The Aldingbourne Trust

Sudley Road

Inspection report

36-38 Sudley Road
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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 1 March 2016 and was announced.

Sudley Road provides personal care in a setting called 'supported living.' Supported living is a type of residential support that helps people to live independently in the community. Supported living arrangements are very flexible and are designed to give each person choice and control over their home and the way they live their life. There were 14 people aged 28 to 65 years who received personal care. These people also received support with activities and independent living skills. A further seven people were supported with activities and independent living skills but did not receive personal care. The service specialises in the care of adults with a learning disability.

The service had a registered manager. 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.

Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm or if they needed to report any suspected abuse. People and their relatives said the staff provided safe care.

Care records showed any risks to people were assessed and there was guidance of how those risks should be managed to prevent any risk of harm.

People received their medicines safely.

Staff were well trained and supervised and had had access to a range of relevant training courses, including nationally recognised qualifications.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005. Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to consent to their care and treatment assessments were carried out in line with the MCA and its associated Code of Practice.

People were supported with shopping and the preparation of meals where this was needed.

People's health care needs were assessed, monitored and recorded. Referrals for assessment and treatment were made when needed and people received regular health checks.

Staff had positive working relationships with people. Staff acknowledged people's rights to privacy and choice. Staff were observed to be skilled in working with people who had behaviour needs.

Care was provided to people based on their individual needs which we call person centred care. People's preferences and individual needs were acknowledged in the assessment of their needs and in how care was provided. Staff had a good knowledge of people's changing needs.

People were supported to attend a range of activities, which included employment, hobbies, social events, holidays and trips to the cinema.

The service had a complaints procedure, which people and their relatives said they were aware of. People and their relatives said any issues or concerns were listened to and acted on.

People and their relatives' views were sought as part of the service's quality assurance process. The service promoted people to take part in decision making.

There were a number of systems for checking the safety and effectiveness of the service such as regular audits.

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.

The service had policies and procedures on safeguarding people from possible abuse. Staff knew what to do if they suspected any abuse had occurred.

Risks to people were assessed and guidance recorded so staff knew how to reduce risks to people.

Staffing was provided to meet people's assessed needs.

People received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff were trained in a number of relevant areas and had access to nationally recognised qualifications in care. Staff were supported by regular supervision.

People's capacity to consent to care and treatment was assessed and staff were aware of the principles and procedures as set out in the Mental Capacity Act 2005 Code of Practice and Deprivation of Liberty Safeguards (DoLS).

People were supported with eating and drinking where this was needed.

Health care needs were monitored. Staff liaised with health care services so people's health was assessed and treatment arranged where needed.

Is the service caring?

Good

The service was caring.

People were treated with respect, patience and understanding by staff.

People were supported to develop independent living skills.

Care was provided based on each person's preferences. Staff had good working relationships with people.

People's privacy was promoted in the way they were treated by staff.

Is the service responsive?

Good

The service was responsive.

People's needs were comprehensively assessed and reviewed. Care plans were individualised and reflected people's preferences.

People were supported to attend a range of activities including the use of community facilities.

The service had a complaints procedure and people knew what to do if they wished to raise a concern.

Is the service well-led?

Good

The service was well-led.

The service sought the views of people as part of its quality assurance process. There were arrangements which empowered people to make decisions about how the service ran.

There were a number of systems for checking and auditing the safety and quality of the service.

There were effective links with other agencies so people received a coordinated approach to their care.

Sudley Road

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. The inspection checked 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 1 March 2016 and was announced. We gave the provider 48 hours' notice of the inspection because it provided personal care to people in their own homes so we needed to be sure the registered manager or staff were in the office.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

The inspection was carried out by one inspector.

During our inspection we looked at care plans, risk assessments, incident records and medicines records for four people. We looked at supervision, training and recruitment records for three staff and spoke to four staff as well as the registered manager. We also looked at a range of records relating to the management of the service such as staff rotas, complaints, records, quality audits and policies and procedures. We observed a staff meeting where people's needs and the arrangements for staff responsibilities to support people were discussed.

We spoke with four people who received a service from Sudley Road to ask them their views of the service they received. We also spoke to two relatives of people who received personal care from the service. We were not able to speak to everyone who lived at the service due to their communication needs, so we spent time observing the care and support people received in their own accommodation with their consent. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke to a psychologist who worked with people at the service who agreed their views on the service could be included in this report.

This was the first inspection of the service since it was registered with the Commission on 23 March 2015.

Good

Is the service safe?

Our findings

People and their relatives told us safe care was provided by the service. For example, when we asked a relative if they thought people were safe the reply was, "Oh yes. I have no worries about that." People said they felt safe and that they were supported to safely access community facilities. People also said they knew how to report any concerns they might have. People said staff attended to them at the agreed times and that they were able to request help outside those times such as for an emergency. For example, one person told us how they used a call point in their apartment to request assistance and that staff attended to them promptly.

