Eastbourne & District Mencap Limited

Eastbourne & District Mencap - Arundel Road

Inspection report

27 Arundel Road
Eastbourne
East Sussex
BN21 2EG

Tel: 01323431367
Website: www.eastbournemencap.org.uk

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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

About this service
Eastbourne & District Mencap - Arundel Road is a residential care home that accommodates up to nine people with learning disabilities, including autism, and associated physical, sensory disabilities and/or dementia. At the time of the inspection there were eight people living at the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
The outcomes for people using the service reflected the principles of Registering the Right Support by promoting choice, control, independence and inclusion. People's support focussed on them having opportunities to maintain relationships, engage in activities of their choice and maintain their independence.

People were unable to tell us if they felt safe but we observed positive interaction between staff and people living in the home. Staff had completed safeguarding training and explained how they would protect people from harm and what action they would take if they had any concerns. Relatives were confident their family members were safe, and they received the care and support they needed.

An ongoing training programme helped staff develop the skills and knowledge to provide appropriate support and staff clearly knew people very well. The aim of the service was to support people to be as independent as possible and make choices about all aspects of the support they received. This included the activities they took part in, where they spent their time and the food they ate.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this.

The registered manager encouraged people, relatives, staff and professionals to discuss and offer feedback about the services provided. An effective quality assurance and monitoring system was used to identify areas where improvements were needed and action was taken to address them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand

our understanding of both good and poor practice and of the potential drivers of improvement.

As part of a thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. The home did not use physical restraint but, supported people to sit safely in wheelchairs using belts, which had been agreed with the local authority.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection and update
At the last inspection the rating was Good (published on 18 March 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Eastbourne & District Mencap - Arundel Road

Detailed findings

Background to this inspection

This inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of one inspector.

Service and service type
Arundel Road 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, care workers and the cook. 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 found it difficult to talk to us.

We reviewed a range of records. This included two people's care records and all the medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We requested additional information, this was sent promptly and included duty rotas, staff training and minutes of meetings.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
- The provider had safeguards in place to protect people from the risk of abuse and discrimination.
- People were unable to tell us if they felt safe, but they said "Yes" when we asked if they were comfortable, and people were relaxed as staff chatted with them and provided support. A relative told us, "Yes I think they are quite safe, we don't have any concerns about that."
- Staff had completed safeguarding training and staff said this was updated yearly. Staff explained what abuse was and the action they would take if they had any concerns. One member of staff told us, "I would intervene if I saw anything and then tell the manager and I could report it to social services or you."
- Staff said the provider had a whistleblowing policy and knew when to report any concerns they had. One member of staff told us, "Yes it's when we are worried about colleagues or anything happening in the home."
- The registered manager knew how to make referrals to the local authority and had made them in line with current procedures.

Assessing risk, safety monitoring and management
- Risk to people had been identified and recorded in their support plans. These were reviewed regularly and included guidance for staff to follow; to ensure risk was reduced as much as possible without limiting people's independence.
- Relatives told us the staff had a good understanding of each person's individual needs and systems were in place to protect them from harm or injury. One relative said, "She can't communicate but staff know her very well. I can see from the way she is with staff that she is happy and well cared for."
- Risk assessments were specific to each person's needs. These included information about mobility and risk of falls; skin integrity and risk of pressure sores and nutritional needs.
- Records showed that advice had been sought from appropriate health professionals when needed and staff explained how they followed this. For example, staff had identified that one person was refusing the meals offered and preferred to eat the same meal each day. The Speech and Language Team (SaLT) were contacted and staff followed their guidance to ensure the person had enough to eat and drink.
- Relevant checks had been carried out and equipment was regularly serviced. Gas and electrical certificates were up to date and records showed hoists and wheelchairs were well maintained.
- Staff had attended fire safety training and said there were personal emergency evacuation plans (PEEPs) for each person, which enabled them to support people to leave the building safely in an emergency. The fire alarm was checked weekly and firefighting equipment maintained so that it was available and safe to use.

Using medicines safely

● There were safe systems in place for the ordering, checking, storage and disposal of medicines. Medicines were ordered monthly and checked in by two members of staff so, they were confident they were correct, and they had all the prescribed medicines needed.

