

Dignus Healthcare Limited

Arden Croft

Inspection report

41 Thompsons Road
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Website: www.dignushealthcare.com

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

We inspected this service on 15 October 2018. The inspection was un-announced.

Arden Croft provides accommodation and personal care for up to four people with learning disabilities and autism. On the day of our inspection four people were using the service.

Arden Croft is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection in February 2016 this service was rated good. At this inspection we found the evidence continued to support the overall rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

A registered manager was in post, but was not available on the day of 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 were safe. Risk assessments were in place to cover any risks present. We saw that staff had been appropriately recruited in to the service and security checks had taken place. There were enough staff to provide care and support to people to meet their needs. People received their prescribed medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision, training and ongoing professional development that they required to work effectively in their roles. People were supported to maintain good health and nutrition.

People's relationships with staff were positive and caring. We saw that staff treated people with respect, kindness and courtesy. People had detailed personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences.

The provider had implemented effective systems to manage any complaints that they may receive.

The service had a positive ethos and an open and honest culture. People and their family members were able to feedback about the service and any concerns identified were acted upon.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Arden Croft

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 15 November 2018 and was unannounced.

The inspection was carried out by 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 improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

The people using the service were not able to communicate verbally with us, but we were able to speak with relatives of two people using the service via phone, to gather their feedback. We also spoke with a support worker and the operational manager. We reviewed two people's care records to ensure they were reflective of their needs and other documents relating to the management of the service such as quality audits, training records and complaints systems.

Is the service safe?

Our findings

People were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents. Relatives of people we spoke with all felt that people were safely supported. Staff and management all understood safeguarding procedures and were confident of how to keep people safe. There had been no recent incidents at the service that had required a safeguarding alert. Risk assessments were in place to address risks that were present in people's lives. This included assessments for safe community access, medication, pressure care, and any behaviours that may challenge.

There were enough staff on shift to meet people's needs. We saw that staffing levels were consistent, and bank staff or staff from the providers other services were able to cover shifts when required. The staff were aware of people's complex needs and confident in meeting them. The provider had safe staff recruitment procedures in place. Checks were carried out to ensure as far as possible that only staff suited to work at the service were employed.

Medicines were administered safely. Medicines were stored in secure cabinets in each person's own room, and records we checked showed they were being administered accurately. Staff were trained in medicine administration and confident in doing so, and regular checks took place to ensure any mistakes were highlighted and actions set when required.

The service was clean and tidy. Staff were trained in infection control, and had the appropriate equipment available to carry out their roles safely.

Improvements were made when incidents had occurred or things had gone wrong. Accidents and incidents were being recorded accurately, and actions were created for staff to learn from any incidents to improve the care people received. Team meetings were used to communicate required improvements to staff, for example, the increased monitoring of a person to manage their changing personal care needs more effectively.

Is the service effective?

Our findings

People's needs were fully assessed before moving in to the service to ensure the placement was right for them and for others living there. People received effective care from staff who were supported to obtain the knowledge and skills they needed to provide good care.

An induction training package was provided to all new staff which ensured that all basic training was undertaken before any care was delivered. This included training such as safeguarding adults, infection control, and health and safety. New staff had the opportunity to shadow more experienced staff to get to know the needs of the people using the service. New staff also took part in the care certificate qualification. The care certificate covers the basic skills required to care for vulnerable people. Ongoing training was provided to staff to ensure their knowledge was kept up to date and relevant to the people using the service. The staff we spoke with confirmed that the training gave them the confidence and skills to deliver effective care.

Staff prepared and cooked food fresh each day for people. We saw there was a varied menu and relatives of people we spoke with told us they thought that people enjoyed the food provided. Staff monitored what people ate to ensure they were having enough nutrition and hydration, and ensured that any dietary requirements were adhered to. For example, one person required their food to be of a soft texture due to the risk of choking. This information was documented within their care file, and staff were knowledgeable of the correct foods to provide them with.

