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Aldyn Care Home

Inspection report

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Date of inspection visit:
14 May 2019

Date of publication:
12 July 2019

Ratings

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

Overall summary

About the service

Aldyn Care Home is a residential care home providing care, rehabilitation and support for up to 12 people living with mental health needs. At the time of the inspection, 10 people were living at the home. The home is two properties joined together with communal lounges, bathrooms and a kitchen.

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

Recruitment procedures were not always robust to ensure staff were of good character before they started working at the service. This is an area of practice that needed improvement.

Staffing levels met people's needs. Medicines were managed safely for people. Risks to people were identified, assessed and reduced. Staff had a positive approach to managing risk. The home was clean and hygienic.

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. People had good access to health services when required. People's nutritional needs were known and met. Staff received training to effectively support people living with mental health conditions.

People received support from staff who were kind and caring. One person told us, "We're like a family really. I think the staff are very good. Always helpful." People's dignity was maintained and respected and their independence promoted. People's communication needs were supported so their views on their support were understood.

People had access to activities that met their interests and they were active in their local community. Staff knew people well and encouraged them to develop their skills. There was a complaints procedure in place which was known by people.

The home was well-led. People and staff spoke positively of the management of the home. There was a friendly and calm atmosphere in the home, Staff told us they felt supported. Quality assurance processes drove improvement to the support people received. The registered manager and staff team were committed to continuous learning.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 30 May 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the

provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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 not always 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.

Aldyn Care Home

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.

Inspection team

This inspection was carried out by one inspector and an expert by experience. An Expert by Experience is a person who has experience of using or caring for someone who uses this type of service.

Service and service type

Aldyn is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used information the provider sent us in the Provider Information Return (PIR). Providers are required to send us key information about their home, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed notifications sent to the CQC about important events at the home and information sent to us from other stakeholders for example the local authority and members of the public.

What we did during the inspection

We spoke with nine people living at the home, the registered manager and two members of support staff.

We pathway tracked the care of three people. Pathway tracking is where we check that the care detailed in individual plans matches the experience of the person receiving care.

We completed observations in communal areas. Where people were unable to answer direct questions, we observed their engagement in daily tasks. We reviewed records including accident and incident logs, quality assurance records, compliments and complaints, policies and procedures and three staff recruitment records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. At the last inspection we found that risks to people were not consistently recorded or reviewed in a timely way and potential ligature risks to people had not been assessed. At this inspection we found that risk assessments were reflective of people's current risks and potential ligature risks had been assessed, and actions taken to reduce these risks. This meant the service was safe and people were protected from abuse and avoidable harm.

Staffing and recruitment

- Staff supported people in a safe way. Recruitment processes were in place with the aim of ensuring staff were safe support people before they started work. Two staff files we reviewed did not provide assurances that the registered manager knew the staff were of good character before they worked with people. One staff member had no references in place and another had one-character reference even though they had previous employers. The registered manager said they had received these but could not locate them during the inspection. There was no impact to people as the staff had been working at the service for some time and people spoke positively about the support they receive from all of the staff. This is an area of practice that requires improvement to ensure robust checks are in place to assess the character of staff before they start working with people.
- There were sufficient numbers of staff to support people's needs. People told us that staffing was consistent and there were always staff available. We observed this in practice, people received support in a timely way and staff responded to people's requests quickly.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of safeguarding. They told us they were confident that the deputy manager and registered manager would act should they raise any concerns about the care people received. One staff member told us, "If I had concerns I would report to the manager. My manager would take it seriously, he ensures we do training in safeguarding."
- Systems and processes were in place to protect people from the risk of harm. Safeguarding procedures were known by staff.
- People told us they felt safe living at the home. One person said, "I like it here. I feel very safe, they look after us really well. There's always staff around."

