Eastbourne & District Mencap Limited

Eastbourne & District Mencap - Arundel Road

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 Road provides support and accommodation for up to 9 young people with learning disabilities, autism and mental health issues and, is one of three homes owned by the Eastbourne and District Mencap charity in Eastbourne. The home is a purpose built bungalow, made up of two separate units, with lounges and dining rooms in each. There is a large garden surrounding the building, all areas are accessible to wheelchair users and the building and gardens are secure.

There were 9 people living in the home during the inspection and all required some assistance with looking after themselves, including personal care and support in the community. People had a range of care needs, including limited vision and hearing and some could show behaviour which may challenge. People were unable to share their experience of life in the home because of their learning disability.

This inspection took place on the 31 January and 2 February 2017 and was unannounced.

A registered manager was present during 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.

At our inspection on 21 October 2015 we found the provider was not meeting the regulations with regard to assessing and monitoring of the services provided and notifying the Care Quality Commission (CQC) of incidents that had occurred within the home, which may have affected the support provided. At this inspection we found improvements had been made and the provider met these regulations.

The quality assurance and monitoring system had been reviewed; audits had been carried out to identify areas where improvements were needed, including staffing levels and record keeping, and action had been taken to address these. Notifications had been sent to CQC to when required.

Pre-employment checks for staff had been completed, which meant only suitable staff were working in the home and there were enough staff working in the home to support people appropriately. Staff had attended safeguarding training and demonstrated an understanding of abuse and how to protect people.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The management and staff had attended training and had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The registered manager had followed current guidance by making appropriate referrals to the local authority for DoLS assessments.

People made choices about what they had to eat and where they spent their time. They enjoyed their meals and staff offered support when it was needed. People relaxed in the lounges watching programmes of their

choice on the TV and listening to music or spent time in the community with assistance from staff to keep them safe. Staff had a good understanding of people's needs and treated them with respect and protected their dignity when supporting them with personal care.

People had access to health professionals as and when it was required. The visits were recorded in the support plans with details of any changes.

A complaints procedure was in place. This was displayed on the notice board near the entrance to the building, and had been given to people and their relatives.

Staff and relatives said the registered manager was approachable and they felt involved in developing and improving the services 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.

There were enough staff working in the home to provide appropriate support.

Risk had been assessed and managed as part of the support planning process.

Recruitment procedures were robust to ensure only suitable people worked at the home.

Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

Medicines were administered safely and administration records were up to date.

Is the service effective?

Good

The service was effective.

Staff had received relevant training and appropriate support.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were provided with food and drink which supported them to maintain a healthy diet.

Staff ensured people had access to healthcare professionals when they needed it.

Is the service caring?

Good

The service was caring.

The manager and staff approach was to promote independence and encourage people to make their own decisions.

Staff communicated effectively with people and treated them with respect.

Staff ensured that people's equality and diversity needs were respected.

People were encouraged to maintain relationships with relatives and friends, and they were able to visit at any time

Is the service responsive?

Good

The service was responsive.

People's support was personalised and staff had a good understanding of people's needs and how they could be met.

People decided how they spent their time, and people were supported to go into the community or remain in the home.

People and visitors were given information about how to raise concerns or to make a complaint

Is the service well-led?

Good

The service was well led.

The quality assurance and monitoring system identified areas where improvements were needed and action had been taken to address these.

The registered manager was responsible for managing the service and provided clear leadership and guidance.

People, staff and relatives were encouraged to be involved in developing the services provided.

Eastbourne & District Mencap - Arundel Road

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 checked 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 was unannounced and took place on the 31 January and 2 February 2017. The inspection was carried out by one inspector.

Before the inspection we looked at information provided by the local authority and the contracts and purchasing (quality monitoring) team. We considered the information we hold about the service including previous reports, notifications, complaints and any safeguarding concerns. A notification is information about important events which the provider and/or registered manager are required to send us by law. We also looked at the provider information return (PIR), which is a form that asks the provider to give some key information about the service, what they do well and any improvements they plan to make.

As part of the inspection we spoke with all of the people living in the home, six staff including the deputy manager the registered manager and a health care professional. We spoke to three relatives after the inspection. We observed staff supporting people and reviewed documents; we looked at two care plans, medication records, four staff files, training information and some policies and procedures in relation to the running of the home.

