Precious Homes Limited

Arthur 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

This unannounced inspection took place on the 17 January 2017. The service was last inspected in November 2015 where two breaches of regulation were identified in relation to some aspects of the registration of the service and in relation to the oversight and management of risk. We looked at these areas as part of this inspection and found that improvements had been made and the provider was no longer breaching regulations.

Arthur House provides accommodation for a maximum of six adults who are living with autism and learning difficulties and who require support with personal care. There were four people living at the home at the time of the inspection. Arthur House also provides a supported living service and at the time of the inspection eight people were accessing this service.

There is a registered manager at the service who was present throughout the inspection. 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 felt safe living at the service. Staff were aware of safeguarding procedures and how to recognise possible signs of abuse. We saw there were sufficient staff available to support people promptly.

People received safe support with their medicines although the management of prescribed creams needed to be improved.

People were happy living at the service and we observed staff supporting people in a kind, respectful manner. People were able to say how they preferred to be supported which was recorded in their care plan. People were encouraged to be as independent as possible in many aspects of their lives.

People were involved in making daily choices about their care and staff told us how they ensured consent was sought from people. Systems in place did not always follow the principles of the Mental Capacity Act (2005).

People were involved in planning and preparing meals of their choice. People had regular access to healthcare professionals to maintain their health.

Staff felt supported in their roles and told us they had received training in areas specific to people's needs to ensure they supported people safely.

People had the opportunity for daily activities based on their interests. People regularly accessed the local community for activities.

Care was reviewed with people at regular intervals to ensure it continued to meet their needs.

The provider had ensured that there were processes in place for people to raise concerns and complaints. We saw concerns and complaints were responded to in a timely manner.

People and relatives were happy with how the service was managed. We found that improvements had been made following our last inspection and the service had quality monitoring systems in place.

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 received safe support with their medicines.

Staff had knowledge of how to safeguard people and were aware of how to raise concerns.

There were sufficient, suitably recruited staff to meet people's assessed needs.

Is the service effective?

Good

The service was effective.

People were involved in making daily decisions about their care. Not all people were supported appropriately under the Mental Capacity Act (2005).

People had access to healthcare and received support to have their nutritional and hydration needs met.

Is the service caring?

Good

The service was caring.

People felt cared for and were happy living at the service.

People contributed to planning their care

People were encouraged to be independent in many aspects of their care and support

Is the service responsive?

Good

The service was responsive.

People had access to activities based on their interests.

People had the opportunity to review their care regularly to ensure it continued to meet their needs.

There were systems in place to raise and respond to concerns and complaints.

Is the service well-led?

Good

The service was well led.

Systems to monitor risk had improved and there were systems in place to monitor the quality of the service.

People and relatives were happy with how the service was managed.

Staff felt supported in their roles.

Arthur 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 announced inspection took place on the 17 January 2017. The provider was given 48 hours' notice because part of the service supports people in their own homes and we wanted these people to have notice that we would be inspecting the service. The inspection team consisted of two inspectors.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. The provider had also completed and returned a Provider Information Return (PIR). This is a form that asks providers to give key information about the service, what the service does well and improvements they plan to make. We reviewed the information from notifications and the information we held about the service to plan the areas we wanted to focus our inspection on. We also contacted the local authority who commission services from the provider for their views of the service.

We visited the service and spoke with four people who lived at the service. We spent time in communal areas observing how care was delivered.

We spoke with the registered manager, deputy manager and five care staff. We spoke with three relatives. We looked at records including four care plans and medication administration records. We looked at two staff files including a review of the provider's recruitment process. We sampled records from training plans, incident and accident reports and quality assurance records to see how the provider monitored the quality of the service.

Good

Is the service safe?

Our findings

People received their medicines safely. We found that some people had refused their medicines or had not received their medicines when they had chosen to spend time away from the home on a number of occasions. At the time of the inspection it was not clear, either through viewing medicine records or audits, what action the service had taken to monitor the person's well-being. Following the inspection the registered manager assured us that they had monitored the person's well-being and sought advice from healthcare professionals at these times. We saw that although there was guidance available for most people's PRN or 'as required' medicines, one person did not have guidance on when to administer this type of medicine and there was a risk that staff would not identify when this medicine should be given.

Where skin creams were prescribed we noted that the date the cream was opened was not recorded so we could not ascertain if the cream was out of date. Creams that are out of date can be less effective, and as a result not effectively treat the person's condition. Staff had received training in how to administer medicines and staff told us their competency was checked before being able to administer medicines.

People living at the service felt safe and one person told us, "[I] feel like staff look after me." Relatives told us their relative was safe and one relative described measures staff took to support their relative's safety and commented, "Everything is in place for his safety."

People received support from staff who had a good knowledge of the signs of abuse and the appropriate action to take should they have concerns. Staff told us and records confirmed that staff had received training in safeguarding adults to help staff understand the procedures to follow. The registered manager was aware of their responsibility to report and respond to any safeguarding concerns that may arise. The registered manager had made appropriate referrals to the relevant authorities when safeguarding concerns were raised and learning had taken place following safeguarding investigations.