● Medicines administration records (MAR) were signed after a person had taken their medicine. These were checked daily to identify any errors, such as gaps, and action was taken if these occurred. The MAR we looked were complete with no errors.

● Senior care staff were responsible for giving out medicines and told us they had completed medicine training. This included observation of their practice to check they gave out medicines safely. One member of staff told us, "Yes all the seniors have done the training and our competency is checked yearly."

● There was clear guidance for staff to follow when giving out 'as required' medicines and staff said they had attended additional training to administer some of these medicines. For example, specific training had been provided for staff to support people experiencing a prolonged seizure; when medicine would be placed between the cheek and gums for fast absorption.

● There were policies in place for staff to follow if people refused their medicines. One member of staff explained how they supported one person and said, "We spoke to the GP about them refusing to take their medicines and were told there is only one medicine that is essential. It can be given any time of the day so if they refuse we ask again later. It seems to work well, they have it every day, it is just the time that might be different."

Staffing and recruitment

● The registered manager said they had discussed the staffing levels with the provider and had been advised there were enough working in the home to meet the needs of people living there. Although there was feedback from relatives and staff that there were not enough permanent staff, there was an overreliance on agency staff and this meant people missed out on some activities. This is looked at in more detail in well-led.

● Robust recruitment procedures were followed to ensure only suitable people worked at the home. This included two references and a Disclosure and Barring Service (DBS) check, which would identify people who should not work with adults or children.

Preventing and controlling infection

● The home was clean, well maintained and there was an ongoing programme of redecoration and replacement. Some rooms had been repainted and a shower room needed to be completely refurbished following a flood. The registered manager said this would be done as part of the yearly improvement plan.

● Staff had completed infection control and food hygiene training and they used personal protective equipment (PPE), such as gloves and aprons when required. Appropriate laundry facilities were in place and staff supported people to do their own washing if they wanted or were able to.

Learning lessons when things go wrong

● The registered manager had introduced a clear audit process to review incidents and accidents and identify any trends, so staff could learn from them and prevent them re-occurring.

● Staff said, "There is a really clear process to follow, if there is an incident or accident we see if anyone is injured, like if they have fallen, we might call paramedics and if the manager is not here we ring who is on call as well. We then fill in the forms and leave them for the manager to look at."

● The audit had details about what had happened, when, who was involved, and the action staff had taken at the time. The registered manager said they had not identified any trends and systems were in place to reduce the risk of falls.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and relative's feedback and our observations confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- Care and support was provided in line with current guidance and good practice.
- People had lived at Arundel Road, or one of the other homes in the group, for years. One person had recently moved from another home, their needs had been assessed and they had visited the home to meet people and staff. Staff said they had settled in very well and now thought of Arundel road as their home.
- One member of staff told us, "Most of the residents go to the day centres, so residents in each of the homes know each other, so when (Name) moved in although it was a different building he knew other residents, so I think he became comfortable here quickly."
- People's needs were reviewed regularly, and records showed relatives, staff and health professionals were involved. One member of staff said, "This means we have agreed that the support provided is best for each of the residents and meets their needs."

Ensuring consent to care and treatment in line with law and guidance
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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff said they had completed MCA and DoLS training and demonstrated a good understanding of consent and deprivation of liberty. Staff told us, "Yes we did that as part of the safeguarding training." "The residents can make decisions about everything here, when they get up or go to bed, what they have to eat and if they want to go out" and "If they can't tell us we know from their body language if they want something, want to do anything or don't. (Name) waves their arms around if they want to be left alone."
- Staff consistently asked people for their consent if they needed assistance and were discrete when offering

support with personal care. People spent time where they wished, there were no locked doors within the home, and people walked about freely or were assisted by staff to use the lounge of their choice or remain in their bedroom.

● Mental capacity assessments had been completed for each person. These were specific to each aspect of need, reviewed regularly and were linked to DoLS if appropriate.

