

# Arundel Care Services Limited

## Fiddlers Rest

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 13 August 2018 and was unannounced.

Fiddlers Rest is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide accommodation and care for up to seven people who have a learning disability and/or autism. At the time of the inspection there were four people living at the home.

The property is located within woodland close to the village of Nuthurst a short distance from Horsham. It is a modern, single storey building which has an annex and a bungalow both of which were designed specifically to meet the needs of people that can present with challenging behaviour. The property has level access throughout and each bedroom has an en-suite bathroom; some have a separate kitchen and living room. As well as providing personal care, people are supported to maintain and develop independence and to lead a full life.

At our last inspection we rated the service as Good. At this inspection we found the evidence continued to support the 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.

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.

Care staff had a good awareness of the principles of safeguarding people. We observed staff supported people safely and in a way that encouraged their independence. Risks to people were assessed and there was guidance for staff on controlling risks to people. Sufficient numbers of well-trained staff were provided so people's needs were met. Checks were made to ensure newly appointed staff were suitable to work in a care setting. Medicines were safely managed. The premises were safe and well maintained. Accidents and incidents were reviewed to see if any changes in service provision were needed. The home was clean and hygienic.

Staff were well trained and received a good standard of training and supervision to ensure people's care needs were met.

People were involved in devising the menu plan and in preparing meals to develop their independent living skills. People's health care needs were monitored and arrangements made for people to receive health care checks and treatment.

Staff supported people to make their own decisions and to have as much control over their lives as possible. Staff were trained in the Mental Capacity Act 2005 (MCA) and in the Deprivation of Liberty Safeguards (DoLS) and demonstrated their understanding of this legislation.

People were supported by kind and caring staff. Staff were observed helping and supporting people who were distressed. People were consulted and involved in decisions about their care and support. Independence was promoted and people's privacy respected.

People received care which was responsive to their needs and preferences. Each person's needs were assessed and care plans gave staff clear guidance on how to support people. These ranged from support with people's emotional and behavioural needs to support in developing their life skills. People were supported to attend a range of activities of their choice. Arrangements were made to assist people to communicate in their preferred way, such as pictures and prompts; staff were trained in communication skills that met people's needs.

Robust processes were effective for auditing and monitoring the quality of the service and complaints were responded to appropriately in line with the provider's complaints procedure.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Fiddlers Rest

## 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 was 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 13 August 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we checked information that we held about the home and the service provider. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met each of the four people who lived at the home. We spoke with people where they were comfortable to engage with us and observed people interacting with staff throughout the inspection. We spoke with a member of care staff, the behaviour and support manager and training and development quality assurance manager.

We looked at the care plans and associated records for two people. We reviewed other records, including the provider's internal checks and audits, staff rotas, accidents, incidents, records of medicines administered to people and complaints. We looked at staff training records and staff supervision records.

After the inspection, we spoke with the registered manager. The registered manager was on annual leave at the time the inspection took place.

# Is the service safe?

## Our findings

There were systems in place to safeguard people from possible abuse. Staff were trained in safeguarding procedures and knew of the need to protect people who were in their care.

Each person had care records which included risk assessments and care plans to manage identified risks. These included a system which assessed the likelihood and severity of any risk and measures to control and reduce the risk. Risks assessed included areas of personal care and for managing behaviour. Records showed any incidents or accidents were reviewed and changes made regarding the future management of people.

Checks were made by suitably qualified persons of equipment such as fire safety, alarms and electrical appliances. Water temperatures and water safety checks were completed. Staff completed training in fire safety and in the evacuation of the premises in the event of an emergency. Advice and guidance informed staff in the procedures for evacuating people safely.

The service provided sufficient staff to meet people's needs. Staffing levels were assessed to meet each person's needs. Some people were supported by two staff and others on a one to one basis. Appropriate night time staffing was provided based on the assessed needs of people.

We looked at the staff recruitment procedures. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting.

Medicines were safely managed. Records and medicines stocks showed medicines were administered to people as prescribed. Medicines were safely stored. Staff were trained in the administration of medicines and their competencies to do so were routinely checked.