Assessing risk, safety monitoring and management

- Risks to people were identified and assessed. Staff had a flexible approach to risk management and people were supported to take positive risks. For example, one person had a history of alcohol misuse which had caused them difficulty in finding a home. Staff supported them to manage the risks associated with alcohol consumption in a positive, non-restrictive manner. The person was very proud of their achievements. They told us, "This is the best place I've ever been. I came here because of alcohol, when I came staff talked to me about how they could help me keep it under control. Now I have beer sometimes

here but it's just one bottle."

- One person was assessed as being at risk of self-neglect due to their mental health condition. Their risk assessment contained clear guidance to staff to reduce this risk by regular prompting and encouragement.

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- We observed a member of staff administering medicines to a person. They were knowledgeable, competent and knew how the person liked to take their medicines.
- People were confident they would receive their medicines on time. One person told us, "They make sure I get my medicines at breakfast, dinner and tea time."
- Protocols were in place for medicines that were prescribed on an 'as needed' basis, these were individualised and gave staff effective guidance about each individual medicine.

Preventing and controlling infection

- People were protected from infection control risks. Staff were aware of infection control procedures and received training in this area. People's living environment was clean and hygienic.
- We observed staff use personal protective equipment (PPE) such as gloves during the inspection.

Learning lessons when things go wrong

- Accident and incidents were managed safely, and lessons learned to improve the care people received.
- The registered manager was transparent when things went wrong and took learning from incidents. For example, from a recent incident of a decline in a person's mental health the registered manager had implemented a chronology of events to ensure they received timely care and support. They told us this would be a tool they used for any similar incidents moving forward as it gives other professionals the evidence they need to support people quickly.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- People's needs, and choices were assessed prior to them moving into the home and regularly thereafter. The assessment process involved meeting with the person and relevant health and social care professionals, if appropriate.
- People's initial assessments contained detailed information about their mental health and backgrounds, so staff could understand their needs and begin to tailor their support before they moved into the home. A member of staff told us this initial process helped people have a safe transition into the home.
- Protected characteristics under the Equality Act (2010), such as disability and religion were considered as part of their initial assessment. This demonstrated that people's diversity was included in the assessment process.

Staff support: induction, training, skills and experience

- Staff received a range of training opportunities to support them to deliver effective care and support.
- Training was reflective of people's needs such as; mental health conditions, positive behaviour and medication. Staff told us they found the training useful and it supported their practice. One member of staff told us, "Mental capacity training has helped me understand the process around assessments and ensuring that people can make choices, and these are respected."
- Staff received regular support and supervision. A member of staff told us, "We have regular supervision, it helps us develop the way we support people. The registered manager is really supportive of staff development."

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

- People were supported to eat a balanced diet and they were complimentary of the food provided. One person told us, "The food is good and there is lots of it". People were supported to socialise together regularly, people told us they particularly they enjoyed going for a meal out together at a local restaurant.
- People were able to access food and drinks independently, as they wished. We observed people helping themselves to hot drinks. People could choose their meals freely and were offered alternatives if they did not want the main meal provided.
- Staff understood people's dietary needs relating to specific conditions such as diabetes. These were planned for and alternative products used to support people to maintain a healthy diet.
- Staff had received training in food safety and hygiene.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People's everyday health needs were well managed by the staff who accessed support from a range of health and social care professionals such as GP's and social workers.
- People's health needs were supported in a timely way and staff were quick to act should people's needs change. For example, one person was living with diabetes and required regular reviews with their medical team. Staff supported them to arrange and attend these appointments.
- Staff acted quickly should people develop health conditions. For example, one person developed a cough. The next day staff took them to their GP for a respiratory test. This led to a medicine review and a medicine being stopped, this improved their chronic cough.

Adapting service, design, decoration to meet people's needs

- People's needs were met by the design and adaptation of the building. They had access to a communal lounge and bathrooms, a kitchen and garden area. We observed people to move freely around the home..
- People's rooms were personalised with their personal possessions. People felt the home and their bedrooms were well maintained.

