

K T Health Limited

Argyll Care

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

This inspection took place on 12 December 2016 and was announced.

Argyll Care provides support for people with mental health needs in their own homes. At the time of this inspection, nine people were living in the Strand House flats; to which Argyll Care provides a supported living service.

There was a registered manager in post. 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.

People had no concerns about their safety and staff had completed training to enable them to recognise and respond to any suspicion of abuse. Staff also understood their obligation to report any issues promptly. The service followed safe recruitment processes so that only staff, who were suitable to work in care, were employed. Risks to people's safety were assessed and guidance for staff about any identified risks for people was clear and appropriately detailed.

There were enough staff to ensure people's safety and the manager had contingency plans in place to cover for staff absences. People's support needs were met in accordance with their individual requirements.

At the time of this inspection none of the people being supported required the service to manage or administer their medicines. However, staff had completed appropriate medicines training. The service also had clear policies and procedures in place for staff to follow, with regard to the recording and administration of medicines for people.

Staff were supported well and received regular supervisions and suitable training that was relevant to their role. Staff meetings were held regularly and staff maintained frequent communication with each other and the manager.

The manager and staff had a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

In accordance with people's care packages, staff encouraged and supported people to ensure they had enough to eat and drink. People were also supported to access other healthcare professionals as needed.

People were supported by caring staff and people planned and agreed their own care. Staff were reliable and people knew the staff that supported them. People had thorough assessments completed before they started using the service and their care was planned specifically for them to meet their needs. People's care records were reviewed regularly by the manager and staff, to ensure they were kept up to date and

accurately maintained.

People knew how to make a complaint and were confident that their concerns would be listened to, taken seriously and that appropriate action would be taken.

Staff had regular opportunities to discuss aspects of the service and make suggestions for improvements. People using the service also had opportunities to express their views.

The service had effective systems for ensuring people consistently received high quality care. Regular reviews and audits were carried out, which included people's support plans and risk assessments.

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 had no concerns about their safety and staff knew how to recognise and respond to any suspicion of abuse.

There were enough staff to ensure people's safety and the service followed safe recruitment processes.

Risks to people's safety were assessed and guidance for staff about any identified risks for people was clear and appropriately detailed.

Staff were trained and the service had clear policies and procedures in place, with regard to the recording and administration of medicines for people.

Is the service effective?

Good ●

The service was effective.

Staff received regular support, supervision and suitable training that was relevant to their roles.

When needed, staff encouraged and supported people to ensure they had enough to eat and drink.

People were supported to access other healthcare professionals as and when needed.

Is the service caring?

Good ●

The service was caring.

People were supported by caring staff and people planned and agreed their own care.

Staff were reliable and people knew the staff that supported them.

Staff respected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

Assessments were completed before the service started, to ensure people's needs could be met and people were involved in planning their care.

People's care records were checked regularly, kept up to date and accurately maintained.

People knew how to make a complaint and were confident that their concerns would be listened to, taken seriously, and that appropriate action would be taken.

Is the service well-led?

Good ●

The service was well-led.

Staff and people using the service had regular opportunities to express their views and make suggestions for improvements.

Effective systems for ensuring people received high quality care were in place. Regular reviews and audits of people's support plans and risk assessments were also carried out.

People were happy with how the service was being run and would recommend it to others.

Argyll Care

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 12 December 2016 and we contacted the manager two days prior to our visit. This was because the service provides a domiciliary care service to people in their own homes and we wanted to ensure that the manager was available to speak with us. The inspection was carried out by one inspector.

At the time of our inspection, a service was being provided to nine people who were living in the Strand House flats; for whom Argyll Care provided a supported living service.

Before our 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 looked at other information we held about the service, including any statutory notifications. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with four people who used the service, the registered manager and two members of staff. We reviewed the care records and risk assessments for three people using the service and the records for staff in respect of training and supervisions.

We also looked at a selection of records that related to the management of the service, such as quality assurance checks, audits and minutes from staff and 'tenants' meetings.

Is the service safe?

Our findings

People told us they felt safe with the staff and the service provided. One person told us, "I feel very safe here; if I have anything I'm worried about I can talk to staff or [manager] and I know they'll help me get things sorted out. Another person said, "It's my life and I live it how I want to but the staff still keep an eye out to make sure I keep safe and don't get into any problems."