The home was clean and hygienic and there were no offensive odours. Staff were observed to use appropriate protective clothing to prevent the risk of infection and were trained in infection control.

Lessons were learned if things went wrong. The behaviour support manager had a good understanding of their responsibilities under Duty of Candour and the need for transparency and openness with professionals and relatives. They said, "It's about being open, honest and transparent and if there have been any mistakes, we're honest about that and inform relatives and professionals".

## Is the service effective?

### Our findings

Staff skills and knowledge were of a good standard and current. Staff were supported with a range of training courses to equip them with the skills and knowledge to meet people's needs. These included training in first aid, behaviour support, dealing with behaviour which may be challenging, autism, the safe handling of medicines, health and safety, positive behaviour support, epilepsy, food hygiene, nutrition and moving and handling. One staff member explained how their training in challenging behaviour had helped them to understand how to support one person when they became anxious or upset. Newly appointed staff received an induction to prepare them for their job and this involved an assessment of their competency to work effectively and safely with people. The induction included enrolment on the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers. Staff were supported to study for additional relevant vocational qualifications.

Equality and diversity training was provided to staff who demonstrated their commitment to promoting people's rights to a good standard of care, independence and treating people with respect. Staff received regular supervision and said they felt supported in their work.

People were involved in the menu planning and had a choice of food at each meal. People were also supported to prepare meals with staff when this was assessed as appropriate and if they chose to do so. People's nutritional needs were assessed and recorded along with any support they needed with food and drink.

The provider and staff liaised with health care services to ensure people's physical and mental health needs were assessed and treated. These included dental treatment, ongoing assessments by mental health and learning disability health care professionals, eye sight checks and annual health checks. Each person had a health care file which showed their health care needs were monitored and treated when needed.

The building was suited to the needs of people and communal areas included two lounges, a dining room and a conservatory. People had easy access to the grounds surrounding the home and to woodland beyond and were supported by staff when they went out. Bedrooms were personalised by people who had also chosen the colour schemes for their room. One person showed us their room and said they would like an armchair in their room so they could watch television more easily. We passed on this person's request to a member of staff, with their permission.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where it was believed people did not have capacity to consent to their care and treatment a mental capacity assessment was completed. Applications for DoLS were made when assessed as being needed. At the time of inspection all five people were either subject to a DoLS or a DoLS had been applied for.

## Is the service caring?

### Our findings

People were treated with kindness and respect. We observed staff had positive working relationships with people. Staff interacted well with people and showed they were kind and valuing of the people they supported. We also observed staff reassured people and helped them to calm when they were upset. Care plans included details about supporting people to manage their behaviour, mood and anxiety. A member of the care staff told us they liked working at Fiddlers Rest and enjoyed it. They told us, "We can always do something better, but every day is different for people who live here".

The registered manager said, "Staff have a good understanding of people and always put them first. Decisions are taken about anything that affects people's lives and these are carefully considered. People's views are listened to". They added, "Some people can be quite challenging and we think how best we can support them and about the wellbeing of staff. That's really important. We encourage staff to be open and discuss their feelings, as it can be mentally draining. We also try and encourage people to talk about how their feeling, so we can support them". The registered manager told us of the support they provided one person when there had been an altercation with another person living at the home. The registered manager explained the importance of listening to people's views and acting on them and how this had been done in this instance.

The care plans were person centred and individualised to show the care each person needed. Details about personal care showed people were supported to be independent with staff support when needed, as well as how people's privacy was promoted. People were consulted and involved in decisions about their care. We observed occasions throughout the inspection where staff asked people what they would like to do and how they wished to spend their day. For example, one person said they wanted to lie in a hammock in the garden. Staff set this up for them. Later, the weather changed and it poured with rain. The person indicated they wanted to stay in the hammock, even though they became extremely wet; staff respected their wishes.