People living in both parts of the service sometimes displayed behaviours as a way to communicate their feelings. Staff were able to describe how they supported people when this happened and understood what the behaviour meant for the person. The service had ensured that specialist resources were available to reduce the chance of behaviours occurring. People's care plans detailed the individual support people needed to reduce the chance of behaviours occurring and detailed how to support the person to keep them safe. This guidance enabled staff to support people consistently.

We saw that individual risks to people had been identified and steps put in place to minimise the risk for the person. We saw that these were reviewed regularly to ensure the support people received was still appropriate. Where accidents or incidents had occurred the service had ensured immediate checks on the person's well-being were carried out. Reports of accidents or incidents were then reviewed monthly to see if any preventative measures could be put in place to reduce the risk of reoccurrence. The provider also monitored the occurrence of accidents or incidents to analyse trends and to share learning across the organisation.

We saw there were sufficient staff available to support people. Each person, living in the residential part of the service, was supported by one member of staff. We observed that staff were always available to respond to people's requests for support. Staff told us there were enough staff working at the service. People who were receiving support from the supported living service received support from sufficient staff at the times the person had requested. The service had access to known agency staff to provide cover for staff absences.

We looked at the processes in place to ensure staff were safely recruited. We found that checks such as a Disclosure and Barring Service Check (DBS) were carried out before staff worked with people. Additional checks such as gaining references from previous employers were also carried out. These checks ensured people were supported by staff who were suitable and safe for that role.

Good

Is the service effective?

Our findings

Relatives told us they thought that staff had the skills to support people effectively. One relative told us, "I think they have the right skills to support him."

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 people lack mental capacity to take particular decisions, any decision 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. People told us they were offered choices in their care and one person told us, "The staff listen to what I want them to do." One relative told us that choices were offered in care and told us the different methods staff adopted to offer choice to their relative. Staff we spoke with had some understanding of how to support people in line with the MCA. Staff offered choice in all aspects of people's care and sought consent from people before supporting them.

Although daily support was offered in line with the MCA we found that systems in place did not always follow the MCA principles. For example, some people living in the supported living service had signed tenancy agreements although it wasn't clear if the service had checked whether people fully understood this agreement. One person's agreement had been signed by a family member without checking if they had the legal authority to do so.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service had applied for DoLS appropriately and whether any conditions on authorisations to deprive someone of their liberty were being met. The service had identified that some people accessing the supported living part of the service had restrictions on their care which amounted to a deprivation of liberty. In supported living settings applications go to the Court of Protection for authorisation. Although applications had been made none had yet been approved.

Staff we spoke with told us about the induction they had received when they first started working at the service. The registered manager told us that some new staff had completed the care certificate. The care certificate is a nationally recognised induction course that should be offered to staff to provide them with a general understanding of good care practice. Staff told us that they had received sufficient training for their role and staff members commented, "We get lots of training," and, "The training is really good." Staff told us they had received the necessary training including training on people's individual needs, although some records we viewed showed that some training was out of date or had not been provided to staff. However, the registered manager assured us that training had been provided but the training record system had not been updated.

People had support to have their nutritional and hydration needs met. People were very involved in many

aspects of meal planning and preparation and one person told us, "We decide what to eat." Staff planned out meals with the people living at the service for the week and people then went out to purchase these foods with staff. Independence was encouraged in all aspects of food preparation and staff worked with people to teach them the skills needed to prepare their meals. People could access the kitchen at any time of the day. We saw that there was an awareness of people's specific dietary requirements and these had been followed.

People living at both parts of the service had regular access to healthcare professionals to meet their needs. One relative we spoke with told us that the service was quick to act if they had any concerns about a person's healthcare. Each person had a health action plan which contained some detail about the individual support the person required with different aspects of their healthcare. This ensured staff had clear guidance of how to support people consistently. We saw that people had access to regular healthcare and that the service had sought additional advice from healthcare professionals when a person's needs changed.

Good

Is the service caring?

Our findings

People told us that they were happy with the support they received. One person told us, "All the staff are brilliant," and another person told us, "I like them [the staff], they're nice." Relatives were pleased with the support their relative received and comments included, "The care she is receiving is amazing," and "I can see he's enjoying himself and can hear him laughing." One relative described the relationship their relative had built with staff over time and told us, "She has got to know [the] carers really well."

Staff we spoke with had a good knowledge of the people they were supporting. Staff told us they enjoyed the work they did with people and one staff member told us, "I love supporting the residents." We observed kind, patient interactions between people and staff during the inspection and staff took time to engage with people.

The registered manager and staff told us that consideration had been given to the specific skills and personalities of staff during recruitment of new staff and through the allocation of staff on a daily basis. This ensured people would be supported by staff who had similar interests or whom they built stronger relationships with.

People had contributed to planning their care to enable them to state how they would prefer to be supported. People's care plans had been developed with the person and contained detail of important information staff supporting the person needed to know. This enabled people to receive care how they preferred.

People had their dignity respected. We observed people received support with personal care in the privacy of their bedrooms. We observed staff respecting people's privacy by knocking on people's bedroom doors before entering. People were able to spend time in their bedrooms whenever they wished should they need some time on their own. Staff were able to tell us how they retained people's dignity, such as making sure doors were closed when supporting people with personal care.

