Arundel Care Services Limited

The Old Pepper Pot 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

The Old Pepper Pot House is a six bedded care home without nursing providing 24 hour care for people living with a learning disability and who may also have complex health needs. On the day of our visit there were four people living at the home.

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 told us they felt safe with staff. There were policies and procedures regarding the safeguarding of adults. Risks to people had been identified and assessed appropriately. There were sufficient numbers of staff to support people and safe recruitment practices were followed. Medicines were managed safely.

Staff had received training to meet people's needs and staff were supported to undertake additional qualifications. Staff told us the training provided was good. Regular staff meetings were held and an effective handover took place between each shift.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found the registered manager understood when an application should be made and how to submit one. We found the provider to be meeting the requirements of DoLS. The registered manager and staff were guided by the principles of the Mental Capacity Act 2005 (MCA) regarding best interests decisions should anyone be deemed to lack capacity.

People were supported to have sufficient to eat and drink and to maintain a healthy diet. They had access to healthcare professionals. People's rooms were decorated in line with their personal preferences.

People and staff got on well and there was a calm and relaxed atmosphere in the home. Staff treated people with dignity and respect and personal care was delivered in private.

Care plans were person-centred and informed staff of the support people needed. People's preferences and likes and dislikes were documented so that staff knew how people wished to be supported. People went out into the community with staff support. There were a variety of activities and outings on offer which people could choose to do. Complaints were dealt with in line with the provider's policy.

People could express their views and discuss any issues or concerns with their keyworker, who co-ordinated all aspects of their care. There were policies and procedures in place regarding quality assurance and regular audits measured the quality of the care provided.

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

Staff understood their responsibilities to protect people from abuse. Individual risks to people were identified and measures were in place to manage the risk.

There were enough staff to meet people's individual needs in a timely way. Recruitment practices were thorough.

Medicines were managed safely.

Is the service effective?

Good

The service was effective

Staff received the training they needed to enable them to provide effective care and support. The registered manager and staff acted in accordance with the relevant legal frameworks where people lacked mental capacity to make their own decisions.

People were offered a choice of nutritious food and drink and people told us the food was good.

People were supported to access services to help ensure their healthcare needs were met.

Is the service caring?

Good

The service was caring.

People were treated with kindness, respect and their dignity and privacy were upheld.

People were consulted about their care and their independence was promoted.

There was a friendly and relaxed atmosphere in the service with good conversation and rapport between staff and people.

Is the service responsive?

Good

The service was responsive.

People's care had been planned and individual needs were responded to by staff who understood them.

Complaints were acted upon in line with the provider's policy. People and relatives knew how to make a complaint if necessary and were confident any issue would be addressed.

Is the service well-led?

Good

The service was well led.

There were quality assurance systems in place to effectively monitor and improve the quality and safety of the service

There was an open culture in the service, focussing on the people who used the service. Staff were aware of their roles and responsibilities.

The Old Pepper Pot 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 on 21 June 2016 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us, including a serious incident that occurred in March 2016. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

During our inspection we observed how staff interacted with people who used the service. We looked at how people were supported in the communal areas of the home. We also looked at care plans, risk assessments, incident records and medicines records for two people. We looked at training and recruitment records for three members of staff. We also looked at staffing rotas, staff handover records, minutes of meetings with people and staff, records of activities undertaken, menus, staff training and recruitment records, and records relating to the management of the service such as audits and policies.

During our inspection, we met with two people who used the service. Following the inspection we spoke with two relatives to get their views on how the service was meeting their relatives needs. We also spoke with the registered manager and three care staff.

The service was last inspected in July 2013 and no concerns were identified.

Good

Is the service safe?

Our findings

People were supported by staff and people told us they felt safe. One person said "The staff are very good, there is always someone to help". Relatives told us they had no concerns about the safety of people living at The Old Pepper Pot House.

The registered manager had a copy of the West Sussex adult safeguarding policy and understood the actions he needed to take with regard to any allegations of abuse. Staff had received training with regard to safeguarding procedures and knew they could contact the local safeguarding team or CQC if they had any concerns. Staff were able to recognise the signs of potential abuse such as physical, psychological and financial abuse. Staff told us if they had any concerns they would report this to the registered manager.

