SCC Adult Social Care

Arundel House

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

Summary of findings

Overall summary

Arundel House operates a range of services for adults with learning disabilities. The site offers a residential care home for a maximum of 18 people. The care home is divided into four units, three of which provide long-term residential care and a further separate unit that provides respite (short-term care) for up to five people. The provider also operates an outreach service to people either living in the community in their own homes or in supported living accommodation. There are three supported living flats on the same site as the care home.

Due to ongoing discussions about Surrey County Council's role as a direct provider of care, the services at Arundel House have not recently been actively marketed. As such, at the time of our inspection there were 11 people living in the care home and four people regularly accessing the respite service. Twelve people were in receipt of outreach services, of which only one person currently received a service within the definition of regulated care.

The inspection took place over two days on 24 May 2016 and 06 June 2016. The first inspection day was unannounced.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Arundel House had a strong leadership team which effectively managed all the services provided at this location. People benefitted from a culture within the service that was open, inclusive and valued their views. There were good systems in place to continually audit and monitor the service which facilitated development and the delivery of high quality care.

Staffing levels were provided flexibly and were responsive to people's needs and activities. Appropriate systems were in place to ensure only suitable staff were employed and all staff received relevant training to enable them to undertake their roles.

People received personalised care that was responsive to their needs. Each person had a detailed plan of care that was kept under regular review. Risks to people were identified and managed in a proactive and enabling way that balanced their safety and independence.

People spent their time participating in activities that were meaningful to them and enjoyed the ability to pursue their own individual hobbies and interests. The service had a clear statement of purpose which supported people to lead their lives as they chose and work towards achieving maximum independence.

The service had a relaxed and friendly atmosphere which was reflected in the laughter and sense of fun.

Staff were kind and caring towards people and had a good understanding of people's needs. Staff provided sensitive support to people in a way that upheld their privacy and dignity at all times.

People were protected from the risk of abuse, avoidable harm or discrimination because staff understood their roles and responsibilities in protecting them. Staff understood the importance of gaining consent from people and acted in accordance with the principles of the Mental Capacity Act 2005.

People were supported to maintain good health. The service had good links with other health care professionals to ensure people kept healthy and well. Medicines were managed safely and there were good processes in place to ensure people received the right medication at the right time.

People had choice and control over their meals and were effectively supported to maintain a healthy and balanced diet. Specialist dietary needs were managed well.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of abuse, avoidable harm or discrimination because staff understood their roles and responsibilities in protecting them.

Risks were identified and managed in a way which balanced people's safety and independence.

Appropriate checks were undertaken to ensure only suitable staff were employed. Staffing levels were sufficient to meet people's assessed needs.

Medicines were managed safely and there were good processes in place to ensure people received the right medicines at the right time.

Is the service effective?

Good

The service was effective.

Staff had the skills, knowledge and experience to meet people's needs. Ongoing training and support were provided to ensure care staff undertook their roles and responsibilities in line with best practice.

Gaining consent from people was something staff did automatically. Staff had a good understanding of the Mental Capacity Act 2005.

People had choice and control over their meals and were effectively supported to maintain a healthy and balanced diet.

People were supported to maintain good health. The service had good links with other health care professionals to ensure people kept healthy and well.

Is the service caring?

Good

The service was caring.

People had good relationships with the staff that supported them. The atmosphere in the service was relaxed and friendly with lots of laughter and fun.

Staff respected people's privacy and took appropriate steps to ensure their dignity was upheld.

People were actively involved in making decisions about their care. Staff understood the importance of respecting people's choices and allowing them to live their lives as they wished.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

People's individual routines and preferences were respected. People accessed a range of activities that they enjoyed and were meaningful to them.

People were confident about expressing their feelings and their opinions were valued. Staff ensured that when people raised issues that they were listened to and addressed.

Is the service well-led?

Good

The service was well-led.

The culture within the service was open and inclusive and provided care that placed people at the centre.

