

Aldanat Care Services Limited

Aldanat Care

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 ● |

Summary of findings

Overall summary

About the service

Aldanat Care is a supported living service providing personal care for approximately 22 people. Support is primarily provided to people with learning disabilities and autistic people. People live in individual flats and shared houses across Essex, mostly in the Colchester and Tendring areas. 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

We received largely positive feedback from people and their families, staff and external professionals who were enthusiastic about the value of the service in people's lives. We found the provider had addressed the areas of negative feedback which were raised during our inspection.

The last year had been challenging, however the provider had taken effective action and made improvements to promote the safety and wellbeing of people and the staff who supported them. They had enhanced their quality assurance processes, drawing from best practice guidance to provide better oversight. There was a positive focus on learning from mistakes and ensuring action was taken.

There were effective systems to support people to manage risk safely. The provider worked closely with external professionals to investigate safeguarding concerns and take action when mistakes happened. There were enough staff to support people and they had been recruited safely. Recent improvements provided staff with more support and guidance in their role.

People received support to take their medicines safely. The provider had effective measures to minimise the spread of infection, especially in relation to COVID-19.

Staff training and the quality of care plans had improved. In particular, the provider had invested in developing skills and resources to promote an understanding of positive behaviour support. Staff worked well with professionals to promote people's health and wellbeing. People were supported to eat and drink in line with their personal and cultural preferences.

People received support from staff who knew them well. Staff were compassionate and respectful. People had a say in their care and staff promoted their independence.

Care was personalised and adapted flexibly in response to changing needs and preferences. Staff supported them to live full lives and achieve outcomes in a planned way. People received information in a way they could understand. People and their representatives felt able to complain and be confident their concerns

would be listened to and acted upon. There were measures in place to help people consider their preferences around end of life care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

The model of care and setting maximises people's choice, control and Independence. Aldanat Care offers an alternative for people who might otherwise be in more secure accommodation. This is in line with the principles of Right support, right care, right culture of "reducing inpatient care and supporting community-based options." Professional feedback about the importance of this type of support was very positive. A professional told us, "Services like this support people to stay out of secure accommodation, which makes them so valuable."

Right care:

Care is person-centred and promotes people's dignity, privacy and human rights. People are treated as individuals and care is provided flexibly in line with their preferences.

Right culture:

The ethos, values, attitudes and behaviours of staff and management ensure people using services lead confident, inclusive and empowered lives. The leaders and staff of Aldanat Care share a passion for supporting people which shapes the culture across the service.

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

Rating at last inspection

This service was registered with us on 26/02/2020 and this is the first inspection. The service had been previously registered under a different registration; however we had not carried out an inspection and rated this service.

Why we inspected

This was a planned inspection of a newly registered 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?

Good ●

The service was 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.

Aldanat Care

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team included three inspectors and one Expert by Experience who made phone calls to people and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

This service provides care and support to people living in approximately twenty 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The Learning Disabilities Director told us they had applied to become the new registered manager. The current registered manager would still be involved in the wider organisation, so a smooth transition was planned. During the inspection we spoke jointly to the current registered manager and the Learning Disabilities Director who are referred to as 'the management team' throughout the report.

Notice of inspection

We gave a short period of notice of the inspection because some of the people could not consent to a home

visit from an inspector. This meant that we had to arrange for a 'best interest' decision about this. We also needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 26 April 2021 and ended on 11 May 2021. We visited the office location on 28 April 2021.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. join up to last paragraph We used all of this information to plan our inspection.

During the inspection

Two inspectors visited the main offices on 28 April 2021. They met with the registered manager, the Learning Disabilities Director, the behaviour advisor, the quality lead, two service managers and six care staff. They also visited three people who lived near the offices in Peter House.

A third inspector visited people who were supported by the service in Harlow. They met with three people, one care staff, one team leader and the local service manager.

We reviewed a range of care records, including seven people's selected care and medicine records. We looked at five staff files in relation to recruitment, staff supervision and training. We reviewed a variety of records relating to the management of the service.

