

The Aldingbourne Trust

Sudley Road

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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place at Sudley Road, Bognor Regis on the 6 November 2018. This service provides care and support to people living in a 'supported living' setting, so that they can live in their own home 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.

Sudley Road is registered to provide personal care services to people with learning disabilities living within supported living accommodation. At the time of the inspection 21 people were living in individual flats supported by this service of which 13 people were receiving personal care.

The care service is in line with some of the values that underpin Registering the Right Support and other best practice guidelines. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

We had previously inspected Sudley Road in April 2016 and rated the service Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good. However, we found some areas had deteriorated and needed to improve. Records were not always accurate or clear. The procedure for ensuring that staff had read updated guidance was not robust. Information was not always accessible to people in a format that was relevant to their communication and information needs.

There was 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.

The service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Records showed that staff had received safeguarding training and understood their responsibilities to provide safe care and protect people. There were sufficient staff available to provide the care and support people needed.

New staff received a comprehensive induction and demonstrated a good understanding of their roles and responsibilities. Staff told us that they received very good training from the provider and felt confident that the support they provided was safe and effective to meet people's needs. Staff told us that they ensured people were involved in decisions on how to manage the risks they faced and regularly reviewed risk

assessments.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

We observed that staff were friendly, respectful, patient and caring towards individuals. People were approached with a supportive and compassionate manner and staff had a good understanding of protecting people's dignity and privacy. People were supported to have enough to eat and drink and to access health care services when they needed to. People were receiving care in a personalised way. Staff were responsive to changes in people's needs.

There was a system of quality assurance led by the provider and registered manager that ensured people received good care and support. The registered manager had systems in place to obtain the views of people who use the service. Staff told us that the service was well managed and there was good support. The registered manager promoted a culture of respect, involvement and independence.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Good ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was caring

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service had deteriorated to requires improvement.

Records were not always accurate or clear.

Processes for ensuring that staff had up to date knowledge about a person were not always robust.

Information was not always available meet people's communication and information needs.

There was clear leadership and staff felt respected, valued and supported.

People and relatives spoke highly of the service.

Requires Improvement ●

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. This 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.

The inspection took place on the 6 November 2018. This was an announced inspection which meant the provider was given two working days' notice. This was because the location provides a supported living service and we wanted to make sure the people we needed to speak to were available.

The inspection team consisted of two inspectors. Before we visited the service, we checked the information we held about this location and we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service including statutory notifications and any safeguarding referrals. A notification is information about important events, which the service is required to send to the CQC. We used this information to decide what areas to focus on during our inspection.

We made arrangements to speak to people in their own homes during the inspection. We contacted four health and social care professionals who have been involved in the service in the last 12 months and one person responded.

During the visit we spoke with four people who use the service, the registered manager, the deputy manager and four support staff and three relatives. We spent time observing the way staff interacted with people and looked at the records relating to support and decision making for six people. We looked at records about the management of the service and reviewed three staff recruitment files.

Is the service safe?

Our findings

People told us they felt safe because there was always staff around to help them. One person told us that they become anxious when someone stands near their front door. This person told us that when this happens they can call staff, and this makes them feel safe in their own home.

Medicines were managed safely and there were clear procedures in place for all staff to follow when supporting people. There were regular checks to ensure medicines were correctly recorded and accounted for and that there were sufficient quantities of stock. The staff rota clearly identified the person responsible for administering medicines on each shift. Incident records and Medicine Administration Records (MAR) confirmed that following a change in procedure, errors in administration of medicines had reduced. Staff had regular refresher training in handling medicines and when errors had occurred, the appropriate medical advice had been sought and followed.

The provider had a clear safeguarding procedure and staff were knowledgeable about the steps to take if they were concerned. Safeguarding concerns were managed promptly and transparently. A relative told us that staff had communicated with them effectively during a safeguarding concern and felt confident with the way that it had been managed and resolved.

Care plans and risk assessments were in place. This ensured staff had information to keep people safe. Risk assessments were reviewed regularly and when circumstances changed. For example, one person was not able to have grapefruit products due to the risk of this reacting with their prescribed medication. This risk had been identified and the information was reflected throughout the person's care file. Staff could describe how they provided the care and support people needed to keep them safe.