People benefitted from a strong leadership team which ensured the service was managed effectively and in their interests.

The service had systems in place to continually audit and monitor the service which facilitated development and the delivery of high quality care.

Arundel House

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 over two days on 24 May 2016 and 06 June 2016. The first inspection day was unannounced and the inspection team consisted of two inspectors who had experience of working with this user group. As many of the people who used the service were out during the day, the lead inspector returned on the second day at a time when it was convenient to spend time with them.

Before the inspection, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. The provider also completed a Provider Information Return (PIR) before our inspection. 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.

As part of our inspection we met individually with eight of the people who permanently lived at the service. We also met with one person who was using the on-site supported living service. We interviewed five staff and the registered manager. After the inspection we gathered feedback from two relatives, and one visiting professional. We also reviewed a variety of documents which included the care plans for seven people, six staff files, medicines records and various other documentation relevant to the management of the home.

The home was last inspected in May 2014 when we had no concerns.

Good

Is the service safe?

Our findings

People who lived at Arundel House told us that they felt safe living in the home. One person told us "Oh yes, I feel very safe here. The staff keep me safe and when I go out staff remind me about stranger danger." Another person who received support from the supported living aspect of the service commented that the input they received from staff "Helps to keep me safe." Relatives confirmed that they had no concerns or worries about the way in which their family members were looked after.

People were protected from the risk of abuse. Staff were confident about their role in keeping people safe from avoidable harm and demonstrated that they knew what to do if they thought someone was at risk of abuse. Training records showed that staff received regular refresher training in safeguarding. Policies and procedures were in place for staff to follow if they suspected abuse. All staff confirmed that that they felt able to share any concerns they may have in confidence with either a senior member of staff or one of the management team. Staff were also clear about how to correctly report abuse to the outside agencies if necessary.

Risks to people had been identified and managed in a person centred way. Staff adopted a proactive approach to risk assessment. This enabled people to safely undertake activities which promoted their independence and reflected their interests. For example, we saw that through the process of careful risk assessment and goal planning, some people living at Arundel House had been enabled to develop the necessary skills to access the local community and public transport independently. One person who used the supported living service talked to us about how they had been supported to develop their skills in order to be able to manage their medicines and prepare meals safely with minimal support.

Environmental risks were appropriately assessed and controlled. Care records showed that a comprehensive set of risk assessments had been completed to ensure people were safe in their environment. Such risk assessments included a Personal Emergency Evacuation Plan (PEEP) which provided information for staff about how to safely support people to leave the premises in the event of an emergency such as fire.

We noticed that whilst the risk assessments for people permanently using the service had been regularly reviewed and updated, this was not always the case for people who accessed the respite provision. The service was only providing a respite service to a few regular people and as such staff demonstrated that they knew these people and their needs well. The registered manager also confirmed that now the future of the service was more stable, the systems for formal review would re-commence.

Appropriate checks were undertaken before staff began work. We saw criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services. There were systems in place to assess and manage risk if a positive DBS check was returned. There were also copies of other relevant documentation including references, interview notes and identification documentation in staff files. In addition, there were copies of relevant car insurance and driving licence

documentation in staff files for those visiting people in their own homes.

Staffing levels were sufficient to meet people's assessed needs and were planned to reflect people's activities and routines. People living within the care home at Arundel House told us that there were always enough staff on duty to support them and enable them to do the things they enjoyed. On both inspection days we observed that staffing levels were appropriate and people received the support they needed without delay. We looked at the rotas for the care home which showed these staffing levels to be typical. Staff told us that staffing levels in the home worked well. We saw that the allocation of staff to each unit of the home with a senior staff member co-ordinating the shift from the office care staff allowed uninterrupted support to people.

The team leader responsible for the outreach part of the service showed us how they scheduled staff hours to ensure people received the support they required. One person who accessed the supported living service showed us that they had a rota which informed them which staff were allocated to work them and confirmed that staff always arrived on time.