Some people who lived in the home were unable to verbally share with us their experience of life at the home due to their disabilities. Therefore we spent a large amount of time observing the interaction between people and staff; we watched how people were cared for by staff in communal areas and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

Relatives said people living in Arundel Road were safe. They told us, "(Name) can't wait to get back there after dinner at home, we think (Name) is very safe there" and "Yes (Name) is safe, obviously a very big issue for the family, we have no issues there." Relatives said there were enough staff working in the home. One told us, "There are enough staff and they have bank staff who have worked with (Name) before, which is great" and , "There have been times when we were worried that there were not enough staff for (Name) to do what they would like, but there are more now and another one starting this week." Staff said there were enough staff working in the home to provide the support people needed.

There were sufficient numbers of staff working in the home to meet people's needs. The registered manager said there was ongoing recruitment, two support staff would be starting work at the home when their checks had been completed and a cook was being employed to release staff to support people rather than prepare meals. Agency staff were employed at the home. These were regular staff; one said they had worked at the home for two years and clearly knew people very well. Staff provided support to people in a way that suited them, people were not rushed and the atmosphere in the home was relaxed and comfortable. Staff said they had the time to support people, which ensured they were as independent as possible and made choices about the support they received and how they spent their time. People were assisted to attend local community centres and go into Eastbourne town centre. A relative told us their family member had gone out to lunch and to the local park during their day out.

Risk assessments had been completed depending on people's individual needs. These were specific to each person and included information about their mobility, nutritional and specific dietary needs and additional aids to keep people safe, such as head guards. Staff demonstrated a good understanding of risk and how to support people without restricting their freedom. Staff said, "We know that people have different needs and these can change day by day, depending on how they are at the time." "The risk assessments are specific to each resident and there is guidance for us to follow in the care plans" and, "We have a good handover, we are kept up to date with any changes and can plan the support depending on how residents are feeling at the time." Staff said they had a good understanding of risks to people in the home and the community and we observed that support was provided in a way that kept people safe. For example, there were clear protocols for staff to follow if people had epilepsy. Staff followed these as they supported and observed a person during a seizure, to ensure they were safe and to assess if medication was needed.

As far as possible people were protected from the risk of abuse or harm. Staff had received safeguarding training; they understood different types of abuse and described the action they would take if they had any concerns. A Whistleblowing policy was in place and staff said they had read the policy and were confident if they had any worries they could talk to the registered manager or senior staff and action would be taken. Staff told us if they felt their concerns had not been dealt with they would contact the local authority or CQC. One member of staff said, "I know what to do, but I haven't seen anything that worries me here." Relatives said they did not have any concerns about people's safety and had not seen anything they were worried about.

Medicines were managed safely. Records showed there was an effective system in place to order, store, administer, record and dispose of them safely. Medicines were kept in separate locked cupboards, attached to the wall in a locked room; with each person's picture and name on the front to identify in which cupboard their medicines were stored. A fridge was available for medicines that required a cooler temperature; this and the temperature of the room was monitored to ensure medicines were correctly stored and safe to use. The medicine administration record (MAR) charts had been completed appropriately. At the front of each MAR chart there was a picture of each person, for identification purposes. People had some medication given with yogurt to assist with swallowing and this had been agreed with their GP. Staff had a clear understanding of the home's policy with regard to as required medicines (PRN), such as paracetamol for pain, and the reasons why PRN medicines were given were recorded on the MAR. Staff said they knew people very well and recognised when people were uncomfortable if they were unable to tell them. Staff gave out the medicines individually to each person; they asked people if they were comfortable and offered pain relief when appropriate. Staff said they had completed medication training and had been observed and assessed before they were able to give medicines to people and training records supported this.

Recruitment procedures ensured that only suitable people worked at the home. We looked at personnel files for three new staff; they contained the appropriate information including completed application forms, two references, Disclosure and Barring System (Police) check, interview records and evidence of their residence in the UK, in the form of letters with their address.

All rooms were on the ground floor, people's had personalised their bedrooms with ornaments, pictures and electrical equipment of their choice, such as DVD players and TVs. The environment was regularly checked by the provider and senior staff to identify areas where repairs and improvements were needed and the bathroom in one part of the building had been refurbished since the last inspection. The registered manager told us there were plans to replace the flooring in communal areas, some of this had been done; one of the dining rooms was being redecorated and the corridors would be repaired and painted in colours chosen by people living in the home.