People were encouraged to be independent in all aspects of their care. One relative we spoke with was complimentary of the work that had taken place to encourage independence and told us, "She seems so much more independent." We saw that people took part in planning their meals, carrying out meal preparation and in daily living skills such as completing laundry tasks. Where it had been assessed as safe to do so, people accessed the community independently and one person told us, "I go out on my own when I want to." Staff we spoke with understood the importance of promoting people's independence and one staff member told us, "We help people with their money and laundry and shopping. People make their own choices but we advise them all the time. We do things together all the time."

Good

Is the service responsive?

Our findings

People we spoke with were happy with the activities they took part in and had access to meaningful activities on a daily basis. One relative we spoke with was complimentary of the work the service had carried out to encourage and enable their relative to access the community and told us, "He's going out and enjoying his life." Activities were planned with each person each week, with staff suggesting different alternatives based on people's interests. Activities included accessing the local community regularly and going to the cinema or for meals out. Staff had worked with people to source new activities to ensure people had the opportunity for new life experiences. The service was also working in partnership with a local college to enable further education to be provided to people who wished to. The further education aimed to be flexible to meet people's learning needs. This meant people had the opportunity to take part in activities that were of interest to them.

People had the opportunity to review how they wished to receive their care on a weekly basis. People had a keyworker who spent time with the person reviewing what had gone well during the week and what could be improved the following week. The service was also introducing quarterly person centred reviews, to be led by the person, where longer term aims could be discussed. The action points from these reviews were then going to be monitored monthly to ensure progress had been made in achieving them. Where people had chosen to, relatives were also involved in care reviews. Relatives we spoke with told us they were involved in their family member's care and one relative told us, "I'm involved in all meetings. I can put my point of view forward."

People had support to maintain relationships that were important to them. Relatives could visit the service at any time where people had chosen that they wanted contact with family members. Where people had chosen not to have families involved the service had access to advocacy and befriending services to support people when they wished.

There were systems in place to share important information between staff. This included set times during the day where handovers between staff teams were carried out. Information was shared, confidentially, to ensure continuity of care for people living at the service.

The provider had developed a robust complaints procedure to enable people to raise concerns or complaints where they needed to. Relatives we spoke with felt able to raise any concerns they may have. We saw there was an accessible complaints procedure available in communal areas of the service. The service had developed a system called 'listen to me' where people could raise concerns they may have. We saw that each concern had been responded to appropriately. There had been four complaints at the service within the last 12 months. We saw that each complaint had been responded to, following the complaints procedure, in a timely manner.

Good

Is the service well-led?

Our findings

At our last inspection in November 2015 we found that the service had breached two regulations in relation to oversight and management of risk, and conditions of the services registration had not been met. Following that inspection the provider sent us a plan detailing how they would take action to address the breaches we found. At this inspection we found that progress had been made in addressing the issues identified at the last inspection and the provider was no longer in breach of regulations.

The service had systems in place to monitor the quality of the service provided. The registered manager completed monthly audits of key aspects of the service such as details of incidents that had occurred which were sent to the provider. Representatives of the provider carried out monitoring visits to ensure care was meeting the expected standard. During the inspection we also met an external company who were auditing the service based on the key lines of enquiry set by the Commission. We found that the majority of quality monitoring systems were effective although systems had not identified that people had not been supported consistently under the MCA .

The manager of the service had become registered with the Commission shortly after the last inspection and the location providing personal care had also become registered with us. The service had a leadership structure in place with the registered manager being supported by one deputy manager for the supported living part of the service and one deputy manager for the residential part of the service. This ensured that leadership would be provided should the registered manager be unavailable. The registered manager understood their responsibility to report certain events to the Commission and was aware of what changes in regulation, such as Duty of Candour, meant for the service. The registered manager had ensured the latest inspection report was available and on display in the home and on the provider's website.

People and their relatives were happy with the management of the service and one person told us, "[name of manager] is a really good manager." One relative we spoke with told us, "[name of manager] is very good. Do keep in touch with her." Another relative told us, "I find them very accommodating. [They] will sort out problems."

Staff we spoke with felt supported in their roles and felt able to approach the management at the service for further support where needed. One staff member commented that, "I feel well supported by the managers. They are all very approachable. They lead the team well." Staff received supervisions which aided their sense of support.

On arrival to the inspection we noted that overt surveillance was being carried out of the entrances to both services. There was no signage to let people know they were being filmed although the registered manager told us that people had been consulted about the use of this surveillance. Following the inspection the registered manager assured us that signage is now present. The registered manager advised they would revisit the overt surveillance procedures to ensure they considered all aspects of using this type of surveillance.

People had the opportunity to comment on their care through surveys which were carried out periodically. These surveys were analysed and where any trends were identified these were shared and discussed with people through residents meetings. People had regular meetings in a group to discuss their views of the service and to give any feedback they wanted to. This meant that people had accessible ways of sharing their opinions and views on the care they received and how they would like it to be improved.