The Aldingbourne Trust

Number 73

Inspection report

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Ratings

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

Overall summary

This inspection took place on 06 August 2015 and was announced.

Number 73 is a domiciliary care agency located in Bognor Regis, West Sussex. The agency provides a personal care to people with a learning disability and/or physical disability and supports people to live independently in their own homes. They provide support to adults of all ages. Services include support with daily living skills, health needs and finances. At the time of our visit the service was supporting four people with personal care.

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.

Number 73 was last inspected in August 2014 when we found one breach of legal requirements. We found that there were not enough qualified, skilled and experienced staff to meet people's needs. We received an action plan

Summary of findings

from the provider which detailed what would be done to ensure compliance by 30 January 2015. We found evidence at this inspection which confirmed that there were sufficient staff available to meet people's needs.

The agency prided itself on providing a tailored service to 'promote independence, to work in a person centred way and to give people with learning difficulties a voice.' People spoke highly of the care they received. They told us that the service they received was friendly, reliable and flexible. One relative said, "We are absolutely delighted. X is happier now than they have ever been!"

The culture of the service was open. People and relatives were able to raise any issues directly with the management and were assured of a quick response. Staff also felt able to raise any concerns.

People received a safe service. Staff understood local safeguarding procedures. They were able to speak about the action they would take if they were concerned that someone was at risk of abuse. Risks to people's safety were assessed and reviewed. People and relatives had confidence in the staff who supported them. Staff received training to enable them to deliver effective care. They were supported in their roles and professional development by a system of supervision and appraisal.

People were able to determine the care that they received and staff understood how consent should be considered in line with the Mental Capacity Act 2005.

Staff supported people to prepare meals and to eat and drink if required. They ensured that people at risk of malnutrition received adequate nutrition and hydration.

The service worked with community professionals to ensure that people's health needs were met. and that they had the necessary equipment to support them in their independence and to maintain their safety.

People and relatives were involved in planning their care and were supported to be as independent as they were able.

The service had systems in place to allocate calls and to ensure consistency of staffing so that the staff visiting people understood their needs and knew how they liked to be supported.

People spoke warmly of the staff and told us they had good relationships with them. They said that the staff were kind and helpful and that they treated them respectfully.

The provider had an appropriate system in place to monitor and review the service provided, and to continuously improve, taking into account the views of people and their relatives.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People said they felt safe. Staff had been trained in safeguarding so that they could recognise the signs of abuse and knew what action to take.

Risk assessments were in place and reviewed to help protect people from harm.

There were enough staff to cover calls and ensure people received a reliable service.

Good

Is the service effective?
The service was effective.

Staff were knowledgeable about people's care needs. They had received all necessary training to carry out their roles.

Staff understood how consent should be considered and people were consulted on the care they received.

People were offered a choice of food and drink and given appropriate support if required.

The provider liaised with health care professionals to support people in maintaining good health.

Good

Is the service caring?
The service was caring.

People received person-centred care from staff who knew them well and cared about them.

People were involved in making decisions relating to their care.

People were treated with dignity and respect.

Good

Is the service responsive?
The service was responsive.

People's care had been planned and reviewed to ensure that it met their needs. Staff knew people well and understood their wishes.

People were able to share their experiences and concerns and knew that they would be listened by the management of the service.

Good

Is the service well-led?
The service was well-led.

The culture was open and friendly and the service had a clear vision and future plan which was shared with people, relatives, staff and other stakeholders.

The management team were readily contactable and responded to suggestions for improvement.

Staff were clear about their roles and responsibilities and felt well supported.

Good

Number 73

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 August 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

One inspector undertook this inspection.

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 improvements they plan to make. We also reviewed the previous inspection report and considered the responses to emails sent by us to community professionals. We received responses from four community professionals. Following our visit we also spoke by telephone with one person who used the service and one relative who wished to share their experiences of the service with us.

We visited the office where we met with the registered managers, the nominated individual for the provider, two other staff members in the management team and two support workers. We looked at two care records, four staff files, staff training and supervision records, medication administration records (MAR), visit record sheets, quality feedback surveys, minutes of meetings and staff rotas.

