

The Aldingbourne Trust

# Support Workers Direct

## Inspection report

6 York Road  
Bognor Regis  
West Sussex  
PO21 1LT

Tel: 01243837866

Website: [www.aldingbournetrust.co.uk](http://www.aldingbournetrust.co.uk)

Date of inspection visit:  
27 February 2019

Date of publication:  
03 April 2019

## Ratings

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

# Summary of findings

## Overall summary

About the service: Support Workers Direct 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.

Support Workers Direct is registered to provide personal care services to people with learning disabilities living within supported living accommodation. One of the supported living locations supported young people as a transition whilst they were at college and learning to become independent. The other location supported people who were older. At the time of the inspection 5 people were living in individual flats receiving personal care.

People's experience of using this service:

- The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; promotion of choice and control, independence and inclusion. People's support focussed on opportunities to gain new skills and maintain current independence and work toward more independence.
- Staff knew people well and encouraged their development and independence.
- People were treated with kindness and compassion. Staff provided emotional support as needed.
- People's independence was promoted and encouraged.
- People's needs were assessed and planned for. People were involved in these assessments and ongoing reviews.
- Risks to people were considered. Staff had a positive approach to risk and worked with people to address and mitigate risks.
- People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the systems in the service supported this practice.
- People, their relatives and staff were asked for their views of the service and ongoing development.
- Staff work closely and in partnership with health and social care professionals, and where relevant the staff from the local college.
- Staff were recruited using safe recruitment practices.
- Staff had training to meet people's needs, and were supported with regular supervision, competency checks and staff meetings.
- Staff and the management understood their roles and responsibilities.
- The quality assurance framework supported the registered manager and staff team to continuously improve.

Rating at last inspection: The service registered with the Care Quality Commission on 30 January 2018 and this is their first inspection.

Why we inspected: This was a planned comprehensive inspection, following the registration of the location.

Follow up: We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated Good.

## 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

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led

Details are in our Well-Led findings below.

**Good** ●

# Support Workers Direct

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was completed by one inspector.

#### Service and service type:

This service provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service two days' notice of the inspection visit because it is small and people are often out. The registered manager is often out of the office supporting staff. We needed to be sure that they would be in.

Inspection site visit activity started and ended on 27 February 2019. We visited the office location on 27 February 2019 to see the manager and office staff; and to review care records and policies and procedures.

#### What we did:

##### Before the inspection:

- We used information, the provider sent us in the Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections.

- We looked at information we held about the service including notifications they had made to us about important events.
- We reviewed all other information sent to us from other stakeholders.
- We spoke to a health and social care professional.

During the inspection:

- We spoke to four people receiving support, the head of support, the registered manager, a team leader and two staff.
- We looked at three care records, four staff recruitment files, records of accidents, incidents and complaints, audits and quality assurance reports and other records relating to the running of the service.

Following the inspection:

- We spoke to two health and social care professionals.
- We spoke with one person's relative.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us that people were safe.
- One person's relative said, "She is happy and safe. They're looking out for her wellbeing. I do trust them."
- Systems and processes were in place to safeguard people from abuse.
- Staff were aware of safeguarding, how to report any concerns and the different types of abuse.
- Staff understood how to raise concerns through whistleblowing, and a policy was available.

Assessing risk, safety monitoring and management

- Risks to people had been considered and assessed.
- One person had previously choked and the risk of this happening again was considered and planned for. Staff encouraged the person to ensure they cut up their food.
- Risks around people's behaviour had been considered and assessed, when this could challenge staff and the service.
- For example, one person who could become anxious and frustrated had guidance for staff on how to reassure them.
- Staff had a positive approach to risk.
- For example, a risk had been identified of one person leaving their flat without advising staff. This had been addressed by ensuring the person had a mobile phone and their keys, and that staff knew places where the person liked to go.
- Risks about evacuating in the event of an emergency had been assessed and planned for.
- For example, one person with a hearing impairment had a vibrating pillow to alert them in the event of a fire alarm sounding at night.
- A business continuity plan explored how staff could continue to meet people's needs in the event of unexpected circumstances, like severe weather.

