Staff said there were enough staff on duty to meet people’s needs. Relatives said whenever they visited the home there were always enough staff on duty.

Recruitment records for staff contained all of the required information including two references one of which was from their previous employer, an application form and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. Staff did not start work at the home until all recruitment checks had been completed. We spoke with staff who told us their recruitment had been thorough.

Staff supported people to take their medicines. The provider had a policy and procedure for the receipt, storage and administration of medicines. Storage arrangements for medicines were secure. Medicines were managed so that people received them safely. All staff had completed training in the safe administration of medicines and staff confirmed they had been trained and that their training was regularly updated. Medication Administration Records (MAR) sheets showed when people had received their medicines and staff had signed the MAR to confirm this. There was a clear protocol for administering any PRN (when required) medicines. A local pharmacy provided medicines to the home in a monitored dose system and medicines were ordered, received, administered and disposed of safely.

# Is the service effective?

## Our findings

People told us they got on well with staff and said staff knew them well. Comments from people included “I have lived here for over nine years and everyone gets along together. The staff are really good and they look after me well. Another person told us “I like all the staff they are very good”. People said the food at the home was good and they were able to make choices about the contents of the weekly menu. Relatives said they were happy with the support provided by staff. One relative told us: “All the staff are all knowledgeable and friendly. They are marvellous and are always around to help people”.

Supervision records for staff were not all up to date. The registered manager told us they worked alongside staff most days and that they had regular conversations with staff and observed staff practice. Staff confirmed this and said they did not have to wait for supervision to come round if they needed to talk with the registered manager. Staff said they were able to discuss any issues with the registered manager and felt that with such a close knit staff team, formal supervision was not needed. We saw that supervision records were kept in staff files, however the registered manager acknowledged that some had lapsed. He told us that although he spoke with staff on a regular basis he understood the need to have supervision recorded. On the second day of our visit we saw that regular supervision was now taking place and this was recorded.

Staff told us about the training provided by the provider. They said that training was through a variety of sources including distance learning, on line training and face to face courses. Staff said the training was good and that if they asked for any specific training this would be provided for them. Training records showed that all staff were up to date with training which included: Fire safety, safeguarding, risk assessment, health and safety, first aid, understanding learning disability, epilepsy and medicine training.

The last staff member recruited to the home was in 2013. The registered manager said that all new staff members would be expected to complete induction when they first started work. The induction programme included receiving essential training and shadowing experienced care staff so they could get to know the people they would be working

with. The registered manager told us any new staff would be enrolled on the new Care Certificate, which is a nationally recognised standard of training for staff in health and social care settings.

The provider also encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. The provider employed a total of seven care staff. Records showed that people had completed additional qualifications up to National Vocational Qualification (NVQ) level two or equivalent. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. The registered manager and deputy manager regularly worked alongside care staff and this enabled them to monitor staff performance and identify if the training was effective and also to identify any additional training needs.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met. The registered manager told us that although all people at Aldingbourne Cottage were living with differing degrees of learning disability, people were able to make day to day choices and decisions for themselves. The registered manager and staff understood their responsibilities in this area. The registered manager had made applications under (DoLS) for all of the people at Aldingbourne Cottage. To date none had yet been authorised by the local authority as it was being dealt with on a priority basis.

We spoke to people and staff about the meals provided at the home. Staff encouraged people to be involved as much

## Is the service effective?

as possible in preparing meals and drinks and we saw evidence of this during the inspection visits. People and staff said that breakfast was normally cereals and toast and people could choose what to eat. A cooked breakfast was available if people requested this. Lunch was normally a snack type meal such as sandwiches, fish fingers or beans on toast and this was also down to individual choice. The main meal of the day was in the evening and there was a three week rolling menu which had two choices for main course and dessert and these reflected people's own preferences and choices. Staff also took people out for a meal in the local community and people said they enjoyed this. Staff told us that there was always a range of food in the fridge so that they could make people a snack or sandwich at any time if they wanted this. This meant people were supported to have sufficient to eat and drink and were encouraged to maintain a healthy and balanced diet.