The service had policies and procedures regarding the safeguarding of people, which included details about the definitions of what constituted abuse, how to recognise abuse and how to raise a safeguarding alert. There was a copy of the local authority safeguarding procedure which staff could refer to. Staff were trained in safeguarding procedures and understood their responsibilities to report any concerns of this nature. The registered manager maintained a record of any safeguarding referrals made to the local authority along with details of any investigations and outcomes and any lessons learned.

There were comprehensive records regarding the assessment and management of risks to people. These gave a level of risk with an action plan of how the risks were mitigated. Risks to people regarding the management of their medicines, going out in the community and personal care were assessed. We identified that clarification was needed regarding the risk assessment and support given to someone when they had a bath. This said 'staff to monitor in the bath' but staff did not do this but helped the person to have a bath and waited outside the bathroom. The registered manager acknowledged this needed to be more clearly recorded to ensure the person was safe. Environmental risks to people were also assessed such as any fire risks or the risk of injury from falls from windows or hot surfaces. Measures were put in place so people could maintain their independence whilst remaining safe. A health and social care professional told us they considered the service provided safe care to people.

People were supported to keep their finances safe and there were additional assessments and guidance for staff where people were at risk of not managing their money safely. The registered manager explained the procedures for supporting people to access their finances safely and securely. This involved staff supporting people to go the bank or building society as well as accurate records where staff did this.

Each person was allocated staff care hours by contractual agreement with the local authority who commissioned the care packages. These hours were separated into the hours staff provided for personal care and for social support. The provision of care hours for each person was jointly reviewed with social services so adjustments could be made to staffing levels. The weekly staff care hours for each person were detailed in each person's care records. Staffing was organised to meet those allocated hours on a staff duty roster. A record was maintained when staff provided care and support to people and we saw these reflected the contractual hours for each person. Staff were observed at a meeting organising staff work schedules to ensure staff were assigned to provide care as set out in people's care plan. There was a call point in each person's apartment where they could ask for assistance from staff any anytime over a 24 period. Therefore

there were sufficient staff to provide care at agreed times as well as be available for unforeseen emergencies.

We looked at the staff recruitment procedures. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting. This ensured the provider could make safer recruitment decisions.

The service had policies and procedures regarding the ordering, storage and handling of medicines. People said they were supported to take their medicines when they needed them. Staff were trained in the safe handling of medicines, which involved observation of staff competency to do this.

Support with medicines was based on an individual assessment of whether people could safely administer their own medicine, or if they needed prompting or if staff needed to administer medicines to people. The service used a monitored dosage system to administer medicines. This system makes it easier for staff to handle and administer medicines as they were in a blister pack which was organised to reflect the times people needed to take their medicines. Staff recorded a signature on a medicine administration record (MAR) each time they supported someone to take their medicine. The MARs showed people had been given their medicines as prescribed. Where people had medicines on an 'as required' basis care plans included guidance for staff to follow to recognise the symptoms when this medicine was needed.

The provider informed us that there had been 39 errors in medicines procedures in the 12 months preceding the inspection. Records were kept of these errors along with an investigation and additional action being taken to prevent a reoccurrence. The registered manager said many of the errors were due to medicines being given to relatives when people went home. Additional checks on the administration and recording of medicines were implemented to combat the errors, which involved two staff checking and recording each time medicines were administered plus two staff checking the MARs when staff shifts changed. Where staff had made an error in medicines procedures this was followed up with additional training. Records showed the number of errors in medicines procedures had decreased as a result of this with just one error in February 2016. The provider had taken appropriate action where medicines procedures were not followed.

Good

Is the service effective?

Our findings

People and their relatives said they considered the staff to be knowledgeable and had the right skills to support people. For example, a relative said staff were skilled in providing care and helping people to be independent. People also said staff knew their needs well and were aware of how they wished to be supported.

The service had a comprehensive procedure for the induction of newly appointed staff based on the Skills for Care Common Induction Standards which is nationally recognised procedure or new staff in the care sector. The induction involved three days of training and a four week period of 'shadowing' more experienced staff. Newly appointed staff were assessed after a six month probationary period, which involved observations and evaluations the staff before being deemed competent to work without supervision. People were asked to give their views on staff as part of this assessment.

Staff training was well organised and a spreadsheet was used to monitor staff had completed courses considered as mandatory to their role. The spreadsheet also allowed the registered manager to monitor when this training needed to be updated. This training was extensive and covered health and safety, first aid, infection control, personal care and autism amongst other courses. The provider told us how the service liaises with dementia specialists for advice. Staff told us they considered the training was of a good standard and that they could suggest training courses which the provider responded to positively. For example, one staff member said of the training, "There's nothing they will say 'no' to."
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A health and social care professional said staff were skilled in working with people with behaviour needs and worked flexibly to ensure care needs were met. The professional said the staff team were willing to learn, take on new ideas and to improve their skills by additional training. This included attending training in care of those living with dementia and autism.