The manager and staff we spoke with told us that they had undertaken training to enable them to recognise and respond to any suspicion of abuse. They confirmed that they understood their obligation to report issues promptly. A member of staff explained how they knew certain signs to look out for with people using the service, which could indicate they were potentially being abused. This member of staff also told us that they would usually discuss any concerns with the on-call manager but would have no hesitation in contacting the safeguarding team directly if needed. We were told about one instance where the service had contacted the local authority. This had been because staff were concerned about one person's welfare during the times they were socialising and out in the community.

We noted that regular communication was maintained between staff and the manager, regarding people using the service. This was by way of handovers, telephone calls and meetings in the office. This helped ensure any concerns or issues were reported and dealt with in a timely way and maintained consistency with the service provision.

The manager explained to us how risks to people's safety were assessed and recorded. The care records for three people contained guidance, which was clear and detailed, for staff to minimise identified risks. This guidance also included specific courses of action required to help ensure and promote people's safety, whilst maintaining their independence. We noted that people's risk assessments covered individual aspects such as their home environment, their mobility, smoking, alcohol use, finances and budgeting, medicines, medical or health issues and general wellbeing.

People told us there were enough staff to undertake their duties as required and help make sure people stayed safe. The manager and a member of staff explained the contingency plans they had in place to cover for staff absences. Argyll Care staff were usually able to cover for each other but, if needed, staff could be drafted in from the provider's nearby residential home. One person told us, "There's always someone around, they come when they say and they phone me as well to make sure everything's okay." Another person said, "I don't think they've ever been short of staff."

We saw the service had robust recruitment procedures and noted that people were only employed upon receipt of satisfactory references and a clear criminal records check with the Disclosure and Barring Service (DBS). This meant that people using the service could be assured that they were supported by suitable staff.

The manager told us that nobody currently required assistance with taking their medicines and that everybody collected and looked after their own medicines. However, we noted that any risks identified in this area were explained in people's care plans. There was also guidance for staff to follow in order to

support people if and when required. For example, we noted that one person hadn't been taking their medicines as prescribed. To resolve this issue and help the person maintain their independence, staff supported the person to visit the GP surgery on a daily basis to collect and take their medicines appropriately. The manager told us that this was working well for all concerned and that the person was happy with the arrangement. Another person preferred to have staff present when they took their medicines, which had been arranged.

The manager and a member of staff told us that all staff had completed appropriate medicines training. We also saw that the service had clear policies and procedures in place for staff to follow, with regard to the recording and administration of medicines for people.

Is the service effective?

Our findings

People told us that the staff were very good and knew how to do their jobs well. One person told us, "They [staff] know what they're doing; they learn new things as well." One person showed us a copy of their exercise plan that the physiotherapist had given them and said, "Staff help me with my exercises; they know what I have to do and they help me do it right."

A member of staff we spoke with confirmed that they received regular support and supervision from the manager that was effective and helpful. This person said, "[Manager] is fantastic. I've always had regular supervisions and appraisals and we speak most days as well. We're fortunate; we've always had a very close team and can rely on each other, which is important when you're lone working."

We noted from staff records that, on commencement of work, new staff completed an induction. Staff also confirmed that they received suitable and regular training that was relevant to their roles and appropriate for the people they were supporting. Training records we looked at also confirmed this to be the case. For example, one person's records showed that they had completed training updates and refreshers during 2016. These had covered areas such as safeguarding and adult protection, health and safety, infection control, equality and diversity, first aid, safe management of medicines, person centred care, mental capacity and deprivation of liberty safeguards.

We saw that staff meetings were held regularly and that minutes of these meetings were taken. We saw that staff also maintained regular communication with each other and shared relevant information appropriately by way of completing daily notes or speaking with each other in the office. The minutes from the staff meeting held in October 2016 stated that, "Staff continue to meet with each other and the manager to debrief, inform and suggest ways of improvement and inclusion on a daily basis."

This service provided care and support for people who were living in their own flats and everybody had the capacity to make decisions for themselves. However, the manager and staff understood that if a person's mental capacity was in question in any area, this would need to be properly assessed. The manager and staff demonstrated that they had a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and were aware of who to contact for advice and support if needed.