Medicines across the service were managed safely and there were good processes in place to ensure people received their medicines appropriately. In Arundel House we found that with the exception of one person for whom the risk was too high, each person had a locked medicines cupboard in their own room. We saw that this facilitated medicines being given in a person centred way.

People were encouraged to be involved in managing their medicines and for one person this had led to them being fully independent in this area. We read in another person's care records that they had a current goal plan in place to support them in working towards being able to take responsibility for their own medicines.

Everyone who used the outreach service managed their own medicines with varying degrees of support. One person proudly told us how they now managed all aspects of their medicines apart from the ordering. There were risk assessments and goal plans in the person's support plan concerning this which also showed the steps being taken to support the person to take over the collection of their own medicines too.

We saw that where staff supported people with their medicines, they completed Medicine Administration Records (MAR) following the administration of medicines. These records were found to have been accurately completed and so therefore provided an audit trail for the medicines people had received.
Staff understood how to support people effectively with their medicines. Only staff that had completed training and competency assessments were permitted to administer medicines. Policies and procedures provided staff with appropriate guidance to support people with their medicines in accordance with safe practices. There was also a policy for the use of 'homely' or 'domestic' remedies, such as those for minor ailments. This helped to ensure that people could have swift access to treatment if they had a cough or cold. Where people were prescribed occasional (or PRN) medicines, such as pain relief, there were appropriate protocols to inform staff how and when these medicines should be administered. We found that staff were knowledgeable about the medicines they were giving.

Medicines were audited and accounted for regularly. There was a system for recording the receipt and disposal of medicines to ensure that they knew what medicine was in the home at any one time. The provider carried out regular audits of people's medicines and their medicines records. This helped to ensure that any discrepancies were identified and rectified quickly. There were also regular external audits conducted by the provider's medicines supplier.

Good

Is the service effective?

Our findings

People described staff to us as "Wonderful", "Nice" and "Lovely." People told us that they had confidence in the staff that supported them. Each person told us that they had either one or two named keyworkers who they got on especially well with and who made sure they were happy. A keyworker is a member of staff who is allocated to work alongside a person and advocate their needs.

Staff had the skills and knowledge to meet people's needs. Staff talked confidently to us about people's needs, preferences and interests. It was obvious that staff knew people well and understood their role in supporting them effectively.

Training and support were provided to ensure care staff undertook their roles and responsibilities in line with best practice. Staff told us that they had access to a range of training courses relevant to their role. Records confirmed that the service had an ongoing programme of mandatory training such as moving and handling, safeguarding vulnerable adults and various health and safety topics. In addition where people had specific needs, additional specialist training was sourced. For example, when one person was diagnosed as living with a dementia type illness, the service arranged for staff to access dementia training. Similarly, the registered manager told us that they had secured bespoke epilepsy training for staff prior to a person living with epilepsy accessing the respite service.

New staff undertook a 12-week induction programme at the start of their employment which followed the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. Those staff who had been recently recruited confirmed that their induction had helped provide them with the necessary skills and knowledge to support people effectively.

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. 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 in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff had a good understanding of the MCA, including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. We observed that people were fully involved in their care and that staff always asked for their consent. Care records showed that people's consent had been considered in relation to a range of topics. Our observations also found that gaining people's consent was something that was done at Arundel House as a matter of routine.

The service had made appropriate referrals to the local authority in respect of people they had assessed as

potentially being deprived of their liberty. Staff demonstrated the steps they had taken to ensure they continually delivered care in the least restrictive way. For example, when one person's needs changed they supported them to move to another area of the home where they could continue to mobilise independently and safely.

People had choice and control over their meals and were effectively supported to maintain a healthy and balanced diet. People told us that they liked the meals provided and that they enjoyed being involved in choosing and preparing their food. During both our visits we saw people either independently making drinks or snacks or being appropriately supported to do so.