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Staff were supported to complete nationally recognised qualifications in care to enhance their skills and knowledge to support people. This involved newly appointed staff enrolling for the Skills for Care, Care Certificate which is a nationally recognised care qualification. The provider also aimed for all staff to be qualified at National Vocational Qualification (NVQ) level 2 or above. 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 confirmed all staff were trained to at least NVQ 2 apart from newly appointed staff. Two staff had also completed the NVQ level 3 and one staff NVQ level 5. The registered manager had NVQ level 4 and a management qualification called the Registered Manager's Award (RMA).

Staff said they received regular supervision where they were able to discuss people's needs and their own training needs. Records of supervision were maintained and showed this took place on a regular basis. Staff also had appraisals of their work which was based on whether staff were working to the Care Quality Commission standards. Staff development goals were set as part of the appraisal. Staff performance was also assessed by observational assessments of them working with people and by asking people their views on staff.

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.

The provider had policies and procedures regarding the MCA and we saw where people lacked capacity to consent to their care and treatment this was assessed. The registered manager was aware of their responsibilities to ensure people's rights were upheld regarding gaining consent. The registered manager had also met with the local authority where restrictions on people's lifestyles had been made for reasons of safety. This was an ongoing process which the registered manager was actively pursuing in conjunction with the local authority.

We observed staff gained people's consent before they supported them. Care plans showed people were consulted and had agreed to their care.

Staff supported people with menu planning, shopping for food and preparing meals where this was needed. The input of staff to support each person was based on people's individual needs. Details of this were recorded along with any dietary needs and food preferences. The registered manager said people were supported to have a healthy diet. We observed a staff member supporting someone with the preparation of their early evening meal. The staff member and person worked together to prepare the food, which was a wholesome meal. The registered manager told us each person had a good appetite and that no people required a nutritional assessment.

People's health care needs were comprehensively assessed covering lifestyle, skin care, dental care, hearing, oral and dental care, heart and respiratory conditions and pain management. Records showed people were supported to have regular health checks, including an annual health check with their GP. Records also showed medical assistance was sought when people needed it. Relatives said people were supported with

day to day care and health issues such as oral and dental care and that arrangements were made for health care checks and treatment. People also had a document called a 'health passport' with a summary of their health and medicine details which could accompany them to the hospital so ambulance and hospital staff had this information.

Good

Is the service caring?

Our findings

People and their relatives said there were good relationships between staff and people. A relative said how staff got on well with people, that staff were patient and supported people to develop independent living skills. One person we spoke with said how they got on well with their named staff keyworker who helped them with various activities. Another person described the staff as kind, caring and friendly. One relative said how the staff were skilled at dealing with any behaviour needs and always looked to any underlying reason as to why their relative was behaving in a certain way such as emotional distress. This relative said staff remained calm when dealing with behaviour needs which resulted in the person's mood becoming calm.

The service had policies and procedures regarding its values such as choice, rights, respect and dignity which we found were reflected in how people were treated.

Staff were observed supporting people with activities such as housework and cooking a meal. It was clear people responded to the staff because they knew them and had built up relationships with them. In addition, we observed staff spoke to people warmly which people in turn responded to. Where people had behaviour needs staff were patient and calm and allowed the person to complete tasks in their own time which had positive outcomes for the person. The provider told us how staff supported people with emotional needs such as bereavement when this was needed.

Staff had completed training in equality and diversity and told us how they treated people as individuals to ensure they were treated in the way they wanted. The registered manager and staff demonstrated a caring attitude and were committed to promoting the rights of people to access community facilities and other services.

Each person had several care plan documents which were individualised to reflect care and support which was focussed on their needs and preferences. We call this person centred care. The care plans showed that people's dignity and independence was acknowledged as well as their individuality. For example, details were recorded under headings such as 'Who I really am,' and entries such as, 'When being supported I like the staff to be friendly and patient. I am capable of doing lots of things,' reflected respect for people's dignity and independence. A relative said how the staff had supported people to develop independence and care plans included details about this.

People were able to exercise choice in how they spent their time and in their daily routines. This included choices of food and meals which people said they were able to make and was reflected in care records. A relative also confirmed this and said staffing arrangements were flexible so people could change their routines when they wished.

Care plans showed people were consulted and had agreed to their care. The service had links with advocacy services should people need someone to represent their views.

We observed a staff meeting where staff who had just started their shift discussed arrangements for

supporting people. This included acknowledgement of which staff were more suited to work with specific people as well as respecting those who preferred to have personal care from staff of a specific gender. When staff attended to people in their apartments they knocked and waited before entering which promoted people's privacy.