Good

Is the service safe?

Our findings

During our inspection on 14 August 2014 we found that there were not enough qualified, skilled and experienced staff to meet people's needs. We received an action plan from the provider which detailed what would be done to ensure compliance by 30 January 2015. At this inspection we found that staffing levels were appropriate and this requirement was now met.

Care records and rotas we looked at demonstrated there were enough staff available to meet the identified needs of people. One person required 24 hour care. We were shown a rota which demonstrated how staff had been allocated to meet their needs. This included a staffing ratio of two to one during some of the day to enable the person to access the community safely. We spoke with a relative about staffing levels, who told us, "There has been a consistency of staff, which has made all the difference in the world to X. She is very happy and settled. We are very pleased with the staffing levels provided." Another person told us that they required assistance in personal care between 4pm and 7pm on weekdays. They confirmed this had been provided by the agency and they were satisfied the arrangement was meeting their needs. They also told us, "If they are late I can call the 'on call service' to find out what has happened. It has not happened for a while. Last month I got a phone call to tell me the staff would be late because they were stuck in traffic."

People and relatives told us they felt safe. One person said, "I feel I can talk with staff. I can tell them if anything is going wrong. I find they are approachable and they will listen to me." A relative commented, "Nothing untoward has happened to X in the past five years since they have been using this service."

Individual assessments together with guidance for staff were in place which identified potential risks to people with regard to their needs and how to they should be reduced. They included support with washing and dressing, support with bathing, support with eating, and support in the community. Clear guidance for staff was available to keep a person safe when accessing the community. This meant that the person was able to enjoy some independence when taking part in activities or hobbies. Staff we spoke with confirmed they knew what was expected of them to ensure people were safe. One member of staff said, "Care plans and risk assessments are reviewed every three to six months. Staff are expected to read them to ensure people are safe."

People's safety had been promoted because staff understood how to identify and report abuse. Staff were aware of their responsibilities in relation to keeping people safe. They were able to tell us the different types of abuse that people might be at risk of and the signs that might indicate potential abuse. They also confirmed what they should do if they witnessed any incidents which put people at risk of being abused. This was in line with the provider's procedures and the local authority's safeguarding protocols. Records we examined indicated that all staff had received appropriate training and refresher training so they knew what was expected of them.

There were effective staff recruitment and selection processes in place. We were informed that applicants were expected to complete and return an application form and to attend an interview. It was also confirmed that appropriate checks and references were sought to ensure any potential candidate was fit to work with people at risk. We looked at the recruitment records of four staff which demonstrated the recruitment process was robust and ensured safer recruitment decisions.

Staff supported some people to take their medicines. A relative we spoke with confirmed they were happy with the way medicines were administered. They told us, "The staff deal with this; they have been trained. This is absolutely fine." We were not able to visit people's homes to observe how medicines were stored. However Medicines Administration Records (MAR) we looked at confirmed medicines had been administered as prescribed. They were up to date, with no gaps, which recorded that people received their medicines as prescribed. People were prescribed when required (PRN) medicines and there were clear protocols for their use. Staff had completed training in the safe administration of medicines and staff we spoke with confirmed this.

Good

Is the service effective?

Our findings

People and relatives we spoke with confirmed that the care provided met their needs and that the staff understood them and how to provide for them. A relative commented, "We are happy with X's quality of life; it's the best she has ever had. The caring provided is superb. X is always well dressed, clean and tidy, and is happy."

People and relatives also told us they had been consulted about their care plans and consented to the care they received. One person told us, "My care plan has been discussed with me. I can decide if and when I want my bath." A relative explained to us, "We have a copy of X's care plan. It is all based on person centred care. We are involved in any decisions and have copies of any correspondence about X's care needs."

Where necessary, people had been provided with support to eat and drink. One person's care plan advised staff to monitor their intake as, 'X does not recognise when their stomach is full. Staff to be aware of portion sizes.' The care plan also listed their favourite foods, but also advised staff to provide these in moderation as, 'X can become obsessed, and will not eat anything else.' A relative informed us, "X's food needs to be cooked and cut up for her. She can eat independently with a spoon out of a dish." Staff we spoke with confirmed they knew what they were expected to do to support this person to ensure they ate and drank sufficiently for their needs.