● The registered manager said DoLS applications were being reviewed due to the recent changes in legislation, and they were waiting for a response from the local authority. DoLS had been agreed for people for the locked front door so that staff could be sure people were safe if they left the building. One member of staff said, "We are not restricting people and the lock doesn't mean they can't go out, just that they need staff to go with them." People went out with staff, into Eastbourne shopping or for a walk, depending on what they wanted to do.

● Best interest meetings had been held with relatives, staff and professionals when people had been assessed an unable to make the decision. The registered manager said any decisions were in a person's best interest and specific to each situation. For example, one person needed dental treatment, but became anxious at the dentists and refused to attend. The agreed decision was that treatment would be done at a local hospital, so they could have appropriate support to reduce their distress, and this had been provided.

Staff support: induction, training, skills and experience

● Relative's said staff had a good understanding of people's needs and provided the support and care people wanted. One relative told us, "Staff immediately know what he wants, which is good."

● New staff completed induction training. The registered manager said new staff worked with more experienced staff, as the residents got to know them, and staff got to understand people's needs. They said, "The agency staff have usually worked here for a long time, some are like permanent staff, they know the residents very well, so there are not too many unfamiliar faces for the residents."

● One new member of staff told us, "Yes I worked with other staff, read the care plans and senior staff watched how I worked, they were really helpful. I am still getting to know residents and they are getting to know me."

● The registered manager said new permanent staff who had no previous experience in care and had finished the induction would be required to complete the care certificate. The care certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in health and social care sectors. The training plan showed that some staff had completed this. Staff were also supported to work towards national vocational qualifications and some had already completed levels, 2, 3 and 4.

● Staff said they had regular supervision. Staff told us, "Yes we have supervision about every six weeks I think, we have a chance to talk about our work, training and if we want to do anything more" and "I think it is good, a two-way thing, time set aside to talk about what is important to us."

● There was an ongoing programme of training and updates, including first aid, moving and handling, as well as training specific to people's needs. For example, epilepsy, autism and dementia awareness, which staff put into practice and provided appropriate support. The registered manager knew that training needed to be reviewed and changes made if necessary. They had agreed additional training, such as working with adults with profound learning disabilities, with the provider and trainer.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● People were supported to have enough to eat and drink to maintain their health and wellbeing. Snacks and drinks were available throughout the day; staff had a good understanding of people's likes and dislikes and these were included in the support plan as guidance for all staff.

● Mealtimes were a pleasant and social time and staff assisted people with their meals as required. Staff were careful to ask or make sure people had swallowed the food and drink before offering more. They chatted to the person they were helping, about the food and if they liked it and what they wanted to do later.
● The cook had been working at the home for two months and provided a choice of meals using fresh produce. The evening meal was the main one as people were usually out during the day. Two choices were offered, although people could ask for something else and they clearly enjoyed their meals. The cook had a good understanding of people's specific dietary needs and meals were planned on this basis. For example, one person had a reduced salt diet, as high salt levels had been linked to an increase in seizures; all staff were aware of this and appropriate meals were provided.
● People were weighed regularly, and advice was sought from professionals if they had any concerns. Staff said if a person's eating habit changed, they lost or gained weight, they would monitor what they were eating and seek advice from their GP or the dietician. Records showed health professionals offered guidance and support as required.
● People were supported with their oral health. The support, guidance or prompting needed was included in the support plans. Staff said, "Some residents need assistance or encouragement with brushing their teeth, others need reminding" and "We know how important it is to have healthy teeth and mouth any problems can affect how much residents eat and drink and their overall health." Records showed guidance to support each person, including people who had no teeth, and how staff assisted people to have clean gums and mouth.