Relatives said they had good communication links with the service and that staff kept them informed of any developments or changes in care needs. Relatives said there were no restrictions to visiting.

Staff were trained in end of life care at a local hospice and the provider confirmed end of life care plans were completed when this was relevant.

Good

Is the service responsive?

Our findings

People and their relatives said they were involved and consulted in the assessment of needs and when drawing up care plans. Relatives said people and themselves attended reviews of care so their views were incorporated into any updating of care plans. Relatives said their concerns were listened to and dealt with to their satisfaction, adding that they felt able to raise any issues they had.

People said how they were supported to attend activities such as day care, social outings, holidays and employment.

People's needs were comprehensively assessed and recorded ranging from personal care, health care, social and recreational needs. Care records included copies of assessments and care plans by social services so staff had background knowledge on people's needs.

The provision of care was person centred and care plans demonstrated how care reflected each person's wishes and aspirations. Care plans for personal care included details of what people could do themselves and how staff should support them. People were supported with daily activities based on their assessed needs. These included social needs such as money management and daily domestic tasks such as keeping their homes clean. Each person had a weekly schedule of support showing the times they received support with personal care and social support. A health and social care professional said staff were creative when dealing with behaviour needs and that flexible person centred care was provided to meet changing needs. This same professional said the care provided resulted in positive outcomes for people.

Care plans included details of activities and social needs people were involved in. These showed people were supported to lead a fulfilling lifestyle. The service had its own transport for taking people out to events. People attended educational and occupational activities such as college courses, arts, crafts and employment. The two supported living services at Sudley Road had a communal lounge so people could meet informally to socialise. People were observed using this facility. People were supported to attend social events such as going to the cinema and theatre and an annual holiday.

Relatives and people said they felt able to raise any concerns they had. Relatives said they were aware of the complaints procedure and said any issues they raised were always responded to and dealt with to their satisfaction. The service maintained a record of any complaints which showed complaints were investigated and a response made to the complainant of the outcome of this. All complaints were logged on a system which enabled the provider to monitor the progress of any complaint investigations.

Good

Is the service well-led?

Our findings

People and their relatives told us they considered the service was well-led. Relatives said they felt able to raise any concerns or queries with the service's management which were listened and responded to. Relatives also said they were asked to give their views on the service by completing an annual satisfaction survey. We observed the registered manager was skilled in communicating with a relative and the relative and registered manager conversed freely about what was important to the relative. The registered manager had a good awareness of each person's needs and people knew the registered manager and felt comfortable discussing any issues they had.

The registered manager said they encouraged a culture of openness, learning and reflective practice. A health and social care professional told us the registered manger and deputy manager demonstrated leadership by being involved in the day to day lives of people which acted as a role model for the staff. The service's management had systems to check staff were working to agreed standards which included observations and assessments of staff working with people.

The service had policies and procedures regarding engaging people in designing and improving the service which were embedded in how it ran. Care was person centred and people were supported to get involved in aspects of how the service operated. This included people giving their views of newly appointed staff as part of the staff assessment process. There was a tenant's forum where people were empowered to make decisions about group activities such as holidays.

The provider sought the views of people and their relatives by the provision of an annual satisfaction survey. The results of these were compiled on a regional basis so it was not possible to tell how the results specifically applied to Sudley Road. A similar region wide survey was completed for staff to give their views on their work as part of the quality assurance process. Staff said they felt able to express their views about the care of people and how the service ran. Staff said they could contribute to decision making at the regular staff meetings and at the daily shift handover meetings adding that their views were listened to. The registered manager said staff were encouraged to express their views and to raise any concerns.

Regular management meetings were held and included meetings of managers from the same provider where current policies and procedures were discussed. The service's management team had access to training in the management of care services such as the Registered Manager's Award and the level five Diploma in Health and Social Care. Therefore managers across the provider could access additional training and peer support.

The service used a number of quality assurance systems for auditing and improving the standard of care and for checking that safe care was provided. There was a monthly audit with key performance indicators (KPI) to be met regarding medicines management, any safeguarding alerts made, staff vacancies, complaints and hospital admissions. The results of these were checked by the registered manager's line manager. There was a system for checking that accidents, incidents and 'near misses' were investigated and appropriate action taken to prevent any reoccurrence. The provider told us how members of the senior

management attended events at the service such as the tenants' forum which allowed them to check people were supported properly.

A health and social care professional said the service's staff and management were receptive to collaborative working with other agencies so there was a coordinated approach to meeting care needs. The professional also said how staff sought advice and support regarding specific care needs such as the speech and language therapist. The service was audited by the local authority commissioners who compiled a report which the registered manger said confirmed the service met the local authority's contractual standards.