Staff described how the people living in each unit within Arundel House discussed and agreed a weekly menu. We saw that pictures of food were used to support people with limited verbal communication to make meaningful choices. People told us that every Sunday a large carvery was prepared in the communal dining room and people living across the service shared this main meal together. It was clear that this was a social gathering that people looked forward to.

One person who accessed the supported living service talked to us about how they planned, shopped for and cooked their meals with support. They also told us how they liked to invite other people to join them for a drink or meal. Staff supporting this person were clear about their role in helping them to eat healthily.

People with specialist dietary needs received good support to manage their well-being. For example, we read how staff had identified that one person was slightly underweight and appropriately sought the input of a dietician. A letter on file from the dietician reflected how the staff had followed their advice and effectively supported the person to reach a healthy weight again. There was an effective care plan in place for this person which we observed staff following.

People were supported to maintain good health. The service had good links with other health care professionals to ensure people kept healthy and well. Care records documented that people attended regular health checks with their doctors, dentists, opticians and the community learning disability team. Each person had a health action plan and a 'Care Passport'. These are documents that provide key information about people's health needs. Both were in a format that could be easily shared with other health professionals in order to support the person effectively.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring towards them. One person told us "It's such good fun here and the staff are so kind." Relatives were equally positive about the care their family member received at the service. One relative told us; "I am so grateful my daughter lives there, she really has received the most wonderful support."

The atmosphere across the service on both inspection days was relaxed and friendly. We observed lots of friendly banter between people and staff with each showing respectful care and affection for each other. It was obvious from the laughter that people felt comfortable and confident in the presence of staff and had good relationships with them.

Staff really cared about the people they supported. Through our discussions with staff we noticed that staff had a genuine commitment and empathy for people. Where people's needs had or were changing, it was clear that staff were supporting them on their journey to ensure they always received the support they needed. For example, one person had recently been diagnosed as living with a dementia type illness and staff had sensitively adjusted the support provided to this person to ensure they continued to feel safe and valued in their home.

People were actively involved in making decisions about their care. Staff had an excellent understanding of people's needs and demonstrated that they knew and respected their preferences and choices. People told us they had control over their daily routines and were free to choose when to get up and go to bed and how to spend their leisure time. We found that staffing levels were provided flexibly to enable people to participate in activities and outings that were meaningful to them.

Care plans included detailed information about people's lives and social histories. They contained information which staff had clearly used to help build relationships with them and develop their interests and hobbies. For example, we read how music was really important to one person and staff told us how they supported this person to plan their holidays around attending different concerts. It was possible to 'see the person' in the support plans that had been produced and discussion with staff highlighted that they were working documents which were used to inform the delivery of people's care.

People told us that they had monthly meetings with their keyworkers to discuss the things that were going well and any aspects of their support they would like to change. The minutes of these meetings, along with their care plan reviews showed that people were actively involved in the planning of their care.

People living in the care home proudly showed us their rooms and said they were decorated and furnished as they had chosen. Each person had a dedicated 'home day' once a week where they were individually supported to clean their rooms and shop for personal items.

People's privacy and dignity were respected. One person told us, "They always knock on my door and don't touch my things." In the care home we observed that staff respected people's private space and as such they

routinely knocked on people's bedroom doors and sought permission before entering. Where people required personal support, we saw that this was done in a discreet and sensitive manner. For people who received a supported living service, we saw that staff respected people's choice as to who and when people were invited into their home.

Good

Is the service responsive?

Our findings

People's care and support was planned in partnership with them and they received personalised care that was responsive to their needs. People commented that staff, "Always listen to me" and "Give me choices about everything."

Each person had a detailed plan of care that outlined their individual needs and preferences. This included a person centred profile of the person that provided a summary of their needs, interests and what was important to them. Staff confirmed that the guidelines in place provided them with the necessary information to support people effectively.

We saw that care plans were kept under ongoing review and that people had the opportunity to discuss and change the way their support was delivered. Staff maintained daily records about people's care, including details about people's health, well-being, social activity and appetites. Each month keyworkers completed a summary review of people's care which provided an overview of the things that had happened over the previous four weeks. We saw that this had been useful for adapting people's support needs where their needs were changing. For example, staff had supported a person to access a new day service that provided more suitable activities for people living ith a dementia type illness. .