## Is the service responsive?

### Our findings

People received care which was responsive to their individual needs and preferences. People's personal care and daily living skills were thoroughly assessed. These showed care was responsive to each person's preferences and needs. For example, details about people's family were included and other relevant details about their background. Care plans were written to reflect people's preferences and needs under headings such as: 'Things I like to do. My dislikes, my likes. Important people in my life. What I do when I'm frustrated.' Guidance for staff was recorded in care plans regarding mental health and behaviour and the procedures for managing this, by staff being flexible and responsive. People's preferred daily routines were recorded to a good standard and showed people were supported with a lifestyle which reflected their wishes.

Care plans showed people were supported to develop independent living skills such as in managing their finances, cooking and domestic routines. As well as being supported with personal care, people were supported with social and recreational activities as well as education. People had an activities timetable which showed they attended a range of activities in the community including holidays. There were records to show people contributed to decisions about their care, such as at monthly reviews with their staff keyworker.

We looked at how the service was meeting the requirements of the Accessible Information Standard (AIS) as required by the Health and Social Care Act 2012. This requires service providers to ensure people with a disability, impairment and/or sensory loss have information provided in an accessible format and are supported with communication. People's communication needs were assessed and care plans included details about people's communication needs. Care records and notices in the home included pictures so people could more easily understand what was recorded. Account had been taken of people's diverse needs and the registered manager demonstrated their understanding of equality and diversity, according to the provider's policy, with people and staff. Some people were supported by staff in their religion, such as attending church. We were told that no-one living at the home had protected characteristics as defined under the Equality, Diversity and Human Rights legislation, but a number of staff with different ethnic origins worked at the home.

The provider had a complaints procedure. Records were maintained which showed any complaints were logged, investigated and responded to. The provider had dealt with three complaints in 2018 and these had been managed according to the provider's complaints policy and to the satisfaction of the complainant.

## Is the service well-led?

### Our findings

The service was well-led. The service had a registered manager. 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.

In October 2015, national guidelines were published in relation to supporting people living with a learning disability and/or autism who display behaviour that challenges, under 'Building the Right Support'. The guidelines talk about the support people need to enable them to live the lives they choose and that services should be more person-centred. Part of the guidance refers to people having an interesting life that they enjoy, well planned care and support and their right to have choice and control about their care and support. The Commission published a policy in June 2017 regarding the new registration of services supporting people with these defined needs. Fiddlers Rest was registered prior to this guidance being published. Nevertheless, we would expect providers of existing services to develop plans and strategies on how they will provide, improve and enhance the lives of people they support, to enable them to live meaningful and fulfilling lives. We spoke with the one of the managers about their understanding of 'Registering the Right Support', the Commission's policy and they had a good understanding of this. The manager said, "Our model is that we have fitted in with that for some time. The largest service we have is for six people. The philosophy and aim of the service is to try and get everyone out in the community every day if possible".

The registered manager was on annual leave at the time of the inspection. The behaviour and support manager said, "The manager has been with the company since 2009. He absolutely knows service users and is a very much an 'on the floor' manager".

There were strategies to engage people and their families in the running of the service. House meetings were held where people could express their views. Surveys were used to gain the views of people and their families about the standard of the service. Staff were also consulted about the running of the service via regular staff meetings and staff surveys. The registered manager explained how staff were involved in managing the service and said, "When we plan what could promote people's independence and be best for them, this is discussed. Suggestions are made by staff at staff meetings or recorded in a communication book and we look at these". The registered manager added, "When something goes wrong we learn from it. We apologise and try to do better. Everything is discussed at staff meetings, so everyone is involved".

The culture of the service was person centred care where people's rights to a good standard of care and for accessing community facilities were promoted.

Records were well maintained and the provider was aware of the need to protect information on both staff and people. There were guidelines for staff regarding the General Data Protection Regulation (GDPR), which was effective from 25 May 2018. These included details about maintaining records as set out in the legislation.

The quality and safety of the service was audited on a regular basis. These were comprehensive and included health and safety, the safety of the premises and staff training and competence in areas such as moving and handling. The staff worked with other agencies to provide coordinated care to people.