Staffing and recruitment

- There were sufficient staff available to meet people's needs.
- Staff told us they had enough time to meet people's needs. One member of staff said, "It's the right amount of time. Can cover all the bases and have time to chat too."
- Another member of staff explained that people's support times could be flexible. They said, "There is a rota to ensure people get their support but it is flexible."
- Staff often worked alone, and the risks around this had been considered. One member of staff said, "You're

reminded how to keep safe. Keep your phone on you and we have security lights."

- Information on which staff would be supporting was available to people, through either a rota or a picture board of staff working.
- Staff were recruited using safe recruitment practices. These included obtaining references and a Disclosure and Barring Service (DBS) check. These checks were completed before people started working at the service.
- People using the service were involved in the interviews of potential staff.

#### Using medicines safely

- Medicines were managed safely.
- People told us they received the right support with their medicines. One person said, "Staff prompt me to make sure which tablets to take, it helps me feel like I can do something."
- Staff recorded when they had given people their medicines on a medication administration record (MAR).
- When people were prescribed medicines to be taken 'as required' staff detailed when and why this had been given, and the result.
- Staff had training in supporting people with medicines and their competency to do this had been assessed.

#### Preventing and controlling infection

- Risks around the prevention and control of infection were well managed.
- Staff had training in how to prevent and control infection and had access to personal protective equipment (PPE), such as gloves and aprons.
- One person said, "They wear gloves and have the plastic aprons."

#### Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- For example, when one person had left their home without advising staff, their support plan around this had been reviewed.
- Staff understood how to respond in the event of an accident or incident, and how to record and share their concerns.
- For example, staff had noticed an increase in incidents for one person. They analysed previous incident reports and identified an increase in the number and severity of the incidents. This information was used to get support from the person's social worker and a psychologist who was working on a positive behaviour plan for the person.

# 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.

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 were holistically assessed and planned for.
- People's needs and level of support was assessed before they began having support from the service. This was a holistic assessment, which included areas such as maintaining a home, managing money and personal care.
- Records confirmed that people received support in line with these assessments.
- Key workers completed regular progression assessments and reports to track people's progress toward independence.

Staff support: induction, training, skills and experience

- People told us staff had the right skills to support them. One person said, "Staff are perfect in every way. They support us really well."
- Staff new to the service were supported with an induction programme. This included reading people's support plans, working with more established staff and undertaking training.
- Staff new to the care industry had been supported to undertake the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff also had access to an online training and support through a national organisation which included the views of people and their relatives, about what makes a great support worker. One member of staff told us that after completing some training about this they felt "refreshed about the job."
- Staff received training about learning disabilities and autism. One member of staff told us, "It made you realise what it is like being autistic."
- Staff were supported with regular supervision and appraisals. A staff member told us, "It's very useful. Helps me grow as an employee, a great time to learn and improve."

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

- People were supported and encouraged to eat and prepare a balanced diet.
- For example, two people were attending a 'cook and eat' course for six weeks. This included the preparation and cooking of dishes which they could then prepare at home.
- Staff encouraged people to make healthy choices.
- People told us that staff, "help with shopping, to decide what to buy."

- When people had specific needs around their diet, such as diabetes, this was considered.