Earlier this year a serious incident occurred at The Old Pepper Pot House and this resulted in a review of the risk assessments that were in place. At the time of our visit no one living at the home was at risk of the same circumstances that resulted in the serious incident. At this visit we found risks to people were assessed and recorded. There was information on who was at risk, the severity of the risk and the likelihood of the risk taking place. Risk assessments provided staff with a safe system to help reduce the risk. We saw risk assessments in place for accessing the community, traveling in the provider transport, road safety, cooking, accessing the kitchen, inappropriate touching and risks to health care professionals if a person presented with challenging behaviour. The risk assessments provided staff with information and guidance to minimise any identified risk. For example one person's risk assessment stated that the person could become anxious if they were being seen by health care professionals. The risk reduction measure instructed staff to let the person know that they were receiving a visit and that two members of staff were to support the person. Staff were to engage with the person and explain the importance of the visit. If the person showed signs of distress or aggression whilst the healthcare professional was conducting their visit staff should intervene and stop the visit.

There were also environmental risk assessments in place, such as from legionella or fire. Staff received regular training on fire procedures and fire drills and evacuation exercises had been conducted. The provider employed maintenance staff who had carried out regular testing and equipment maintenance. Any defects were recording in a maintenance book and were signed off by the maintenance person as they were rectified. All people at The Old Pepper Pot House were mobile and no one needed special support to evacuate the building in the event of emergency. There was a fire risk assessment for the building and there were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as a fire or flood.

There were sufficient numbers of suitably skilled staff to keep people safe and meet their needs. The registered manager told us that a minimum of four care staff were on duty between the hours of 7.30am to 10pm. From 9.15pm to 07.45am there were two members of care staff on duty, one was awake throughout the night, whilst the other was a sleep in staff member who was available as required. The staffing rota for the previous three weeks confirmed these staffing levels were maintained. The registered manager told us that some people were allocated dedicated one to one support and one person had two to one support. We

saw that staffing arrangements were in place to ensure people received the correct level of support. Additional staff were organised as and when required to support people with appointments or for social events. Staff said there were enough staff on duty to meet people's needs and our observations also supported the fact that people received care and support in a timely way.

We looked at recruitment records for three members of staff. These records contained all of the required information including two references one of which was from their previous employer, an application form and Disclosure and Baring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. Staff did not start work at the home until all recruitment checks had been completed. Staff confirmed this and said their recruitment had been thorough.

Staff supported people to take their medicines. The provider had a policy and procedure for the receipt, storage and administration of medicines. Storage arrangements for medicines were secure. Medicines were managed so that people received them safely. All staff authorised to administer medicines had completed training and this meant that staff were able to do so safely. Medication Administration Records (MAR) sheets were completed and showed that people had received their medicines as prescribed. There was a clear protocol for administering any PRN (when required) medicines and also a policy and procedure for any homely remedies (these are medicines that can be purchased over the counter) held and used at the home.

Good

Is the service effective?

Our findings

People told us they got on well with staff and said staff knew them well. One person said "I am well looked after. The staff have supported me to get braces fitted to my teeth". They also said that the food at the home was good. Relatives were positive about the care and support provided at The Old Pepper Pot House. One relative said "This has been a very positive experience, (named person) comes home every other week and they are always happy to return to their home"

During the inspection, we undertook a tour of the home. The registered manager told us that people were involved in the choice of furnishing for their rooms and were able to choose their favourite colours and personalise their rooms with photos and items of their choice. On the day of our visit the communal lounge area was being re-painted and people had been involved with the choice of colours. All areas were homely with appropriate furnishing. There was a picture board with photographs of people's holidays, outings into the local community and activities undertaken in the home.

Training was provided to staff through face to face training sessions run by the provider who employed a training manager. The registered manager told us there was a rolling programme of training and he put staff forward for training as the training course came up. Training records were held on the computer and this showed when staff needed to complete any courses or refresher training. Training available included: Emergency first aid, moving and handling, safeguarding, food safety, the Mental Capacity Act 2005, infection control, health and safety, care planning, equality and diversity, managing challenging behaviour, active support and Strategies for Crisis Intervention Prevention (SCIP). The training also included topics specific to the needs of people who lived at The Old Pepper Pot House as well as providing information to staff on how to keep people safe. Staff said the training was good and that if they asked for any specific training this would be provided for them if it was relevant to the people they supported. This meant that people were supported by a staff team who had the skills required to provide effective care and support.

The registered manager said that all new staff members would be expected to complete an induction when they first started work. The induction programme included receiving essential training and shadowing experienced care staff so they could get to know the people they would be supporting and working with. He told us that all new staff who had been employed in the past 12 months had completed the new Care Certificate, which is a nationally recognised standard of training for staff in health and social care settings. He explained that currently there was one member of staff who was in the process of completing the care certificate.