Adapting service, design, decoration to meet people's needs
● People living at Arundel Road responded positively with "Yes" and smiles when we asked if they liked their rooms.
● The home is a ground floor building that has been adapted to meet the needs of the people living there. It is made up of two units, either side of the front entrance, which were accessible to people using wheelchairs and walking aids.
● People's bedrooms were decorated and furnished as they wanted them, with pictures and ornaments.
● Additional equipment had been provided if people needed assistance, such as moveable armchairs. This made sure people were able to spend time where they wished without restrictions.
● There was pictorial information throughout the home. This included pictures on doors for bathrooms and toilets, as well as pictorial menus, activities and the complaints procedure on the main noticeboard at the entrance.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were not able to tell us if the staff were caring, but we saw staff knew people very well, they understood people's individual needs and provided the support they needed. Relatives said, "The staff are very kind and caring." "Yes, they have the care they need, when they need it" and "I think the support is fantastic."
- Staff were respectful when they spoke to people and communication between people and staff was relaxed and friendly. One member of staff said, "We don't sit in the office with the door closed, everything we do here is all about the residents. Residents can come in and sit in the office with us if they want to, this is their home." We saw one person sat in the office as it was quiet and they could relax.
- Staff were knowledgeable about people's individual preferences, life story and interests, and the support provided reflected these. For example, one person chose not to go out of the home, to the day centres or into town. The person decided when they wanted to get up and how they spent their time, they did some activities but often sat in the lounge watching TV, which was their choice. One member of staff told us, "It really depends on what (Name) wants to do. We offer support and they may refuse, we always ask if they want to go out, we might suggest shopping, but it is up to them."
- Staff had completed training in equality and diversity and explained how they supported people equally. One member of staff said, "Each resident is unique in their own way, bit like us, and we respect their wishes and preferences." People were supported to attend religious services if they wanted to, or staff could arrange for them to have religious/spiritual support at the home.

Supporting people to express their views and be involved in making decisions about their care

- The registered manager told us they worked closely with people, relatives and professionals when planning care. They said, "We know the residents very well and we can assess how they respond to the support provided daily, and we always involve people and relatives in decisions about the care they receive. We are all working together to make sure residents make their own choices in a safe way and live the best life they can."
- Support plans had clear information about what people needed and wanted and how staff should assist them to do what they wanted. There was evidence that relatives and professionals had been involved in reviewing these.
- A relative told us they had recently been involved in a review. They had had the opportunity to talk about their family members needs and how the support might be improved. Another relative said, "We have a 'care

report' monthly, which keeps us up to date and I am perfectly happy with the home."

● Confidentiality was respected by staff. Personal information was kept locked in the office and staff made sure they had privacy when discussing people's needs. One member of staff said, "We never talk about residents if they, other residents or relatives can hear us, would not be respectful."

Respecting and promoting people's privacy, dignity and independence

● Staff treated people with respect and protected their privacy and dignity when offering support with personal care. A relative told us, "Yes staff do make sure they support people in private, in their own room with the door closed. Even if it is only getting ready to go out."

● Staff said, "We are always very careful when assisting residents with personal care and of course only female staff support female residents" and "It is essential that when we provide support it is done in privacy. It is the same as we would like to be supported."

● We saw staff discretely prompted people or asked if they needed to use the bathroom. When people used these facilities staff waited outside, they gave them privacy and protected their dignity.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Support plans had been personalised to identify and meet people's individual needs. These were reviewed with relatives, care manager from the local authority, the registered manager and keyworker. The registered manager said they were multi-disciplinary meetings so that they could look at all aspects of each person's needs and agree how these should be met.
- The registered manager was in the process of transferring the support plans and supporting documentation on to an electronic system, with staff recording the support they provided onto hand held devices. We saw staff using these and they said what they had recorded was updated onto the central computer.
- The registered manager said the electronic system would make it easier for staff to record the support at the time it happened. Any gaps would raise an alert on the computer and could be dealt with at the time rather than later.
- Staff knew people very well; they spoke knowledgeably about the care and support people wanted and were confident their assistance enabled people to be as independent as possible.
- People had their own keyworker, members of staff with specific responsibilities for each person's support. Staff told us which person they were keyworker for and said this included checking their room, that their clothes were appropriate to the weather and that they had enough toiletries. Staff would contact relatives if a person needed anything and sent monthly reports to them advising what their family member had been doing.
- Relatives knew who their family members keyworker was. One relative told us, "Yes the keyworker system is good, we know who to talk to and they send us an update every month about what has been happening, the care report."
- Staff all said their aim was to continue to support people, "In their own home." A relative told us, "(Name) always seems comfortable and I can see, is happy because of the way they respond to staff."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs varied. Some people were unable to communicate verbally, while some could respond yes and no; others used different non-verbal signals that were recognised by staff.