There were records to show relevant checks had been completed, including lighting, hot water, call bells and electrical equipment. Fire system checks were carried out regularly and records showed that staff attended fire training.

Accidents and incidents were recorded and staff said they had discussed these to identify how these had occurred what action they could take to reduce the risk or prevent them happening again.

The provider had plans in place to deal with an emergency. There was guidance in the support plans for staff regarding the action they should take to move people safely out of the home and, they had carried out evacuation procedures twice yearly to ensure the emergency evacuation system was effective.

Good

Is the service effective?

Our findings

Relatives told us that staff looked after people very well and they had a good understanding of their family members support needs. Staff told us there was regular training; they were supported to progress professionally and they said they had a clear understanding of people's needs.

Staff said they were required to attend training and felt supported by management to develop relevant skills so that the support they provided was appropriate. Records showed staff had attended training, including moving and handling, infection control, safeguarding, food hygiene, infection control, fire safety and health and safety, as well as specific training to meet people's individual needs. For example, supporting people with autism, learning disability and mental health needs and epilepsy. Staff said they were sure if they requested specialist training in any area that would improve their ability to support people then it would be provided and, they were supported to work toward national vocational qualifications.

Agency staff attended training provided by the agency they were employed by, such as moving and handling and infection control. When they started work at Arundel Road they completed induction training and, to ensure they had the appropriate skills to support people an observation and assessment process had been developed. They would be assessed, by the registered manager or deputy manager, while they provided support to ensure they had a clear understanding of people's individual needs and the support they needed.

New staff were required to complete induction training in line with skills for care. Staff said, "Everyone was very supportive, if I asked questions they were helpful and I think residents are looked after very well." "I worked with more experienced staff, watching and learning, asking questions to understand resident's needs, and we have an induction book that is signed off when we have completed the training" and, "It takes time to get to know residents and we are supported to spend time with them so they get to know us as well." The registered manager said all new staff would be signed up to the care certificate from January 2017. This is a training programme based on a set of standards that social care and health workers stick to in their daily working life and is the new minimum standards that should be covered as part of induction training of new care workers.

Records showed that supervision was provided on a regular basis and appraisals were completed yearly. Staff said they supervision sessions were very useful, they had a chance to talk about their own development and put forward any suggestions they had about the support provided.

Staff had completed training and had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA aims to protect people who lack capacity and mental capacity assessments had been completed for the people living in Arundel Road, as part of their support plan. Staff said they involved people in decisions about all aspects of the support they provided; they asked people what they wanted to watch on TV, what they wanted to eat and if they were comfortable. People made decisions about aspects of their day to day lives, but had been assessed as unable to make more complex decisions, such as attending health appointments, how to manage their money or make safe decisions when in town. Staff supported people to make these decisions, with guidance from relatives, their

GP and social care professionals.

Deprivation of Liberty Safeguards (DoLS), which is part of the MCA, is to ensure someone, in this case living in a care home, is deprived of their liberty in a safe and least restrictive way. This is only done when people are unable to tell staff about their wishes and need support with aspects of their lives. Decisions about their support is made during best interest meetings and agreed by relatives, health and social care professionals and staff, when there is no other way of safely supporting them. DoLS had been agreed with the local authority for the locked doors and the gates at the entrance to the property, to ensure people's safety. The registered manager had made a number of applications for people in the home and was awaiting appropriate assessments.

Staff said they offered people a well-balanced diet and had a good understanding of people's individual dietary needs, such as soft or pureed meals and wheat free; with fortified drinks available if people chose not to eat the meals provided. Staff explained that thickener was added to some people's drinks, "It prevents choking and they can swallow the drinks safely," they supported people with their meals and there was a relaxed and sociable atmosphere. Choices were offered at each meal and people could have snacks of their choice between meals if they wanted them. The menus were in a pictorial format to enable people to pick what they wanted and on Wednesday evening people took turns to choose the meal they wanted. One person liked fish and chips and chose it each time, another had chosen Chinese. Staff said it was up to them and when the new cook started they would be involving people, as much as possible, in preparing and cooking their meals. Relatives said the food was good and their family members were supported to have the food they wanted. People were weighed regularly and if people lost or put weight on their GP would be contacted for advice or referrals to dietician. Referrals were requested if people had difficulty swallowing and the speech and language team visit the home to assess them and give staff relevant guidance.