The provider also encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. The provider employed a total of 15 care staff including the registered manager. Records showed that six members of staff had completed or were currently undertaking additional qualifications up to Health and Social Care Diploma (HSCD) level two or equivalent. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. The registered manager and senior carers said they regularly worked alongside care staff and this

enabled them to monitor staff performance and identify if the training was effective and also to identify any additional training needs. This meant that people were supported by a staff team who had the skills required to provide effective care and support.

Staff received regular supervision, however the registered manager acknowledge that not all staff were up to date with their supervisions. We saw a list of future supervision dates and the registered manager told us that following these supervisions everyone would be up to date. Staff said they did not have to wait for supervision to come round if they needed to talk with the registered manager. They said his door was always open. Staff said they were able to discuss any issues with him or senior care staff and felt that communication was good with everyone working together as a team.

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. We saw records that showed that a capacity assessment and best interest meeting had been carried out for people regarding particular decisions. For example we saw a best interest meeting had been held prior to one person moving into the home. The meeting was held to establish if the placement would benefit the person concerns and if moving to the Old Pepper Pot House was in the persons best interests.

The registered manager told us that although people living at The Old Pepper Pot House were living with differing degrees of learning disability and health issues, people were generally able to make day to day choices and decisions for themselves. We saw staff explaining to people what they were doing and gaining their consent before providing support to people. One member of staff said, if anyone does not want support we respect their decision and try again later. This meant that people were able to exercise as much choice as possible in their day to day lives.

The advice of health care professionals regarding nutrition was recorded in each care plan. People's weight was monitored and the registered manager was aware of those people who had gained or lost weight and what action was needed to support these people. The use of supplements to increase the calorific value of food was recorded when this was advised by health care professionals. We spoke with people and staff about the meals provided at the home. People told us the food was plentiful and good. Breakfast was normally cereals and toast, lunch was a snack type meal such as sandwiches, soup or egg on toast. The main meal was in the evening and there was a rolling menu which was changed seasonally. The registered manager said the menu was a guide and people could choose what they wanted to eat. Staff encouraged people to be involved as much as possible in preparing meals and drinks and we saw evidence of this during the inspection visit.

People ate in either in the dining room or in their rooms. Three people were happy to eat together, however one person preferred to eat on their own in their room and staff were available to support this person at meal times. We saw that one person needed to follow a particular diet due to their cultural needs and staff supported this person to stick to their diet as much as possible. Where people were reluctant to eat every effort was made to encourage people and alternative foods were offered. This meant people were supported to have sufficient to eat and drink and were encouraged to maintain a healthy and balanced diet.

People had access to healthcare professionals to ensure that their health needs were met. We saw that each person was registered with a local GP. Each person had a health file which contained important information including a medical contact list with names and contact details of relevant healthcare professionals. A

record was kept of all healthcare appointments and staff organised and accompanied people to these appointments because they were unable to attend on their own. Following any appointment staff completed a health care form and this had information about what was discussed, any treatment or medicines prescribed and details of any follow up appointments. These helped to provide a health history of the person to enable them to stay healthy and meant people's health needs were assessed and care and support was planned and delivered in accordance with their individual needs.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and staff understood their responsibilities in this area. The registered manager had made applications under DoLS for all of the people at The Old Pepper Pot House who had been assessed as lacking capacity. To date two had been authorised while the others were in progress. We saw that one person had challenged the decision to deprive them of their liberty and the provider had organised an independent advocate to assist the person challenge the decision. tThe person also has a solicitor involved. The staff and registered manager facilitated and supported the person to challenge this decision to ensure their views were respected and rights protected.

Good

Is the service caring?

Our findings

People were happy with the care and support they received. One person said "I get on well with everyone, they help me all the time and encourage me to do things for myself". Relatives told us that the staff were kind and caring. One relative said "(Named person) gets on with everyone". Staff told us they enjoyed working with all the people at The Old Pepper Pot House and that there was a good rapport between all the people and staff.

Staff were aware of people's needs and preferences and spoke to people calmly. People were asked by staff how they wanted to be supported. Throughout our visit staff showed people kindness, patience and respect. We spent time observing staff supporting people throughout the home. Staff made eye contact with people, they crouched down so people could see them when they spoke to them rather than standing over them. This approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs. There was a good rapport between staff and people. We observed positive interactions between staff and they engaged with people in a calm and friendly manner. People appeared confident and comfortable with the staff who supported them. Staff related to people in a courteous and friendly manner, explaining what they were doing and giving reassurance if required.