People's healthcare needs were met. Each person was registered with a local GP. Each person had a health file and this contained a health assessment with information about the person's learning disability and any other medical conditions. There were contact details of the person's GP, dentist and optician. Appointments with any other health care professionals were through GP referrals. Each person had a 'Hospital Passport'. This was a document which provided important information about the person should

there be a need to go to hospital. There was information such as: 'Things you must know about me', 'Things that are important to me' and 'My likes and dislikes'. However there was no information about the person's ability to give consent to care and treatment. The registered manager told us that if a person needed to go to hospital they would be accompanied by a member of staff so they were supported by someone they knew. This would help to ensure people received consistent effective support. We saw the daily handover sheet provided details of people's health appointments and messages were placed in the diary or communication book to remind staff to arrange or attend any appointments as required. This meant people's needs were assessed and care and support planned and delivered in accordance with their individual needs and care plans.

During the inspection, we undertook a tour of the home. The registered manager told us that people were involved in the choice of furnishing for their rooms and were able to choose their favourite colours and personalise their rooms with photos and items of their choice. Communal areas were homely with appropriate furnishing. There were a number of picture boards around the home with photographs of people's holidays and outings into the local community. One person was keen to show the inspector these boards and they clearly contained pleasant memories.



# Is the service caring?

## Our findings

People were happy with the care and support they received. One person said “The staff look after me well and are always nice and kind”. Another said “I could not fault a single thing, everyone is really kind and friendly”. Relatives said they were very happy with the care and support provided to people and were complimentary about how the staff cared for their family member. One relative said “I really can’t fault the staff, the support they provide is first class. The staff know everyone well and really care about the people who live at Aldingbourne Cottage”.

Staff respected people’s privacy and dignity. They knocked on people’s doors and waited for a response before entering. When staff approached people, they would always engage with them and check if they needed any support. One member of staff told us, “We all get on pretty well, were like a family really”.

Throughout our visit staff showed people kindness, patience and respect. This approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs. There was a good rapport between staff and people. We observed frequent, positive interactions between staff and they

engaged with people throughout our time at the home, showing people patience and understanding. People were confident and comfortable with the staff who supported them.

Everyone was well groomed and dressed appropriately for the time of year. We observed that staff spent time listening and engaging with people and responding to their questions. They explained what they were doing and offered reassurance when anyone appeared anxious. Staff used people’s preferred form of address and chatted and engaged with people in a warm and friendly manner.

Staff understood the need to respect people’s confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed verbally in private, at staff handovers or put in each individual’s care notes. There was also a diary and a communication book for staff where they could leave details for other staff regarding specific information about people. This helped to ensure only people who had a need to know were aware of people’s personal information.

People had regular one to one meetings with staff to discuss any issues they had and these gave people the opportunity to be involved as much as possible in how their care was delivered.



# Is the service responsive?

## Our findings

People said they were well looked after and that if they wanted anything all they had to do was ask. One person said “If I want something I will ask the staff and they will sort things out for me” Relatives said staff knew their relatives well and were aware of their needs. They said they were invited to reviews and said staff kept them updated on any issues they needed to be aware of. One relative said “The staff are wonderful and my relative was thinking of not coming home for Christmas because they are looked after so well at Aldingbourne Cottage”

People were supported to maintain relationships with their families. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual’s life was kept in their care plan file.

Before accepting a placement for someone the provider carried out an assessment of the person’s needs so they could be sure that they could provide appropriate support. This assessment formed the basis of the initial care plan.

Each person had an individual care plan and people’s likes and dislikes were documented so that staff knew how people wished to be supported. Care plans were person centred and staff understood the importance of explaining to people what they were doing when providing support. Care plans were comprehensive and identified the support people needed and how support should be given. People had care plans for the following: Morning routine, personal care, hair washing, dressing, choice of clothes, continence, daytime routine, evening routine, activities at weekends, physical health, well-being, mouth care and hand and foot care. These care plans detailed what people could do for themselves, what support was required from staff and details of how this support should be given.