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.

We checked whether the service was working within the principles of the MCA.

- Staff had a good understand of the MCA and had received training in this area. All people living at the home had capacity to make their own decisions. One member of staff told us, "We support people to make informed choices without interfering, we respect their right to make their own choices."
- The management team understood steps they would need to take should they be concerned a person lacked capacity to make a certain decision. There were policies in place to support this practice.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- People were treated with kindness and respect. One person told us they liked living at the home because, "The staff are nice to me, very nice to me."
- We observed positive interactions between people and staff and it was evident people trusted the staff that were supporting them. Staff spent time chatting, listening to music and reading newspapers with people, people were engaged and happy in conversations with staff.
- Staff spoke passionately and respectfully about the people they supported. A staff member told us, "People here have different needs and have had difficult pasts. I let them know I care by being approachable and listening to them, I give them my best because that is what they deserve." People told us staff always took the time to talk with them. One person told us, "The staff will always talk to you even if they're busy." Another person said, "If you have any problems you can talk to any of them and if they are working they will stop what they are doing and listen to you and talk to you."
- People were supported to maintain relationships that were important to them. For example, one person's mother lived far away from the home. Staff took them to visit her regularly and we saw photos of them enjoying a meal together. People living at the home had developed friendships which were encouraged by staff. They knew one person was apprehensive about going out and linked them with another person who regularly goes for walks. They have developed a friendship and now go out together every day. One person told us, "I have lots of friends here, we are like brothers."
- People's cultural and religious needs were met. For example, one person enjoyed celebrating public holidays associated with their county. Staff respected this and ensured they could celebrate these days.

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

- People had access to information in a format which reduced barriers to communication. Staff had a good understanding of how people communicated and expressed themselves.
- People were supported to be involved in decisions about their care and given support to express their views through informal chats, residents' meetings and care reviews. For example, one person suggested an idea for a trip out at a residents meeting. Staff listened to this and were organising the outing.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their independence. For example, one person needed a catheter. Staff supported the person to learn how to manage this themselves, to maintain their personal hygiene. This support from staff meant they were now able to look after their catheter care independently with minimal prompts from staff.

- People's privacy and dignity was respected. We observed staff to respect people's wishes for privacy and staff knocked and waited for consent before entering people's rooms. People could spend time alone in their room if they chose to and could spend time as they wished. One person told us, "This is my home, I can come and go as I please. If I want to go out I do, if I want to stay in my room I can, and (staff) don't bother me."
- The registered manager and staff understood the importance of confidentiality. People's records were kept securely and only shared as required.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. At our last inspection we found that people's care, support and wellbeing needs were not reflected within their care plans in a timely way, when their needs changed. At this inspection we found that care planning processes had improved. People's care plans reflected their current and changing needs and the personalised detail, within care plans, had improved. 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

- People were at the centre of their care planning and fully involved in the process. Staff supported people in the way they wanted. Through staff's understanding of people, they recognised that one person had a keen interest in music and supported them to run a weekly music group which was attended by most people at the home. One person told us, "(Staff) help us have something to aim for, they're very good like that. It helps you. They always ask you what you want to do, and they will help you do it."
- Staff were responsive to changes in people's mental health and supported their emotional wellbeing. For example, one person had experienced a decline in their mental health. Staff responded quickly to these changes and supported the person to receive the care and support needed. The management team ensured the person's care plan was up to date to provide staff with personalised guidance to meet their changing needs.
- People had access to different technologies to meet their needs. For example, the provider had bought equipment that a person with a visual impairment could talk to and it answered their questions, such as what the time was and what the weather was like. This helped them to plan their day. They also listened to audio books using this technology.

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 were given information in a way they could understand. One person was living with a visual impairment. We observed staff speaking with them clearly and checking they understood what had been said. The person required support in reading any correspondence sent to them, staff opened their post with them and read this to them.
- The registered manager and staff had a good understanding of people's communication and information needs and these were effectively planned for and met.