People had access to the healthcare services they required. Staff were knowledgeable about people's healthcare needs. We saw that people had input from a variety of health professionals. This included doctors and other professionals that would visit the service to see people, if they were not able to go out to appointments. All health-related information was documented within people's files, and relatives we spoke with confirmed that people got the prompt healthcare they required.

The premises and environment met the needs of people who used the service and were accessible. This included people's rooms and communal areas such as the kitchen, living room, activity room and garden area.

Consent was sought before care and support was provided. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff. The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and correctly recorded.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA.

Is the service caring?

Our findings

Relatives of people using the service gave us positive feedback about the care being delivered, and the positive and caring approach of the staff. One relative said, "The staff are very caring with [name], they meet and exceed [name's] needs." The people using the service were not able to verbally feedback to us, but we were able to observe during inspection that staff and the operational manager spoke to people in a kind manner, and gave them the time they required to communicate their wishes. It was clear that staff and management knew the needs of the people well.

People were supported and encouraged to maintain relationships with their friends and family, and people and their families were encouraged to be involved in making decisions about care and support where this was appropriate. Staff held regular 'family forums' which were used to invite family members in to the service, have dinner, and discuss and update the service, as well as any expectations for people moving forward. The relatives we spoke with confirmed they felt this process was valuable and it gave them input in to people's lives, their package of care, and the support with decision making they required.

Staff respected people's wishes in accordance with the protected characteristics of the Equality Act. Staff understood about people's personal backgrounds and religious beliefs when required, and provided care that suited people's lifestyles.

People's privacy and dignity was respected by staff. We saw that staff knocked on doors before entering, and care planning we looked at considered people's privacy and dignity. Relatives confirmed that people were well cared for and had their dignity respected at all times.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People were involved in the care planning process as much as they were able to be, and their relatives were involved and had input to support their wishes and decision making. People's preferences about how they wanted to receive care and support were recorded in detail. This included what a 'good day, and a 'bad day' would look like to each person. Care plans provided staff with an in-depth insight into each person's personality.

People were supported to follow their interests and hobbies, and were supported with long term aims and goals. We saw that regular activities and trips out were taking place for those who wished to take part, including local disco's, day service centres, shopping trips and the cinema. A relative told us, "[Name] has an awesome social life."

The operational manager told us about how staff had worked with one person to increase their independence, community access, and general well-being. Staff had worked with the person over time to manage certain behaviours and anxieties, that had previously meant they rarely went out or engaged in activity. The person was now using taxis to go on outings and taking part in activities they had never been able to before.

People received information in accessible formats and the provider was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss.

A complaints policy and procedure was in place which ensured any complaints were recorded and responded to appropriately. Relatives we spoke with said they were aware of how to complain, and were happy that they were responded to promptly by the management of the service.

No end of life care was being provided, but we saw that people had the option of recording decisions about future care and preferences for any end of life arrangements.

Is the service well-led?

Our findings

A registered manager was in post, but was not available on the day of our 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.

The provider had effective arrangements for monitoring the quality of the service. Quality audits regularly took place. The operational manager had a good knowledge of the service, and conducted monthly audits of different areas of the service, providing actions for improvement for the registered manager and staff to act upon. Issues were raised with staff at team meetings and in supervisions to bring about improvements.

The service had a positive ethos and an open culture. The operational manager told us, "We want to support people to make a positive change in their lives." People benefited from a staff team that worked together and understood their roles and responsibilities. Staff felt supported by the provider and management team. A staff member said, "I get good support from the manager. Other managers from other services run by the provider also come in and support when needed."

Relatives we spoke with felt the service had good leadership, and were actively involved in improving the service. One relative said, "The staff team and manager are always open and honest. I feel like my voice is heard, and they take on any feedback that I give. They all work very hard." The views of relatives were regularly sought and used to improve the service.

The latest CQC inspection report rating was on display at the service. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

The service worked positively with outside agencies. This included facilities that people used, such as day services, and social work teams if required. The operational manager told us they had a good relationship with the local authority who commissioned services for people living at Arden Croft, and welcomed input and feedback.