Following discussions the registered manager and staff demonstrated they understood their responsibilities under the Mental Capacity Act 2005 (MCA). They confirmed they understood the basic principles they were expected to put into practice. They also knew that, if a person lacked capacity, decisions would need to be made in the person's best interest.

We were provided with an example of one person, who did not have capacity to make decisions for themselves, required dental treatment. We saw recorded evidence of how decisions made on their behalf had been made lawfully. Their relative confirmed they had also been involved. They explained, "We have absolutely been involved when any best interest decisions have had to be made."

Records we looked at confirmed the training staff had received. This included health and safety, fire safety, food hygiene, infection control, administering medicines safely, identifying abuse and neglect, and reporting this to the appropriate authority. The records we looked also included training with regard to the MCA, mental health awareness, autism and Asperger's syndrome, and managing people with behaviours which challenged. All staff had also received induction training which followed nationally recognised standards. Some staff had undertaken further training such as nationally recognised Diplomas in Care at Level 3 and Level 4. Staff we spoke with confirmed they had received sufficient training to ensure they were able to provide people with the care they required. They also confirmed they felt well supported by the registered manager in their work. The training and development staff received ensured they acquired the skills and knowledge needed to provide good quality care and meet people's individual needs.

People's healthcare needs were met. People were registered with a GP of their choice and the staff supported people in arranging regular health checks with GP's, specialist healthcare professionals, dentists and opticians and this helped them to stay healthy. One person told us, "I can arrange this for myself. Staff will provide me with guidance when necessary." A relative told us, "There is regular contact with the local GP's surgery. If X needs something, the staff will normally organise this."

Good

Is the service caring?

Our findings

People and relatives spoke warmly about the staff. One person told us they found staff had a caring approach. A relative said, “Two members of staff have been visiting for a long time. They are all wonderful and very caring. They have developed a good rapport with X and with us.”

The agency had systems in place to build relationships by promoting continuity in the staff who supported people. When a new staff member shadowed during their induction, the focus was on people they would probably be allocated to support. One person told us, “New members of staff are expected to shadow another one. They get to know me and to know my routines. It also means I can get to know them before they support me.” A member of staff told us, “New staff are expected to shadow us for a month so they become familiar with each person and they see what we have to do. It takes time to get the person to trust them.” We were also informed that the provider had a separate internal agency that managed a team of temporary staff, who were available to cover holidays and sick leave. This meant that they provided a consistent service by staff who were familiar with the needs of people.

People’s care plans were personalised and included information about their likes, dislikes and interests. One person told us they had a job in the community, working in a charity shop. They said that staff provided care flexibly to ensure he would be ready for work. People also had communication and hospital passports. They included a summary of relevant and personalised information which each person kept with them when they were in the community. This meant staff were able to communicate with them when they supported people in the community, for example whilst shopping or attending hospital or GP appointments.

People felt involved in determining the care they received. One person told us, “When staff visit, I can decide when I want my bath. I will do most things myself. I just need help with drying my back and putting on creams I need.” People were able to tell us about the initial assessment and subsequent care reviews that had taken place. People and their relative were a part of this discussion. Care plans included information on what people were able to manage independently and where they required support. For example one care plan read, ‘When preparing meals or cooking please engage X as much as possible. Ask X to get her plate, spoon and plate guard.’ People’s independence and decisions were promoted and upheld where possible.

People confirmed that staff treated them with respect and dignity. One person said, “They are easy talk to and treat me respectfully.” The person we spoke with also confirmed they preferred to have staff of the same gender visiting them and that this had been respected. One member of staff explained how they always ensured doors and curtains were closed when they delivered personal care to ensure privacy and dignity.

Good

Is the service responsive?

Our findings

Before a person received care from the service their needs had been assessed and the support they wished to receive was discussed with them. One person told us, “My support needs have been discussed with me and my dad.” They also confirmed the care they received was person centred. A relative commented, “It is all based on person centred care. We have a copy of X’s care plan. The whole premise is that the service is progressively looking to see how X can be supported to live her own live as independently as possible.”