Staff working with other agencies to provide consistent, effective, timely care

- Staff at the transitions part of the service worked alongside the college that people attended. Information was shared to allow staff to support people in line with the support they received at college, to encourage and reinforce people's development.
- For example, people who attend life skills and cooking courses at college were supported in the same way at home. This support included the sharing of pictorial recipe cards.
- The transition and collaboration coordinator from the college said, "I go to York Road each week and have a 'catch up' meeting with staff in order to share relevant information. This allows us to both have an overall picture of how each individual is progressing and means that any problems can soon be solved. People may have come home with concerns about college which I can then feed back. Events at home/with family may be affecting people's well-being/health/concentration, so it is useful for us to be aware of them at college. If a student is struggling at college, my first response is to check with the Transition service whether something has happened to impact their mood."
- Staff were working with an organisation supporting people about staying safe online.
- The professional working with staff to provide people support told us, "They're brilliant. Always really welcoming and supportive, both management and staff. You get a warm feeling."

Supporting people to live healthier lives, access healthcare services and support

- People were supported and encouraged to live healthier lives.
- When people were diagnosed with specific health issues, such as epilepsy, clear plans were in place for staff to support them.
- For example, one person experienced absence seizures. Staff had guidance on how to support the person in the event of a seizure.
- Staff supported people to access health care services as needed.
- For example, staff were supporting one person to work with an occupational therapist to assess their needs and ensure their living environment was suitable for them.
- Another person told us that staff were supporting them to attend the dentist.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- We checked whether the service was working within the principles of the MCA, and found that people's consent was considered and assessed when needed.
- Staff were in the process of exploring one person's capacity around deciding when they went to bed, and their understanding of the impact that this had the next day.
- Another person had a shared decision-making agreement which explored their understanding of the risks associated with them using their mobile phone whilst walking along. This detailed staff's concerns and the person response. A shared decision had been made that the person would have their phone in their pocket and how they would use their phone during their support visits.

# 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.

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.
- People told us they enjoyed living at the supported living service.
- One person said, "They are kind and caring," and "I'm really happy with all the staff here."
- People, and their relatives, told us that staff knew people well.
- One's person's relative said, "They have worked really hard with her... She loves the staff, they're incredibly patient," and "She's feeling very secure and happy here."
- One person's relative told us, "I'm perfectly happy with their work with [person]."
- A member of staff said, "It's by far the best company I've ever worked for. They're there for people, staff and people we support, so they get the best opportunities and out of life."
- People's religious views were respected and supported. For example, one person was supported to attend church weekly.

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

- People made decisions about their care and their lives, which were respected.
- Staff told us they checked people's consent before supporting them. For example, a member of staff told us, "I ask if it is alright to give their medicines now, they say yes or no."
- Another member of staff said, "I take note of what they want and are telling us they'd like."
- Support plans included information for staff about how to support the person to be in control. These included presenting people with choices and the best and worst times to support or discuss things with the person.
- A member of staff explained that if people were not consenting to support, they would, "try and change the staff around and make it work for people."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- One person said, "Staff knock on your door."
- A member of staff explained, "We give people time to change, leave and shut the door. Suggest shutting their flat door."
- People's independence was promoted.
- One person's relative told us, "They've said she's incredibly capable... It's all about her independence and

getting her to do the jobs."