Safe recruitment practices were followed before new staff were employed to work with people. There were checks to ensure staff were of good character and suitable for their role. These included criminal records checks with the Disclosure and Barring service, checks of entitlement to work and obtaining references.

Staff had access to regular training which ensured staff were suitable for their role and staffing levels were responsive to people's individual needs. At night the rota showed one person on a sleep- in duty between 10pm and 7am. Some relatives did not think staffing levels at night were adequate. The registered manager informed us that they were unaware of these concerns. There were measures in place to ensure people received safe support in a timely manner during the night. This included the use of assisted technology and regular review of risk and incident reports. There is also an on-call procedure in place should the service require additional support during these hours.

During the inspection we saw that there were sufficient staff available to safely provide the personal care support people needed. The staffing rota demonstrated the service was providing support to people in line with the hours commissioned by the local authority.

The control and prevention of infection was managed affectively. Staff received training in infection control

and food safety and staff wore protective equipment such as disposable aprons and gloves.

There were systems to ensure lessons were learned when things went wrong. Incidents and near misses were recorded on the provider's electronic tracking system. The registered manager and provider also monitored for any developing trends that might suggest further changes were necessary.

Is the service effective?

Our findings

Care and support was planned and delivered in line with current legislation and good practice guidance. One person's behaviour support plan had very clear guidance for staff on how to minimise the occurrence of an incident happening, how to respond if the situation has escalated and how to support the person afterwards. We saw staff providing a person with a reassuring and calm approach to reduce their anxieties. This was in line with the person's support plan.

People's care plans and risk assessments described the support they needed. Assistive technology was used to support people's independence. For example, a person who was hard of hearing was alerted to the fire alarm by a vibrating pillow and a red flashing light in their flat.

Staff respected people's culture and diversity. This included reference to the protected characteristics as stated under the Equality Act 2010. Staff are provided with training to enhance their awareness of equality and diversity and staff had a good awareness of this. People's support notes and staff meeting minutes confirmed that staff considered people's human rights when supporting them with life choices. For example, people were being supported to maintain personal relationships, attend local groups and seek appropriate support and guidance when faced with discrimination.

People received care from staff who were knowledgeable and who had received the training and support they needed. Staff told us that there was plenty of good training available to them. One staff member told us that "the training was absolutely brilliant", it was provided in a variety of different formats, including face to face, computer and practiced based, saying it was relevant to their role and the needs of people using the service. Another said that training was responsive to their individual learning needs, and relevant to the needs of the people they were supporting. For example, when they had asked for diabetes training they had received it. This gave them the knowledge and confidence to support people with diabetes. The provider had a comprehensive induction programme for new staff which included training and shadowing experienced staff.

Staff told us that they encourage people to make healthy choices and that visual prompts were available to support menu planning. We observed that people were involved in shopping and meal preparation. Risks had been identified and documented, for example where a person was at risk from harm due to eating raw and frozen food the staff had taken appropriate measures to ensure the person's wellbeing.

Staff were available to support people to health appointments if needed. These appointments were documented within the person's care file. Each person had a hospital passport, designed to provide hospital staff with a summary of people's needs, health issues, medication and how best to communicate with the person. Staff meeting minutes evidenced effective communication with regards to ensuring key people were kept up to date with individuals health and wellbeing.

Staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making 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 choices and decisions and are helped to do so when needed. When people lack mental capacity to take decisions, any made on their behalf must be legal authorised under the MCA. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this for people who live in their own home is an Order from the Court of Protection.

Mental Capacity assessments had been carried out to determine whether people had the capacity to make certain decisions. Where people did not have capacity to make decisions, best interest decisions had been made following involvement of the person and others involved in their care. For example, a door sensor had been fitted to a person's front door following a best interest decision as this person may leave their home at night and is at risk of harm as a result. a MCA had been undertaken and the risks associated with going out alone had been identified.

Is the service caring?