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 active in their local community and had access to activities that met their interests. For example, people were encouraged to attend a local community group where they interacted with people from the local community and developed new skills such as using a computer. Another person moved to the home from a secure environment. Staff have supported them to develop their confidence to be in the community alone and they now go out daily. They also organise the movie night at the home and goes out to buy popcorn for this at the local shops.
- People had access to activities that met their interests. Some people had a keen interest in gardening and they had set up a weekly gardening club. We saw photos of them gardening and they were proud to show us their garden. Other people liked to attend a local breakfast club which staff introduced them to.

Improving care quality in response to complaints or concerns

- There were systems in place to manage concerns and complaints. People told us they could raise concerns if they needed to.
- The registered manager had received no complaints about the service, since the last inspection. They attributed this to staff being proactive and dealing with any issues or concerns before they escalated.

End of life care and support

- There was no one receiving end of life care at the home and nobody had received end of life care since the home opened.
- End of life care was considered by staff and the registered manager told us care plans were available and would be completed with people when they wanted to discuss this.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. At the last inspection we found that records of people's care were not always up to date and contemporaneous. At this inspection we found that people's care records were reviewed and updated in a timely way and guidance for staff reflected people's needs. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The culture of the home was positive and enabled people to live how they wanted to. There was a relaxed and friendly atmosphere within the home. Staff told us morale was good amongst the team. One member of staff said, "I am very happy working here, I have gained confidence in supporting people. I enjoy chatting with the guys and helped them to achieve little steps forward, it is very rewarding."
- The registered manager told us their vision for the home was to create a "Small friendly and homely environment where people can flow at their own pace." Staff we spoke with knew and shared this vision.
- The registered manager promoted an open and honest service and led by example. They were accessible to people and staff and spent time chatting with people in the communal areas.
- The registered manager had a good understanding of the duty of candour. When things went wrong they openly worked with other professionals and people living at the service to learn from incidents and improve care.

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

- Management of the home was effective, and the registered manager understood the regulatory responsibilities of their role.
- People and staff were complimentary of the management of the home. One member of staff said, "(The registered manager and deputy manager) are very supportive. The home is well managed, the guys are safe, and we are able to provide person centred care and we meet their needs and respond to these." A person told us, "They (the registered manager and deputy manager) are always around and will do anything for you. The staff are always happy."
- Staff told us they felt well supported in their roles and were clear about their responsibilities.
- Robust quality assurance systems and processes were in place to assess, monitor and improve the quality of the service being delivered. These included the monitoring of cleaning, infection control, care plans and risk assessments. If there were any issues, these were documented, actions taken, and lessons learned. For example, it was noted in an audit in May 2019 that infection could be spread by poor personal hygiene when people cough. Staff implemented a 'coughing etiquette' and supported people to understand this to

improve infection control.

- The registered manager understood the importance of continuous learning to improve the care people received. They were linked to external groups to share best practice and were involved in a project with a local university to support registered managers to achieve well-led services.
- A member of staff told us how they had learnt from the last inspection of the service. They said, "The last inspection was an eye opener for us. It was a blessing in disguise, we are now capable to provide the service that is needed at the right time for people."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and staff were engaged and involved in the service provided. Daily feedback was sought through people's engagement with staff.
- People could express their views on the service at monthly residents' meetings. One person raised a desire to be more involved in household tasks during a meeting, they had been supported by staff to achieve this.
- The registered manager supported people and relatives to give feedback through a suggestions box and annual questionnaires. One relative had raised concerns that their loved one's sink would not drain. The registered manager responded quickly to this and it was fixed the next day.
- Staff worked in partnership with other organisations to ensure people's needs were met. For example, some people required regular blood tests due to their medicines. Staff worked closely with health professionals and pharmacists, so these appointments went smoothly for people.