After the inspection

After the office and home visits, we continued to collect information from the provider. We received feedback from six professionals and 23 staff members.

The expert by experience spoke with ten relatives and eight people who use the service and one staff member. This included a video call to two people and the staff who supported them during which the expert by experience was able to observe people who could not communicate verbally.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management;

- Aldanat Care supports several people with complex needs which can place them and others around them at risk. Concerns had been raised prior to our inspection about people's safety, in particular around people leaving their homes without staff support.
- The provider took immediate action when a person left home without any staff, despite being assessed as needing support when in the community. A revised risk assessment was put in place which included additional practical guidance to minimise the risk of harm. Staff were given increased dedicated time to read the person's care plan before providing support and there was improved planning around staff breaks.
- Most people and their relatives told us the service supported people safely. Where concerns had been raised, we found the provider had already taken action, such as addressing the lack of specialist knowledge of some agency staff.
- We found the provider responded effectively to mitigating risk. This positive approach to managing risk was reflected in feedback from an external professional who told us, "The staff are proactive owing to the person I work with having a risk history and they do all they can to support the person to remain safe."
- Whilst some of the provider's actions increased safety immediately, such as Perspex screens in cars, other measures would take time to become established, such as the new positive behaviour support roles. A professional told us they had confidence in the provider's approach, "I have no questions about [person's] safety. The action plans are in place and the service is very person centred. They just need to work on communication and consistency."
- The management team told us they had taken action around communication. For example, they had added a prompt on incident forms to remind staff to speak to families and were improving the level of detail being provided to professionals during investigations.
- There were comprehensive, personalised risk assessments which reflected individual circumstances. Where necessary people had positive behaviour plans to reduce risks to themselves and others. These were detailed and reviewed regularly and provided staff with guidance on possible triggers which might indicate increased risk, such as anxiety.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- There were systems in place to safeguard people and staff knew what they had to do if they were concerned about people's safety.
- The management team used detailed logs to check all necessary actions had been taken following a safeguarding concern, such as communicating with key staff, organisations and family members.
- The provider had developed a new approach, based on best practice guidance, to systematically learn lessons when things went wrong, including from safeguarding concerns. In an email to staff, about recent

safeguardings, the Learning Disabilities Director wrote, "Hopefully reflecting on concerns and issues will help us all continue improving our practice."

- Staff were involved in detailed discussions with senior staff after serious incidents had taken place, where they reflected on how best to manage risk or respond in the future.
- Following a delay in staff seeking medical assistance, senior staff had reviewed lessons learnt. The learning was practical, and information was shared with staff in an accessible, non-judgmental way. Staff were told what to do in a health emergency and which medical forms had been changed as a result of the review.
- There was an open culture at the service, where staff felt able to speak out. A social care professional told us the recent improvements had a positive impact on the culture of the service. They told us, "The people they support are so complex you are bound to get safeguardings. However, Aldanat are transparent and open about any concerns, they are open to suggestions about any changes that need to be made."

Staffing and recruitment

- There were enough staff to meet people's needs. The provider worked closely with commissioners to ensure staffing levels reflected changing needs, for example, staffing increased when there was increased risk to a person's safety.
- Recent investigations and learning had led to improved staff deployment and recruitment to ensure people were being supported by staff who knew how to support them safely. As discussed in the effective and well-led sections of this report, this included creating enhanced roles for more skilled staff and improved management presence.
- There were safe recruitment systems in place. A new in-house agency had been set up in the last year so the provider could ensure temporary staff had the necessary skills and experience to support people safely.

Using medicines safely

- Staff supported people safely and in a person-centred manner with their medicines. People confirmed they had support to take their medicines and a family member told us, "They get their medicines on time. They had a six month check up at the GPs recently, it's always down in the diary."
- The service focused on minimising the use of medicine to manage people's behaviour, in line with current guidance. Where people required medicine when they became anxious, staff had detailed plans to refer to, such as what signs to look for and when it was appropriate to use 'as required' medicines.
- Staff had the skills to support people with their medicines. They received regular training and competency assessments. There were effective checks to monitor whether people took their medicines safely. Medicine errors were addressed promptly, and systems improved as a result.