The care plan for one person around their morning routine explained how the person indicated that they would like to get up. It reminded staff to stick to a specific routine for this person. The care plan detailed how support should be given to help the person to bath or shower, what toiletries the person liked to use, how the person wanted to be supported to wash their hair and what support was needed to dry and dress. The care plan described that the person

could do up zips and buttons but needed support to choose the correct clothing for the time of the year. These clear guidelines ensured people got appropriate support in the way they preferred.

Care plans were regularly reviewed monthly by the person’s keyworker. (A key worker is a person who has responsibility for working with certain individuals so they could build up a relationship with them. This helped to support them in their day to day lives and give reassurance to feel safe and cared for). However the monthly reviews did not always provide an evaluation of how the care plan was working for the person. We spoke with the registered manager about this who told us that he would speak with staff to ensure that recordings reflected the effectiveness of the care plan and to highlight if any changes were needed. Staff told us that the care plans reflected the current support people needed.

We also saw that formal reviews were carried out to discuss people’s care needs, future goals and aspirations. The person concerned, staff, the persons care manager and relatives were invited to these reviews so that they could have input into the review process.

Staff said that people could express their wishes and preferences and these would always be respected. People were encouraged to express their views and these were communicated to staff in a variety of ways verbally, through physical gestures or body language. Staff said each person needed different levels of support and staff gave individual support to people whenever it was needed. One staff member said “We all work together and know what support people need. We always talk with people and explain as much as possible what we are doing and why”. Staff said if a person refused support at a particular time they would respect their decision and go back later and offer the support again.

Staff were knowledgeable about the people they supported and were able to tell us about the people they cared for. They knew what support people needed, what time they liked to get up, whether they liked to join in activities and how they liked to spend their time. This information enabled staff to provide the care and support people wanted at different times of the day and night. We observed staff providing support in communal areas and they were knowledgeable and understood people’s needs.

## Is the service responsive?

Daily records compiled by staff detailed the support people had received throughout the day and night and these followed the plan of care. Records showed the home had liaised with healthcare and social care professionals to ensure people's needs were met. For example one person used to regularly attend a day centre twice a week, but could no longer continue with this activity. Staff have now replaced this activity with a more suitable one for the person concerned and amended the person's care plan accordingly.

Staff told us they were kept up to date about people's well-being and about changes in their care needs by attending the handover meeting held at the beginning of each shift. During the handover staff were updated on each person and included any information they needed to be aware of. Information was also placed in a handover file if people's care needs had changed. This ensured staff provided care that reflected people's current needs.

Daytime activities were organised for everyone, according to their preferences and there was a range of activities provided for people. Each person had an individual activity plan. One person did work experience at a day centre for three days a week. Four of the five people regularly went out to a day service two or three times a week. They took part in a range of activities including: Games, sensory room, TV, DVDs, music, bowling, arts and crafts, cooking and gardening. Staff told us they encouraged people to continue with some of these activities at home. People said they enjoyed helping staff with cooking and baking. Every Thursday everyone went out together to take part in an activity and these included trips to the cinema, picnics, walks or trips to the theatre. There were also trips to shops or visits in the local area. People attended a local disco for people with a learning disability three times a month, and everyone was going to see a pantomime over the

Christmas period. One person was keen on horse racing and staff supported this person to go to Goodwood whenever there was a race meeting. People told us about a range of holidays they had been on and these included holidays in Torbay, the New Forest, Disney Land Paris and a four day cruise. Holidays were arranged following discussions with everyone concerned and took into account people's choices and abilities. One person told us "We normally go away in May or June but we have not planned anything for 2016 yet". On the day of our visit we saw that people went out with staff and took part in activities at the home. We spoke with one person who said they liked listening to music and was very knowledgeable about a range of artists. A record of activities that people took part in were recorded in people's daily records sheet.