- Support plans identified areas which people were independent in.
- For example, two people had been supported to learn how to travel to college independently. Staff had started by supporting them on the bus and gradually lessened the support over a number of weeks. Both people no longer required staff support to make this journey and instead text staff to advise when they have got on and off the bus.
- A health and social care professional told us staff were, "Not afraid to challenge people, in a safe and respectful way."
- People's information was kept confidential. Records were locked away and staff understood how to protect people's information in line with data protection regulations.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care and support.
- People, and when relevant, their relatives, were involved with regular reviews of the support provided. One person said, "I check my support plans with staff." Another person told us, "I help them check it sometimes."
- A person's relative told us, "We've just had an annual review, with [person] and a support worker."
- Staff were encouraged to bring their skills and interests to their support worker roles. For example, one person had been supported to begin boxing by a member of staff who boxed in their spare time.
- Some other people were attending a weight loss group along with staff who were looking to achieve the same goals.
- One person told us that staff helped them with shopping and to go to discos.
- One person had recently moved into the service. This had been done gradually, beginning with short visits to their flat for a cup of tea. A member of staff described, "We all met her and got to know her a bit."
- People were involved in their support plans and sections were written in their words. These detailed people's personal histories, and who and what was important to them.
- Support plans separated out things that were important for the person, for example to maintain their health like medicines, from those things that were important to them. Things important to one person included music, swimming and films.
- People living at the transition service had progress plans, with detailed their development toward independence.
- A health and social care professional told us, "Staff at the Transition service do care very much whether the people living there are happy and safe. They are willing to go the extra mile to organise extracurricular activities suited to individuals and ensure they have rounded lives. They are flexible with their support and have taken the time to get to know each person well."
- Goals had also been identified with people living at the other supported living service. For one person, this included watching their favourite sports team and having days out in the summer.
- Staff understood the Accessible Information Standard. From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the AIS in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs.
- People's communication needs had been identified and recorded. For example, one person had a book created by a speech and language therapist to assist communication.
- People's communication needs were met in a way that suited them. For example, some people had pictures to support their communication and understanding. Another person used Makaton, a form of communication including signs and symbols. One person told us, "Staff are brilliant at Makaton."

## Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain or raise any issues.
- People were given information on how to complain, and the response they could expect.
- One person told us they would speak to, "staff or family."
- One person's relative said, "Little things I have been concerned about, I've gone to a manager and they very quickly put something into place." They gave us an example of a pictorial timetable to support the person to get ready for their day.

## 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was an open and person-centred culture.
- One person said, "It's just amazing. It's just perfect. You get to see all the staff and friends. It's really fun being here."
- Staff spoke proudly about working for the organisation and of their work with people.
- A member of staff told us, "We celebrate birthdays and achievements, got to be fun and lively and positive."
- Staff felt supported by the management team. One member of staff said, "[Manager] is someone you feel like you can go to." Another said, "Very supported and there is an open door. Always someone around to help you."
- The management team understood their duty of candour responsibility. Information was shared in line with this.

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

- The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.
- Managers understood their roles and responsibilities.
- There was a registered manager in post, and another manager was in the process of applying for registration. They were supported by the head of support and quality manager.
- The registered manager provided a monthly report to the quality manager. This included information about accidents and incidents, involvement in the community and staffing. The quality manager explained these were used to identify any trends for the service, and across the organisation, so these could be addressed.
- Staff were continuously looking at how to improve.
- For example, staff were in the process of changing the template of people's support plans. They had identified that their current system was not easy to use on some types of technology and could be a barrier to people's involvement in the planning of their support.
- Staff told us that they were supported to access training that would improve the care they provided to

people.

- A person's relative told us, "They're always looking for anything negative to improve on."
- Staff understood their roles and responsibilities.
- A member of staff said, "Everyone sings from the same hymn sheet and communicates well with each other."

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

- People told us they could speak to staff when they needed to.
- One person's relative told us, "We have an ongoing mechanism for feedback, any little thing can be addressed straight away."
- Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity, faith and sexual orientation.
- Staff engaged with the wider community and social care sector.
- For example, staff had worked on the 'Every day is different' national recruitment campaign with the Department of Health and Social Care. A member of staff and people using the service featured in a video for the campaign. The campaign is about introducing support work to people who may not have previously considered it as a career.
- Staff attended provider forums organised by the local authority.
- Staff surveys had been completed, which looked at what people enjoyed about their roles and how they felt the organisation values were embedded.
- Staff were supported with regular team meetings. These included updates on news from the organisation, staff recruitment, key working and plans for the service.
- Staff worked well together. A member of staff said, "We try things out, work as a team."

Working in partnership with others

- Staff worked in partnership with other agencies.
- A health and social care professional told us that staff, "take on board any recommendations."
- The transition and collaboration coordinator from the college said, "I feel that the level of communication between the service and the college has allowed us to solve issues quickly and effectively. Sharing day to day progress means that we can meet people's needs with much more precision."