Preventing and controlling infection

- We were assured the provider was facilitating visits for people in accordance with current guidance and preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely. The provider was accessing testing for people using the service and staff in line with current guidance.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The provider's infection prevention and control policy was up to date.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Care plans were thorough and well ordered. There were effective systems to ensure information was reviewed and kept up to date. A professional told us, "I have found all the care plans and risk assessment are of good quality, they are person centred and detailed."
- Senior staff received in-depth positive behaviour training from a reputable source to ensure they had the expertise to carry out high quality assessments of people's risks and needs. This also helped ensure staff received information in line with up-to-date guidance.
- Staff feedback demonstrated a shared commitment to providing high quality care. A member of staff told us, "I will strive for a gold standard of support in all aspects of life. I feel Aldanat Care share this aim. The support I receive to undertake my role is more and better than I have ever had in any past job."

Staff support: induction, training, skills and experience

- There was comprehensive training to ensure staff developed specialist skills to care for the specific needs of people across the service. Over the last year staff had received improved training and guidance. A member of staff told us, "I feel as though more recently within the company we have had more thorough and extensive training including both e-learning and face to face."
- Following a review of an incident, recommendations considered how to help a member of staff develop their skills and confidence, such as additional positive behaviour training to enable them to support people with complex needs. A relative told us this had a positive impact on their family member, "[Person] has had challenging behaviour in the past. I've never been so pleased with staff, there's not so much challenging behaviour because [person] is happier."
- New staff received a full induction when they started working at the service. The Care Certificate had been completed by staff without prior care experience or qualification. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- Most staff told us they were well supported by their line-manager. A member of staff told us, "I have an excellent team leader and manager, nothing is too much trouble, and issues are always dealt with in a professional manner." Senior staff used the new lessons learnt approach to review how well the service supervised staff. They had shared practical tips and learning with line managers.

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

- People and their relatives told us they were supported to eat and drink in line with their preferences. A person said, "I've just had a bit of dinner, I do cooking, and made meatballs, my support worker helped me."
- People's meal choices reflected their cultural needs and preferences. Staff had found out from their family

and former staff how to cook a person's favourite meal. Staff cooked a similar dish for another person; however, they varied the way they prepared the food, recognising the importance of each person's unique cultural heritage.

- Staff completed food diaries which assisted in monitoring people's diet. People were supported to access specialist professionals, such as dieticians when necessary.

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

- Staff worked well with other professionals to promote people's health and wellbeing. Staff had referred a person for a new wheelchair when they had concerns with their existing chair. A professional told us, "Aldanat works very well with me and other professionals. The adults are very complex; therefore, we are working with wide spectrum of professionals including mental health, police, ambulance services and community learning disabilities services."

- Personalised health care plans included details of appointments with required aims and actions. People and families told us staff provided the support needed to help people remain healthy, such as regular visits to the dentist.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Across the service there was a good understanding of capacity and how this impacted on people's daily lives. People were involved in this process where possible. A person spoke to us about their capacity assessment and the positive open discussions they had with senior staff over this process.

- Staff had completed assessments of people's capacity, working alongside people and their representatives. The assessments were personalised and reviewed regularly.

- Where a person's freedom was restricted, there was a detailed analysis of the rationale and legal context for the restriction, with clear actions outlined to ensure restrictions were lawful and, in the person's best interest.

- Where people were deprived of their liberty, the provider had worked with professionals to make any necessary applications to the Court of Protection.

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

This is the first inspection for this newly registered service. This key question has been rated 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; Respecting and promoting people's privacy, dignity and independence

- When we observed people interacting with staff, they appeared relaxed and comfortable. Staff knew people well and created environments where people could thrive. A professional told us, "Staff loyalty and reliability helps adults to build trustful relationships."
- When we spoke with staff, they focused on people first rather than the challenges they presented. A professional told us, "Staff do not see adults through the prism of their behaviours but are able to recognise adults' strengths and personalities."
- Staff promoted a person's right to make decisions about their identity and supported them to develop positive relationships and networks, offering for example, practical advice on safety. Staff encouraged a person to keep in touch with their established support group on ZOOM.
- People were encouraged to be independent. We observed a member of staff supporting a person make a cup of tea and the task had been split into stages, with the person being supported to take part where possible. A family member told us, "[Person] does need quite a bit of help, staff encourage them and so they have become more independent."