The service routinely listened and learned from people's experiences, concerns and complaints. People were encouraged to discuss any concerns they had with their keyworker or with any member of staff who was providing support. Any complaints or concerns could then be dealt with promptly and appropriately in line with the provider's complaints policy. We saw there was a copy of the provider's complaints procedure in each person's room and care plan and a copy was also given to relatives. We saw a copy was displayed on a notice board at the home. The complaints form was not in an easy read format. However staff told us they would explain the complaint procedure to people if needed and they would support and assist anyone to make a complaint or raise a concern if they so wished. The registered manager said that no formal complaints had been received by the service since the last inspection. They said if any complaints were received they would be discussed at staff meetings so that the provider and staff could learn from these and try to ensure they did not happen again.

# Is the service well-led?

## Our findings

People told us the registered manager and all the staff were good and were always around to listen to them. One person said “If I am not happy I will say something to the staff and they will sort things out”. Relatives confirmed the registered manager was approachable and said they could raise any issues with him or a member of staff. They told us they were consulted about how the home was run and were always invited to reviews”. One relative said “The manager is easy to talk to and always keeps me up to date with any issues regarding my relative and I can speak to him on the phone or meet with him whenever I want”.

The registered manager acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

The provider aimed to ensure people were listened to and were treated fairly. Staff said the registered manager operated an open door policy and welcomed feedback on any aspect of the service. He encouraged open communication and supported staff to question practice and bring his attention to any problems. Staff said they were confident the registered manager would not hesitate to make changes if necessary to benefit people. All staff told us there was a good staff team and felt confident that if they had any concerns they would be dealt with appropriately. Staff said communication was good and they always felt able to make suggestions. They said the registered manager was approachable and had good communication skills and that he was open and transparent and worked well with them.

Staff said the registered manager was able to demonstrate good management and leadership. Regular meetings took place with staff and people, which enabled them to influence the running of the service and make comments and suggestions about any changes. The registered manager said they and the deputy manager regularly worked alongside staff to observe them carrying out their roles. This enabled them to identify good practice or areas that may need to be improved.

The registered manager kept a ‘Client Information File’. This contained a range of information about the home and included details about: Daily routines, visitors, access to

records, privacy and dignity, choice, handling people’s mail, menu planning and advocacy. There were also copies of CQC’s easy read information leaflet on ‘working to make sure people using services get their human rights’.

We saw everyone was registered to vote on the electoral register. Staff told us that they supported everyone to vote at the last general election and that people always voted at local elections.

We asked staff about the provider’s philosophy. All staff said that this was to enable people to be accepted as meaningful individuals. People with a learning disability should be afforded the same rights as everyone else and they should be supported to exercise these fully. The registered manager said staff at Aldingbourne Cottage worked with people to maximise their potential. It was clear from speaking to the registered manager and staff that they all embraced this philosophy and were passionate about the job they did.

The provider had a policy and procedure for quality assurance. The registered manager ensured that weekly and monthly checks were carried out to monitor the quality of service provision. Checks and audits that took place included; food hygiene, financial audits, health and safety, care plan monitoring, audits of medicines, audits of accidents or incidents and concerns or complaints. The quality assurance procedures carried out helped the provider and registered manager to ensure the service they provided was of a good standard. They also helped to identify areas where the service could be improved.

People. Relatives and staff were supported to question practice and asked for their views about Aldingbourne Cottage through a survey organised by the provider. There was also a weekly meeting for people and they took it in turns to chair the meetings. Staff were on hand to provide support. Each week people had a policy to discuss so they could put their views forward. The policy for the week of our inspection was ‘Suggestions’. The weekly meeting also enabled people to discuss menus, activities and any other issues. This enabled people to be involved in the day to day running of the home as much as possible.

Records were kept securely. All care records for people were held in individual files which were stored in a locked cabinet. Records in relation to medicines were stored securely. Records we requested were accessed quickly and were consistently maintained, accurate and fit for purpose.