The management of risks to people's health or well-being were well documented and regularly reviewed. For example, people were weighed each month and appropriate action taken where changes occurred. Similarly, where people had identified behavioural support needs there was clear guidance for staff about how to recognise possible triggers, the preventative measures they should take to support the person and the necessary interventions if behaviours escalated.

People spent their time doing things that were meaningful to them. People within the care home, talked to us about the types of activities they participated in and how much they enjoyed attending day services, trips out and a variety of clubs. It was clear that people led busy lives and had lots of opportunities to socialise with people, have fun and develop their skills. People told us that they were currently planning their annual holidays. We saw that people were given choice about the type of holiday they wanted and who they would like to go away with.

People were supported to develop their independent living skills and achieve their potential. Each person had individual goals that they were working towards and staff were clear about what these were and described how they assisted people develop. The supported living aspect of the service enabled people to aim for more independent living and one person talked to us about how they had successfully transitioned from living with other people to living alone by gradually doing more things for themselves.

People were confident about expressing their feelings and staff ensured that when people raised issues that they were listened to. Relatives also told us that whilst they had not had cause to complain, that they would feel confident to do so.

A copy of the complaints policy was displayed in the communal areas of the home. This gave clear guidelines about how and when people could expect issues to be resolved. It also provided contact details for other relevant external agencies, such as the Local Government Ombudsman and the Care Quality Commission for people to contact if the wished to.

The service reported that it had not received any formal complaints and believed that this was due to the open relationship they had with people and their relatives meaning that any issues were resolved before they escalated to complaint level. People confirmed this view. One person told us, "I can always talk to staff if I'm unhappy about something. If they didn't sort it, then I would just go to the manager."

Good

Is the service well-led?

Our findings

People told us that they thought the home was well managed. People felt valued and listened to. Relatives said that they had confidence in how the home was run.

The culture of the service was open and inclusive. People, relatives and staff were continuously encouraged to express their ideas and thoughts. People living in the care home told us that they had monthly residents' meetings where they discussed topics such as activities, food and themes for house events. The minutes from these meetings showed that people were routinely consulted about the things that mattered to them.

A recent satisfaction questionnaire sent to people and their representatives highlighted a high degree of satisfaction across the service. In particular, positive feedback in relation to staff attitudes, the management of the service and the environment in which people lived.

People benefitted from a strong leadership team which ensured the service was managed effectively and in their interests. The registered manager and her team were knowledgeable about the people who used the service; the staff employed and displayed an openness and transparency about the areas that needed to improve. The service had a clear statement of purpose which focussed on providing a service which placed people at the centre.

The registered manager and had a good understanding of their legal responsibilities as a registered person. For example sending in notifications to the CQC when certain accidents or incidents took place and making safeguarding referrals where necessary. Records relating to the management of the home were well maintained and confidential information was stored securely.

The service had good systems in place to ensure that staff received ongoing supervision and appraisal. Staff were involved in the decisions about the service and their feedback was regularly sought. There were regular staff meetings and we read in the minutes how staff were encouraged to speak openly with the management team and to each other about how to work effectively together as a team.

Policies and procedures were in place to support staff so they knew what was expected of them. The registered manager held a file which contained policies useful for staff. For example, this included the providers' whistleblowing policy, safeguarding information, the fire procedure and MCA and DoLS guidance. Staff told us they knew where the policies were kept and could refer to them at any time.

The service had systems in place to continually audit and monitor the service which facilitated development and the delivery of high quality care. The management team carried out a number of checks and audits, which quality assured areas such as accidents, medicines and health and safety. Actions were set on areas that required improvements and there was evidence that these led to improvements. For example, in response to self-evaluation of the service, parts of the environment had been upgraded and specialist training booked for staff.