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

- A member of staff spoke with compassion about a person they supported who did not communicate verbally. They were non-judgmental about the challenges involved in supporting the person and said, "I know what [Person] likes. Their behaviour is their way of expressing how they feel as they have no other way of telling us."
- Staff ensured the views and preferences of people who lacked capacity were taken into account. A relative described their family members close relationship with staff who respected their views. They told us, "[Person] lacks capacity but staff listen and give [Person] a voice."
- A member of staff and a relative described how a person had been assessed as having capacity and the challenges when they made decisions which might place them at risk. They described how staff offered advice but demonstrated respect and understanding of the person's right to take positive risks.
- Senior staff had made referrals for formal advocates to ensure where necessary people had support when making key decisions.
- Senior and care staff spoke about the importance of their role to speak up for people, as appropriate. A member of staff described how they recognised a person was not happy and had advocated for them which had led to improvements in their safety and quality of care.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The people we met had varied lives and received personalised care. Staff were clear about the aspirations for each person. A member of staff told us, "We have set goals and targets to help better our service users' life." They described with pride the gradual steps a person had taken since their arrival at the service and what outcomes they were working towards.
- The provider invested heavily in enabling people to transition safely between services to ensure Aldanat Care met people's needs in a person-centred manner. A member of staff told us how they had travelled to London for weeks to support a person in their former home, spending time working alongside staff and the person to get to know their preferences.
- The provider supported people's lifestyle choices. Staff developed support plans flexibly around people's individual preferences.
- There were regular reviews of people's needs and when people's needs changed there were effective systems in place to communicate new information to staff. For example, staff had to sign to say they had read a person's revised risk assessment following an incident in the community.

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.

- People had personalised information in a format they could understand. This helped involve them in their care. For example, a person was able to understand easy read information with supporting pictures and their medicine care plan was in this format.
- Staff communicated information to people in a personalised manner. They described how a person used objects of reference to communicate and taking boots out of the cupboard was used by people and staff to show they were going out.

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

- People were supported to engage in activities which reflected their personal circumstances. Staff supported a person who benefitted from routines and sensory stimulation. Each morning they spent time engaging with sensory lights and music. Other people had a more flexible timetable, led by their preferences.
- Staff described how challenging it had been when activities were affected by COVID-19. They had tried to

maintain routines and preferences where possible. A person told us what they did every day and said, "The activities on at the moment are in my folder." A relative said, "Staff have managed very well, they kept [Person] reasonably occupied, going out walking and cycling."

- The provider promoted opportunities for people to develop their skills and independence in a supportive environment. One person had a paid job in the kitchen of one of the provider's care homes.
- People were supported to maintain relationships with families and friends. This contact was person-centred, considering people's best interests and the limitations of COVID-19. A relative told us a person had come with their care staff to their house to do some gardening, as a way of keeping in touch safely. A person told us, "I've kept in touch with my family, I phone them and see them on Saturday."

Improving care quality in response to complaints or concerns

- Some relatives told us communication had been challenging due to COVID-19 which made it harder to raise concerns informally. However, they gave us a number of examples where complaints had been addressed by the management team.
- People told us they felt able to raise concerns and were confident action would be taken. A person told us, "I've complained a couple of times about how I was spoken to by staff, I felt I was not treated right. I was satisfied with Aldanat, it's all sorted out'.
- Complaints were taken seriously by the management team and used to make the service better. For example, after a relative had complained about communication, the management team spoke to all staff and held a meeting with the relative. Communication protocols were amended as a result.