Our findings

People were encouraged to make decisions about their day to day routines and preferences. One person told us that to reduce the risk of them falling and to promote independence their bath had been changed to an accessible shower. This person told us that having a shower independently makes them feel great.

People had access to advocacy services to support choice, independence and control of their care. The registered manager had a good understanding of when people may need additional independent support and has facilitated this for people. For example, one person used an advocate to support them during their annual review.

People told us they liked the staff who were supporting them and said that they were happy with the level of service provided. We observed staff interacting with people in a way that was friendly and respectful. One person told us that they "like the staff very much, they are very kind." We were told by a family member that the staff are, "Fantastic, patient and very caring." Another relative told us that staff are very observant about their relation's needs and they were cared for very well.

Staff had a good understanding of peoples preferred routines, wishes and preferences. We observed caring relationships in place between staff and those being supported. For example, we saw that member of staff knelt to give eye contact to someone when talking to them and changed the volume and tone of their voice.

We observed examples of staff showing respect and kindness when we visited people in their own homes. We observed staff knocking on doors before entering, and waiting for a response. We read the compliments that the team had received, there were many positive comments of kindness and support, including one from a health and social care professional which states "the care is very effective at meeting (name) needs, support is of a high quality"

Throughout the day we saw staff supporting people who, due to complexity of their needs, could not easily communicate their wishes or feelings. It was evident that staff knew people well and responded to their behaviour and actions ensuring they got the support they needed. For example, a staff member communicating in a gentle manner, giving the person time to respond and ensuring that they didn't feel rushed. This was in line with the person's communication care plan.

We noted that the service has a Makaton friendly accreditation. Makaton is a language programme using signs, symbols and speech to help people communicate. Staff have been trained in Makaton communication and we saw people being supported with Makaton signs alongside verbal speech. One person pointed to the staff photograph on the sleep-in room door and signed "sleep". This told us that the person knew which staff member would be sleeping in that night.

We observed staff supporting people in ways that maintained their privacy and dignity. Staff were discreet when discussing people's personal care needs with them and ensured support was provided in private. Staff

described how they would ensure people's privacy was protected when providing personal care, it was evident that they knew each person well and considered people's support preferences and routines. The registered manager told us staff fully understood that they are working in people's own homes and are considerate and respectful to people's wishes, accommodation and personal belongings

Is the service responsive?

Our findings

Peoples care and support was delivered in a way that met their diverse needs and promoted equality. Staff had training in equality and diversity and human rights. People are supported to up hold religious beliefs and attend church. Staff meeting minutes reflected a discussion on supporting a person to make connections with a local minority support group.

People were receiving care that was responsive to their needs. For example, one person told us that when they ran out of bread they were able to ask staff to support them to the local shop to purchase some more. This was outside of their 1-1 time. Another person is supported to stay in contact with their family by using Skype video calling. Staff worked until 11pm on a Friday evening so that people could attend a local disco and other social activities.

Staff knew people well and had developed a "About Me" book for each person. This book showed peoples interests and things that were important to them such as how they communicate and their preferences with food, activities and music. Staff had begun to create life history books for people with photographs and stories gathered from personal memories, friends and family. One person told us "it's beautiful here, it's good here" they told us how they are supported to go to the bank and a favourite coffee shop.

The provider told us that people can chose to live at Sudley Road. There is a process in place to support people to make this decision which includes visiting the service and receiving information about it. People live in individual flats with their own front door. Each person has a tenancy agreement with the landlord. This is separate from their care. At the time of the inspection Aldingbourne Trust provided all the care support at Sudley Road. The provider told us that people can choose to have their 1-1 support provided by a different provider and they would work with the commissioning authority to facilitate this.

People are encouraged to maintain links with the local community, and use local facilities such as the gym and shops. For example, one person is a member of the knit and natter group at the local library, another attends a Weight Watchers class, one person has a voluntary job at the local day centre and one person works in the local charity shop.

Staff told us that the staff rota was flexible to respond to people's needs. For example, they had amended the rota to consider a person's anxieties with the frequency of visits to the family home. The change in rota has meant that the frequency of visits now reflects the persons preferences and they have a more relaxed and enjoyable time. The adjustment in hours have been used to support the person in other areas of their life and as a result the person is more relaxed and comfortable with this routine.