Most people did not require much assistance or support with regard to their nutritional needs. However, we noted that staff supported people in this area if and when needed. For example, one person liked staff to cook with them one day a week. Another person was supported with their budgeting to help ensure they could afford to buy sufficient food and drinks. One person was also supported in their living environment to help keep their flat clean and ensure left over food and debris were not left lying around.

If needed, staff would encourage people or monitor people's intake of food and drink, as part of their planned and agreed care.. Discussions with the manager, staff and people using the service confirmed that staff worked in accordance with people's care plans and the guidance therein. For example, if any concerns were identified regarding a person's nutritional welfare, the manager told us that they would report their

concerns appropriately to the most relevant person, such as the person's family, social worker or health professional.

A discussion with the manager confirmed that, where required, people were supported to access other healthcare professionals as needed. For example, we noted that one person was supported on daily visits to the GP to collect and take their medicines. Another person liked to have staff support when attending any health or medical appointments. A third person was having mobility problems so, with the person's full agreement, the service arranged for a physiotherapist to visit. The person was subsequently given a programme of exercises, which staff supported the person to do regularly.

Is the service caring?

Our findings

Everyone we spoke with told us that they felt well cared for by staff. One person said, "They [staff] are very good. They know I get a bit lonely sometimes and I sometimes get attacks of anxiety. I sometimes go to the office and have a coffee with them [staff] and a chat." This person told us that they could also phone staff at any time if they were feeling lonely and we saw this had been recorded by staff in the person's care plan. Another person told us, "They [staff] care about what happens to us and how we are."

A member of staff told us, "We're all the same here; we all care about each person as an individual. This is more than just a job and we do our best to help people have really good lives."

Discussions with the manager and people using the service, together with some of the records we looked at in the office, confirmed that people were completely involved in planning their own care. We also saw that any amendments or additions were agreed with the person who was receiving support. People told us that they were fully involved in decisions about their care. One person said, "Yes totally. I told them [staff] that I would like some help to sort out my bills, as I haven't done that sort of thing before."

The manager and staff all had a good knowledge and understanding of each person. Staff regularly shared information and ideas regarding helping people to further enhance their independence and improve their quality of life. The care records we looked at reflected people's personal histories and preferences, which meant that staff could support them with their preferred lifestyles. Staff told us that they had easy access to all the information they needed regarding people's individual needs. We also saw that this information was stored safely but was easily accessible for staff.

We saw that staff interacted well with people in a warm and friendly manner. People were comfortable in the presence of the staff and we saw that staff gave their full attention when people spoke to them. For example, we heard staff asking people how they were and were interested in their responses.

People told us they were treated with respect and that staff preserved their dignity. For example, people were addressed by their preferred names and doors were knocked upon, before staff entered people's flats. We noted in the minutes from a recent tenants meeting that people had been advised to respect each other by not asking about people's individual illnesses or health issues. It had been explained that this put pressure on some people to disclose issues they didn't want to discuss.

People were encouraged and supported to be as independent as possible. We also saw that people were able to choose how and where they wished to spend their time. For example, one person told us how the staff encouraged them to socialise. Another person said, "I do what I want here; I do my own shopping, cooking and cleaning but I've got back up with the staff if I need it or if anything goes wrong."

Is the service responsive?

Our findings

Staff supported people in a way that was focused on each individual and responded flexibly when a person's needs changed. People told us they had been fully involved in planning their care arrangements and received support that was individual to their needs. One person explained how their health and wellbeing fluctuated but that they didn't want to lose their independence. They told us that when they were well, they needed very little support but sometimes they needed to ask staff for a bit more help. They said, "It's good having the staff around when you need them." This person also told us that all the support they received was completely as they had agreed with staff.

A discussion with the manager and information in people's care records showed that each person completed a thorough and detailed assessment, prior to using the service. The manager explained how important these assessments were, to ensure that people's needs could be met properly.

We saw that these assessments were used to form the basis of people's care plans and risk assessments. The contents of people's care plans were personalised and gave a full description of need, relevant for each person. In three people's care records we saw clearly written information regarding their specific health issues and what support each person required.

People's care records also contained information that gave a clear insight to who each person was. This described the person's life experience, their interests and their goals for the future. Our observations and discussions with people confirmed that what we read in the care records was an accurate reflection of each person as an individual.