Staff respected people's privacy and dignity. They knocked on people's doors and waited for a response before entering. When staff approached people, they engaged with them and check if they needed any support. One member of staff told us, "I love working here everyone gets on and we work together to support people". Staff were knowledgeable about the people they cared for, they knew their routines and how they liked to be supported. A member of staff told us about one person they supported. They knew what time they liked to get up, whether they liked to join in activities and their preferences in respect of food and going out into the local community.

Everyone was dressed appropriately for the time of year. We observed that staff spent time listening and engaging with people and responding to their questions and offered reassurance when anyone appeared anxious. Staff used people's preferred form of address and chatted and engaged with people as they carried out their duties.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed verbally in private, at staff handovers or put in each individual's care notes. There was also a diary and a communication book for staff where they could leave details for other staff regarding specific information about people. This helped to ensure only staff who had a need to know were aware of people's personal information.

People had regular one to one meetings with staff during keyworker meetings to discuss any issues they had. We saw minutes of these meetings and they contained information under the following headings: 'What is working well in my life now'. 'What is not working well in my life now'. What I want to remain the same in my life'. 'What I want to change in my life'. The one to one meetings discussed how people were

getting on, what had been going well and what not so well. There were opportunities to plan future outings and trips and to get people's views on how they wanted to spend their time. These one to one meetings gave people the opportunity to be involved as much as possible in how their care was delivered. The registered manager told us that previously monthly residents' meetings were held but these were cancelled as people were not getting any benefit from them and had voiced their dislike for the meetings.

Good

Is the service responsive?

Our findings

People said they were well looked after and that if they wanted anything all they had to do was ask. One person said "I go out nearly every day". Staff told us that there were two cars available so people could access the community and go out on day trips. The registered manager said people have had a daily plan for activities but this was flexible and allowed for spontaneous activities to take place.

People were supported to maintain relationships with their families. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual's life was kept in their care plan file. This enabled people to remain engaged with important events and those important to them. The registered manager said that people had differing degrees of contact with relatives. Some people went home to visit relatives while other had relatives visit them at the home.

Care records showed people's needs were assessed prior to being admitted to the service so the registered manager could ascertain whether the person's needs could be met. Once admitted to the service the registered manager and staff carried out comprehensive assessments of the person's needs and devised care plans based on those assessments

Each person had an individual care plan and people's likes and dislikes were documented so that staff knew how people wished to be supported. Care plans were person centred and gave staff clear guidance on how people should be supported. The care plans were personalised to reflect what support each person needed. People had care plans for all aspects of their care which included: Cultural needs, medicines, diet, mobility, communication, sexuality, sleep patterns, personal care, continence, risk assessments, management of personal hygiene and their preferred daily routines such as when getting up or going to bed. We saw care plans had information such as 'things I like and do'tdon't like,'. 'things that are important to me,', 'my hopes and dreams,' ' what I do when I am happy' and. 'wWhat I do when I am frustrated or sad' These gave staff the information they needed to provide effective support and meant that staff were able to provide the care and support people wanted at different times of the day and night. We observed staff providing support in communal areas and they were knowledgeable and understood people's needs.

Each person had a daily diary where staff recorded the support people had received throughout the day and night and these provided evidence that staff were following the persons care plan. Staff told us they were kept up to date about people's well-being and about changes in their care needs by attending the handover meeting carried out before commencing their shift. During the handover the senior person on each shift delegated the care responsibilities to staff. There was a report for each person which included an update on each person together with any information staff needed to be aware of. This ensured staff provided care that reflected people's current needs.

Daytime activities were organised for everyone, according to their preferences and there was a range of activities provided for people. Each person had a weekly activities plan and we saw that activities included: Bowling, music sessions, walks, fishing, TV, radio, DVD's shopping and trips out into the community. On the day of our visit three people had been out with staff on a trip to Brighton. The other person who lived at The

Old Pepper Pot House did not like to go out and preferred to stay in their own room where they were supported by staff. A record of activities that people took part in were recorded in an activities file and also in their daily diary. There were two cars available for people to use and this enabled people to go out into the local community and to undertake day trips. Two people were supported by staff to use public transport. Staff told us they encouraged people to take part in activities.