People had access to health care professionals as and when they were required. These included the community learning disability team, dentists and chiropodist, occupational therapist and physiotherapist. GPs visited the home as required; staff felt they could contact them if they had any concerns and a health professional told us the staff responded well and rang the GP if they felt someone was, "Not quite themselves."

Good

Is the service caring?

Our findings

Relatives said the staff were very good and looked after people well. They told us, "We don't have any concerns" and, "We rate the quality of the care as very good and staff are very good." Staff treated people with respect and asked for their consent before they provided support or assisted them with personal care.

The home had a calm atmosphere. People were relaxed and comfortable sitting in the communal areas or their own rooms. The TV was on when people wanted to watch it and other people were supported to walk around the home safely as they wished. Staff talked to people about what they wanted to do and offered a range of activities to people who remained in the home. Interaction was very relaxed and friendly and staff joked with people when appropriate. Staff sat near people when they spoke to them; they used their preferred name and waited for a response when they asked if they were comfortable, wanted a drink or to do an activity.

Staff consistently took care to ask permission before intervening or assisting people. Staff said they always asked people if they needed assistance, they never made decisions for them and it was clear that staff respected people's choices. People, where possible, were enabled to express their needs and received appropriate care. Some people were unable to communicate verbally and staff demonstrated a good understanding of their needs by observing body language, facial expressions and listening to vocal responses when they spoke to people. Staff told us, "Residents make decisions about the support we provide, if they don't want to do something that's fine and although they can't tell us verbally we can see from their body language what they want to do." It was evident that staff had the skills and experience to manage situations as they arose and appropriate support was provided.

Staff respected people's privacy and dignity, and they regarded information about them as confidential. They had been given a copy of the confidentiality policy and had signed to show that they had received and read this. Staff understood the importance of not discussing people's needs with other people or visitors. One said, "We don't talk about residents needs in front of other residents and if relatives ask we refer them to senior staff or the manager." Staff said, and we saw that, they knocked on people's bedroom doors before opening them, said who they were and asked if they could enter.

Staff had attended, or were booked to attend, equality and diversity training, and had an understanding of the importance of recognising people's different choices. Staff told us, "We have to make sure people make choices about what they want to do" and, "We talk to relatives to see what residents might like to do and then support them to do it. Like going shopping."

A keyworker system was in place and we spoke to the keyworker for the people whose care plans we looked at. They told us as their keyworker they checked their rooms, clothing and if they had sufficient toiletries. "If we think they need anything we ring their relatives and talk to them about it."
People chose the clothes they wore as much as possible, and staff ensured they were smart but comfortable. Staff said, "We keep an eye on residents clothing and toiletries; so if they need anything we can let their relatives know and we ask their opinion as well of course" and, "Residents choose the clothes they

wear with our support, the hairdresser comes here for some and other like to go into town to see the barber."

Relatives said they visited when they wanted to and were always made to feel welcome. One said there is a good atmosphere in the home and staff were very friendly and staff said they each knew the relatives and were happy to talk to them.

Good

Is the service responsive?

Our findings

As far as possible people were involved in decisions about the support provided and relatives were involved in discussions about people's need and how these were met. Relative told us they were always kept informed of any changes in their family members needs and, "Staff are happy if we ring them up." A complaints procedure was in place and relatives knew how to raise concerns if they had any.

The registered manager said people's needs had been assessed before they were offered a place at the home and they had used this information, as well as the support plan from the placing authority, to develop their individual support plans. There had been no new admissions to the home for over two years and staff said, "We have got to know residents and their relatives really well. We know what they like to do and how much support they need" and, "We have a good understanding of everyone's needs; we keep up to date with any changes during handover and by reading the support plans and daily records." The support plans contained clear information about people's individual needs with guidance for staff to follow to ensure people received the support they needed and wanted. For example, one person liked hand and scalp massages from staff, but did not like noisy environments and enclosed spaces. Staff demonstrated a good understanding of how the person communicated through sounds, facial expressions and body language, "Such as turning away if (Name) doesn't want a drink or to do an activity."