People were supported to achieve goals and aspirations. For example, a person who had previously achieved their goal to scuba dive had subsequently aspired to take the next step of diving with an aqua lung. This person was supported to achieve this with the assistance of a local dive company. This person is now aspiring to undertake a sky dive and is working with staff to plan this.

The provider had a complaints procedure. Not everyone we spoke to was aware of the complaints process and we could see that the provider had taken recent action to rectify this. We viewed the providers complaints file there had not been any complaints in the last twelve months. People said that they were aware that they could complain and would raise concerns with the registered manager or the deputy manager.

Is the service well-led?

Our findings

Some records did not always reflect the person-centred care that people were receiving. For example, we saw inconsistencies in the recording of a person's state of health between the staff meeting minutes and the persons daily journal. For another person their daily journal did not record that they had seen a doctor that day or the advice that had been given. We spoke to staff and were assured that they were providing care in line with the doctor's advice however this was not reflected in the persons care plan. This meant that records were not always accurate or clear which placed people at potential risk of their care and support not being provided in a safe and consistent way. We identified this as an area that needs to improve.

There was a system in place to inform staff of changes to people's needs. This information is held in the "for urgent attention file". Information contained within this file was not always transferred to individual care files in a timely manner and that the registered manager did not have a robust process for ensuring this happened. The providers quality assurance systems between April and August 2018 had identified that care plans were not always up to date and we saw the action to be taken. During the inspection, some documents for medical appointments in September and October had not been transferred to peoples care files and remained in the staff office. The process for ensuring that staff had read any updated guidance was not robust which meant that the provider could not be assured that all staff had up to date knowledge of people's needs and that information contained in care files was up to date.

The service did not always comply with the Accessible Information Standard (AIS). The standard requires that services identify, record, flag, share and meet the information and communication support needs of people with a disability or sensory loss. People's information and communication needs were captured in care plans and their "Book About Me". Direct observations on the day demonstrated that staff knew people well. However, information was not accessible to people in a format that was relevant to their communication and information needs, this included care plans and the complaints procedure. For example, each person had a care plan that is personal to them. People had been included in the development of their plan which includes information on maintaining their health, daily routines and support they need with personal care. Information in peoples care plans was not always available to people in a format designed to aid their understanding. Some people receiving support had signed their care plans, staff told us that they had read them out to the person who had then signed the document to evidence their involvement. The registered manager acknowledged the further improvements needed to care plans to make them more accessible.

People told us they considered the service to be well managed. Everyone we spoke to told us they had not found any problems with the organisation and the management of the service. Staff told us the support they received from the management team was very good. We received good comments about how the service was led. Comments included, "the registered manager is a good leader," and "we get good support from the provider." one person said that staff were supported to progress and we saw evidence of staff promotion within the service and organisation.

People receiving support told us that they saw the management team regularly. For example, when we

visited one flat with the registered manager the person who lived there was pleased to see them. We observed that the registered manager was greeted in a friendly way, communication was good and the manager demonstrated a good understanding of the person's needs. Throughout the inspection we observed the positive rapport the registered manager had with people and staff.

The provider had a clear vision to respect individual choice and promote inclusion, rights and independence. We saw people made choices in everyday life and were involved in activities in the local community. It was evident through observations, conversations and documents that person centred care was embedded within the service, and staff were committed to providing the best service they could.

The registered manager was aware of their responsibility to comply with the CQC registration requirements. They had notified us of events that had occurred within the service so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken.

We looked at the service development plan for 2017-18 and saw that staff, people using the service and their relatives are involved in the development of the service. Quality assurance surveys were undertaken and outcomes were incorporated into the plan. For example relatives had suggested regular social gatherings and we were able to see that two had taken place over the summer with another planned at Christmas. We saw that the plan had been reviewed with target outcomes and progress updates.

There were clear partnership working arrangements in place. These included working with people who used the service, their relatives, health care providers and community groups. In the service user forum minutes, we saw evidence that representatives from local fire, police and politicians had attended meetings.