For example, we noted that one person could manage their finances well and was good at budgeting. However, this person required support with setting up their household bills and would like support to keep their flat tidy. This person's goals included purchasing various appliances for their flat and to become 'more and more' successful with living independently. This person was noted to enjoy watching television and listening to the radio and used to be part of a walking group.

Another person's records detailed how the person needed support with budgeting and their goals included improving their living skills. This person enjoyed music, going out shopping and meeting up with friends. A third person required more support with their home environment and for staff to prompt them with their personal care and hygiene. This person's goals included moving to completely independent living and having their own flat in the community. Their interests included spending time with friends, going out for a pint now and then, metal detecting and rock and roll music.

We saw that people using the service made decisions for themselves in respect of what they wanted to do and how they wished to spend their time. We saw that 'tenants' meetings were organised each month but that people did not always wish to attend these. We saw that a tenants meeting had been held in August, when the service also had a summer barbecue. We noted that people welcomed a new tenant and that everyone had a good time chatting in the sunshine. There were no issues or concerns raised during this

time.

The service had a complaints procedure in place and people using the service told us that they could make a complaint if they needed to. People said they were listened to and that appropriate action was taken where needed. One person said, "If I have any problems or I'm not happy about something I just tell the staff and they sort things out."

Is the service well-led?

Our findings

We saw that Argyll House had a clear vision and philosophy, together with a set of values that were kept under review and embedded throughout the service. Our observations and discussions confirmed that staff fully understood these factors and promoted them naturally during the course of their work. For example, Argyll Care's philosophy is based around the belief that everyone can move forward in a community setting, feel respected and have their opinions heard. In order to do this, people with mental health problems were supported to live in their own accommodation and reintegrate into the community. Staff consistently supported people to lead active and inclusive lives, build up their skills and be as independent as possible.

The manager ensured the effective operation of the service on a day to day basis. This included completing audits and care reviews, recruitment, staff inductions, staff supervisions, team meetings, completing people's initial needs assessments, rotas and undertaking some support work when needed.

Staff and people using the service all made very positive comments about the manager. One member of staff told us, "[Manager] is fantastic." And, "I feel totally supported and I'm never made to do anything I'm not comfortable with."

The manager told us how feedback from people using the service, family, friends and care staff was highly valued and deemed an important factor for the ongoing development of the service.

The manager carried out annual quality assurance audits, with the most recent one completed in July 2016. We saw that questionnaires had been returned by all eight people using the service at that time, one person's relative and three health and social care professionals. All of the responses were very positive, with all questions asked receiving either excellent or good ratings. For example, when asked about the friendliness and professionalism of the staff and about the management of the service, 92.3% of people stated 'excellent' and the remaining people all stated 'good'. 84.6% of people responded 'excellent' when asked about the quality of the support provided, people's involvement in their support plans and people's overall impression of Argyll Care. The remaining responses were all good.

We also noted that if people had any concerns at any time, these were acknowledged immediately and appropriate action was taken to make any necessary improvements.

We saw that staff had regular team meetings, during which they had the opportunity to discuss aspects of the service and make suggestions for any improvements. The minutes from the staff meeting in September 2016 stated that the summer barbecue had been a great success, with most tenants attending and helping out. This meeting also discussed concerns regarding one person who was reluctant to engage with staff. The minutes from October's staff meeting explained that staff were still finding it difficult to encourage this person to engage in activity or support with staff. However, it had been agreed that all staff would work with this person to 'try and find some common ground'. It was hoped that this may help the person to find a member of staff they could work with and be able to 'bond' and make progress.

People we spoke with also told us that they had regular opportunities to express their views about the service, during tenants meetings or during day-to-day chats. Everyone we spoke with who used the service told us they would definitely recommend this service to other people.

There were systems in place for ensuring people consistently received high quality care and the manager regularly carried out reviews and audits of people's care records and risk assessments. Full audits in other areas had been carried out during 2016, which we saw were very detailed. Some of the audits we looked at were entitled Security and Health and Safety; Safeguarding and Protection from Abuse; Client Involvement and Empowerment and Fair Access, Diversity and Inclusion. Where any shortfalls had been identified, we saw that appropriate action had been taken in a timely manner. This ensured that the whole service provision as well as the relevant records remained up to date, accurate and fit for purpose.

Overall we found that the service was being well run and that people's needs were being met appropriately.