Staff told us relatives were involved in discussions about people's needs and in reviewing the care plans. "We always talk to relatives about residents needs and how best to provide the support they want" and, "Review meetings are arranged, at least yearly and more often if residents need more care. We meet with social care professionals and relatives to discuss the support we offer, to make sure it is what residents need." Relatives said they were involved in decisions about the support provided. One told us, "They keep us informed about anything" and are, "Happy if we phone up." Another said it is very much their home and they are happy there. The care plans were up to date; they had been reviewed when people's needs changed and there were records of the yearly reviews.

The handover sessions at the beginning of each shift was used to update staff about how people had spent their time and if there had been any changes in people's needs. Staff said these were very useful, "The handover keeps us up to date about what people have been doing, if they have slept well and if they need specific support. Like encouragement to eat or have a drink."

Staff said people were encouraged to maintain relationships with people that were important to them. One person visited relatives regularly and they said their family member was always happy to go back to Arundel Road and the staff were very welcoming. Staff told us they used a pictorial calendar to record when one person's relatives were visiting or taking them out, so that they knew when they would be seeing them. One said, "It is important (Name) know when their relatives are coming, because they can be distressed if they don't and we can look at the calendar with them and talk about when they are going out to reduce this."

A range of activities, in addition to trips out and attendance at the day centre, were organised in the home. Staff supported people to listen to music, watch DVD's, take part throwing soft balls and play with toys of

their choice. Staff told us as part of the reviews of care they had looked at additional activities that people would like to do and, with the involvement of relatives had been developing a sensory room in a building in the garden. Two exercise bikes had been donated by relatives and staff were supporting people to get used to the changes, "By not rushing them and introducing things slowly so they don't get distressed about what is happening."

A complaints procedure was in place; a copy was displayed in the home and given to people and their relatives. Relatives told us they did not have any concerns about the support provided, but if they did they would talk to the staff and registered manager. Staff said there had been no complaints since the last inspection.

Good

Is the service well-led?

Our findings

At our inspection on 21 October 2015 we found the provider was not meeting the legal requirements in relation to assessing the quality of the services provided and they had not informed CQC of events that may affect people living in the home. The provider sent us an action plan stating that improvements would be completed by 1 March 2016. At this inspection we found the provider had met the regulations.

The quality assurance and monitoring system had been reviewed and action had clearly been taken to address the concerns identified at the last inspection. Internal audits had been carried out on the services provided, including the staffing levels, support plans and daily records, medication records and policies and procedures. These audits had then been assessed by the Chief Operating Officer as part of an external auditing process, which also looked at people's finances, safeguarding referrals, notifications and recruitment. Senior staff from the charity also visited monthly to talk to staff, observe the support provided and assess the environment. Staff said there was a range of processes in place to identify areas that needed to improve and, they were supported by management to put forward suggestions and ideas for changes to benefit people living in the home.

The registered manager had informed CQC, through notifications, of any changes that had occurred with the support and care provided; including incidents that had happened when people were at the day centres or in the town. For example, when medication had been given incorrectly, appropriate action had been taken by staff at the home to ensure the person's safety.

Staff said the registered manager operated an open door policy and they could talk about anything with them and their colleagues at any time. They had a clear understanding of their responsibilities and were confident they provided the support people needed and wanted. There were clear lines of accountability and staff were aware of their own and their colleague's role on each shift. Each shift was flexible in terms of the allocation of support provided by staff and, this depended on how people felt each day and what they wanted to do. Staff said they worked very well together as a team and they had confidence in the management of the home.

The ethos of the home was to involve people, relatives and friends and staff in contributing to bringing about improvements. Feedback was sought from people living in the home, their relatives or representatives and health professionals continually and satisfaction questionnaires were given out yearly. Relatives told us staff always asked them if they were happy with the support provided and they had been sent questionnaires. These showed that relatives were positive about the service and they put forward suggestions if they thought improvements were needed. One had highlighted the need for redecoration in the hallways and communal areas and the registered manage told us this had been included in the improvement plan for the coming year.

A team meeting had taken place on the first day of the inspection and staff spoke positively about the discussions they had about a number of planned changes. For example, the role of champion would be introduced for different aspects of the service. The sensory champion said their responsibility would be to

develop the sensory room and support staff to assist people to use it safely. The keyworkers role had also been reviewed; they told us they would be writing to relatives monthly, to keep them up to date about any changes and let them know what activities people had taken part in as well as specific details of any changes in their support needs.