End of life care and support

- There were no people receiving end of life care and support at the time of our inspection, so this was not reviewed in detail.
- Staff had spent time with people and families to prepare sensitive and personalised end of life plans. For example, detailing which Michael Jackson song a person wanted played at their funeral.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 management team described significant challenges over the last year. In addition, to the impact of the COVID-19 pandemic, this had been an unsettled time during which they had focused on driving improvements and tackling poor practice. We found the measures being taken were effective and reflected an ongoing commitment by the provider to positive change.
- A project had taken place to improve safety and management oversight for people living near the offices in Manningtree. The plan clearly defined who was responsible for completing and reviewing actions. The actions taken were practical and achievable, ranging from providing new 'walky-talkies' to significant changes in staffing and management cover.
- Feedback from a professional reflected our findings, "A manager / service manager is now on rota and is available seven days per week, staff have been provided with a higher level of physical intervention training and positive behaviour support training. Care plans have been updated with a higher level of detail alongside risk assessments and management plans."
- There were detailed checks on quality and safety. We received some feedback that actions were not consistently followed up by managers to check they had happened. For example, responsibility for checking agreed referrals for health appointments. This was being addressed by the management team as part of the overall improvements.
- The service was now part of a wider umbrella of services, following changes in their registration. The management team told us this had been a positive move and described increased investment plus improved access to training and specialist resources.
- The current Learning Disabilities Director had applied to be the new registered manager, with the existing registered manager remaining involved in the wider organisation. This meant the service would have a registered manager with more time to commit to the running of the service.

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

- The management team described the challenges involved in supporting people who presented high levels of risk and the increased scrutiny when things went wrong. However, they demonstrated a passion for offering choice to people who might not otherwise have the opportunity to live in the community.
- This commitment was shared across the service. A member of staff told us, "I have watched so many individuals that have had troubled pasts and most coming from secure units/hospitals progress and develop into happy, safe and contented individuals that are given similar opportunities to yourself and I."

- Increased investment was having a positive impact on outcomes for people. For example, the recent creation of the in-house team of temporary staff meant people received more consistent care.

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

- Feedback from families was largely positive. The service had taken action in areas where families raised concerns. Although most relatives told us staff and managers communicated well with them, others felt this could be improved. A relative described the improved management cover. "In the past there was trouble getting hold of people at the weekend with duty not picking up, but it's improved now, all sorted."
- There were formal and informal systems to engage with people, families and staff. The management team told us they had struggled to maintain some of these systems during the COVID-19 pandemic. They had not always told people and their families about improvements and responses to concerns but were focused on ensuring increased engagement going forward.
- The management team responded positively to staff feedback and described how the recent improvement project had been largely triggered by staff concerns. All the staff we spoke to during our office and scheme visits spoke positively about the service. After our visits, we had feedback by email from 23 staff. This high level of communication demonstrated this was a committed and engaged staff team.
- Four staff raised concerns by email, largely about management issues and individual concerns about people. We reviewed these concerns and found they had been addressed by the management team or external professionals.
- The remaining 19 staff who emailed us gave us positive feedback. They spoke passionately and in detail about Aldanat Care as an employer and a care provider. A member of staff told us, "I have worked in many care settings from a young age and Aldanat Care is by far the best care setting I have worked for. Aldanat Care genuinely cares for each and every service user as well as staff members."

Continuous learning and improving care; Working in partnership with others

- In response to feedback from CQC and other partners, the provider developed new measures to learn from incidents, and to share lessons with relevant staff. These measures represented best practice and were used to improve the service.
- Discussions with the management team demonstrated the service was constantly evolving. For example, new electronic daily records were planned, which would provide greater oversight of care, particularly in areas of higher risk.
- The provider occasionally failed to demonstrate to stakeholders, including the CQC, the positive actions and commitment which we found during the inspection. The management team told us they would address this to ensure external organisations could be assured effective action was being taken in response to concerns and risk.
- Professionals told us this was an improving service, which had responded positively and in partnership to recent challenges. A professional told us, "The management team has been very responsive to all concerns and enquiries made and has provided comprehensive information to address concerns in a timely manner."
- The provider was part of national and local networks, such as the Essex Care Association. The registered manager told us this helped with the sharing of good practice and partnership working.