The service routinely listened and learned from people's experiences, concerns and complaints. People were encouraged to discuss any concerns they had with their keyworker or with any member of staff who was providing support. Any complaints or concerns were could then be dealt with promptly and appropriately in line with the provider's complaints policy. We saw there was a copy of the provider's complaints procedure displayed on the notice board at the home and this was in 'easy read' format to assist people who found it difficult to read. Staff told us they would explain the complaint procedure to people if needed and they would support and assist anyone to make a complaint or raise a concern if they so wished. The registered manager had a complaints file and this showed that no complaints had been received in 2016. He told us if any complaints were received they would be discussed at staff meetings so that the provider and staff could learn from these and try to ensure they did not happen again.

Good

Is the service well-led?

Our findings

People told us the registered manager and all the staff were good and were around to listen to them. One person said "(Named staff member) is always there for me. I can ask them anything and they will find out for me". Relatives said they were kept up to date about their relative's progress. One relative said "The registered manager always lets me know what's going on. Recently my relative banged his head, it was not serious but they kept me fully informed."

The registered manager acted in accordance with the CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home. Staff understood what was expected of them in their roles and the management arrangements so they knew who they could contact if they had any issues.

The provider aimed to ensure people were listened to and were treated fairly. Staff said the registered manager operated an open door policy and welcomed feedback on any aspect of the service. They encouraged open communication and supported staff to question practice and bring his attention to any problems. Staff said they were confident the registered manager would not hesitate to make changes if necessary to benefit people. All staff told us there was a good staff team and felt confident that if they had any concerns, they would be dealt with appropriately. Staff said communication was good and they always felt able to make suggestions. They said the registered manager was approachable and had good communication skills and that he was open and transparent and worked well with them.

Staff said the registered manager demonstrated good management and leadership. Staff told us that they had regular staff meetings and minutes of these meetings were kept so that any member of staff who had been unable to attend could bring themselves up to date. Staff told us that these meetings enabled them to express their views and to share any concerns or ideas about improving the service. However we looked at the minutes of the last staff meeting and the minutes did not evidence this,. The minutes contained information about who had attended and gave information about the topics discussed, but there was no information about any outcomes from previous meetings, any details of the issues discussed or any action points to be followed up. There were also no information about decisions that had been made and no action points to take forward. We discussed this with the registered manager who said he felt the staff meetings were useful and constructive but agreed that the minutes did not reflect this. He said that in future he would ensure that minutes of staff meetings were more comprehensive to reflect the issues discussed and the decisions made. This would help ensure that feedback was given to staff in a constructive and motivating way.

We asked staff about the provider's philosophy. Staff said that the service was all about giving people the best possible support to enable them to live fulfilling lives. It was clear from speaking to the registered manager and staff that they all worked together to provide people with the help, support and advice they needed.

The registered manager was able to demonstrate good management and leadership. He said he regularly

worked alongside staff to observe them carrying out their roles. It enabled him to identify good practice or areas that may need to be improved. The registered manager showed a commitment to improving the service that people received by ensuring his own personal knowledge and skills were up to date. He was currently undertaking a Health and Social Care Diploma to keep his skills up to date. The registered manager said he regularly monitored professional websites to keep himself up to date with best practice. He told us he then passed on information to staff so that they, in turn, increased their knowledge.

The provider had a policy and procedure for quality assurance. The registered manager ensured that weekly and monthly checks were carried out to monitor the quality of service provision. Checks and audits that took place included; food hygiene, financial audits, health and safety, care plan monitoring, audits of medicines, audits of accidents or incidents and concerns or complaints.

The provider also employed an external auditor who carried out two monthly visit's to the service. These visits were used to speak with people and staff and to check that the manager's quality audits had been completed. We looked at the last audit report dated April 2016. This showed that three issues had been identified and we saw that an action plan had been put in place to address the issues concerned. We saw that one of the shortfalls was not all staff had received supervision and the registered manager had put a plan in place to address this. The registered manager told us the auditor would check this at their next visit. The quality assurance procedures carried out helped the provider and registered manager to ensure the service they provided was of a good standard. They also helped to identify areas where the service could be improved.

People, relatives and staff were supported to question practice and asked for their views about The Old Pepper Pot House through quality assurance questionnaires which were sent out by the provider annually. The registered manager told us he did not see any of the completed questionnaires as they were returned to the head office. However he received feedback on the results and head office analysed comments to see if any patterns emerged. Results of the most recent survey carried out found that people relatives and staff were generally happy with the service provided.

Records were kept securely. All care records for people were held in individual files which were stored in a secure office. Records in relation to medicines were stored securely. Records we requested were accessed quickly and were consistently maintained, accurate and fit for purpose.