There was a system of regularly reviewing care plans to ensure they were effective in meeting people’s needs. Care plans we looked at indicated they were last reviewed with people and their relatives in March 2015. The registered manager informed us they used a computer based system. This system enabled people to make entries into their own care plans so they had control over their lives and the care provided. Care plans included sections to describe their diagnoses (such as autism, epilepsy and learning difficulty), how people communicate, their support needs, their likes and dislikes, daily routines, important contacts, activities of interest in the community and guidance for staff in meeting these needs. There was also a clear description of each person’s preferred routines together with information for staff to follow to provide the support required. Where people were not able to speak to staff themselves, brief guidelines have also been developed to assist newly appointed staff or agency staff to respond to people’s needs. This demonstrated a person-centred approach to care planning and delivery which involved people and reflected their needs and preferences.

The service had formal complaint procedure. This was drawn up in an appropriate format to suit the needs of people who used the service. People felt able to contact the registered manager or a senior member of staff if they had any concerns. One told us, “To begin with, I never felt able to pluck up the courage to talk with them. But, now I know them, I know they will listen to me.” A relative told us, “I have never had to make a formal complaint. I know the procedure. It has been laid down in the contract we have. I would speak with the registered manager or a senior member of staff. I know they would listen and act accordingly.” Staff we spoke with confirmed they knew what to do if someone came to them to make a complaint. Records we examined indicated no complaints had been received since our last inspection.

Good

Is the service well-led?

Our findings

People knew who the registered manager was. They felt able to approach him with any problems they had. When we asked about the culture of the agency, people said they found it to be open, friendly and respectful. “I never thought I would pluck up the courage to speak to the registered manager or the staff. But, now I have settled down, I know them and feel I am used to them.” One relative told us, “The agency is well managed. The management and staffing structures are very good. Staff training is very well conducted. They know how to support people in a respectful manner.”

Several of the staff told us about the culture of the agency. One said, “The vision of the provider is to promote the independence of people living with learning difficulties. We are expected to work with them in a person centred way and to give them a voice.” Staff also told us that they felt well managed and well supported in their work. They were expected to attend team meetings and individual supervision meetings led by either the registered manager or more senior staff in order to discuss their roles and responsibilities and any training needs. Records we looked at confirmed staff met regularly to discuss issues related to their daily work and supporting people. Supervision meetings for each member of staff had taken place every three months and an appraisal yearly.

The provider, The Aldingbourne Trust, had drawn up a plan for 2012 to 2015 which covered all of its services. The plan included areas entitled ‘Make Sure the Basics Happen (Health and Housing), ‘Give Lives More Purpose’ (Employment, Relationships, Skills) and ‘Independence’ (Social Enterprise, Peer Support). This plan was published and shared with people, relatives, staff and other stake holders. It was used by the provider to focus on how it can develop a range of services, including personal care, for people living with learning difficulties. This demonstrated a clear vision and direction by the provider and set objectives to achieve positive outcomes for people using their services.

Feedback was sought from all interested parties via satisfaction surveys to assist the provider in reviewing and improving the quality of its services. The registered manager informed us satisfaction surveys for 2015 had been sent out. The results were currently being analysed and collated into a report. We were shown a summary report for 2014. This identified that, of those receiving a service from the provider, 16 per cent of people did not know who was coming to support them each day. The action identified for this was, ‘We will review how we let people know who will be supporting them.’ The registered manager confirmed that, as result, people or their families had been given copies of rotas indicating who will be visiting at their allotted times. If there were any last minute changes people or their relatives would be notified by phone. This meant that the provider demonstrated the views of people, including those receiving personal care, were listened to and used to make improvements to the services provided.

The registered manager provided us with documentary evidence that demonstrated how the service had been monitored. They included routine health and safety checks, audits of the management of medicines and infection control. It also included auditing care records, supervision and training records. We were also advised that senior staff conducted spot checks during calls to observe interactions between staff and people using the service and to monitor and improve the quality of care provided. The registered manager showed us how they routinely monitored accidents and incidents, including missed calls, to determine if there were patterns that could be learned from to improve the service.