● A relative told us, "Yes the staff know what residents want, although they can't all communicate. I don't have any concerns."
● People's support plans had details of their communication needs and we saw staff responded appropriately to people. For example, one person preferred to sit quietly at times. When other people in communal areas became louder the person, who needed assistance to move around, called out. Staff knew what this meant and asked them if they wanted to sit elsewhere and assisted them to do this.
● Each person had a 'Passport', with information about their needs and how these could be met if they had to go into hospital. The registered manager said the passport would be given to hospital staff, so they had something to refer to, although a member of staff would stay to support people for all appointments and if they had to remain in hospital.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● Relatives said their family members were supported to do activities in the home or go into the community. Relative said, "They go out of their way to provide activities." "They have a weekly 'disco' at the charity's day centre, which (Name) loves to go to, really enjoys it and staff take them" and "They have birthday parties in the home, which is very nice, we were invited and everyone joins in."
● Staff said people decided how they wanted to spend their time, what activities they joined in and we saw staff assisted them to do activities of their choice.
● People who preferred to remain in the home sat with staff, watching TV in the lounge or doing activities. One person was laughing with a member of staff, using a toy they were playing peek-a-boo with the curtain and enjoying themselves. Other people had a manicure, spent time in the sensory room or watched DVDs in their own bedrooms.
● There were opportunities for people to attend day centres during the week, where activities that 'promoted and developed daily living skills and social interaction' were offered. One of the day centres was closed on the day of the inspection and alternative arrangements had been made. For example, one person went out for the day with their parents.
● Whenever possible staff supported people to go on holiday and at the time of the inspection one person was at a holiday resort with staff. The registered manager said they would like to arrange these for all of the people living in the home, but individual's financial restraints meant some people had days out.
● Relatives were very supportive of the home and the services provided. They told us they were made to feel very welcome when they visited, staff were approachable, and they understood their family members needs. One relative said, "Staff don't get (Name) ready before we arrive, we could be late, so staff wait until we are there before suggesting they should put their coat on. It's very good."
● The registered manager said they encouraged regular contact with and visits from relatives, "Relatives are very involved in how we plan and offer support, so we like them to visit and see how the home is run and keep in contact with the residents."

Improving care quality in response to complaints or concerns
● The provider had a complaints procedure, which was displayed on the notice board near the entrance, in written and pictorial format.
● Relatives said they knew there was a complaints procedure. They told us, "If I was worried about something I would talk to the keyworker or manager, but I haven't needed to" and "Yes I am sure if I had a complaint they would deal with it."
● Staff told us people were unable to, "Make a complaint," but said they knew people very well and would know if they were unhappy. One member of staff said, "Residents are able to tell us, with noises, body language or words if there is something they don't like, and we can do something about it as it happens."
● The registered manager said they had had one complaint since the last inspection and we saw they had

used the provider's procedure to resolve this.

End of life care and support

● There was no one at the home receiving end of life care at the time of the inspection. Although staff said they had attended training to support people at this time and had provided this care previously.

● The registered manager told us as far as possible people would be supported to remain at Arundel Road if their health needs changed. They had discussed end of life care, at an appropriate time, with relatives and representatives and their preferences had been included in their support plan.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care; continuous learning and improving care

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The registered manager had been responsible for the day to day management of the home since July 2018. They had reviewed the quality assurance system and audits to monitor all aspects of the services were completed by an external consultant. These included audits for care plans, MAR, incidents and accident, health and safety, infection control and staffing.
- The registered manager told us audits had supported areas where they thought improvements were needed, and as much as possible they had taken action to address them. For example, the permanent staffing levels were a concern for the management, staff and relatives. Despite ongoing recruitment they had been unable to employ enough permanent staff. This meant they relied on agency staff. Although most had worked at the home for some time and knew people well, there were times when staff were not available to support people with all the activities they wanted to do.
- To limit the impact of agency staff use as much as possible, permanent staff often worked additional shifts or worked on their day off. One member of staff said not all colleagues were able to drive the minibus and they had driven people to the day centres on their day off, so they did not miss out on this opportunity. They said, "I don't mind coming in to help, but it would be better if we had more staff."
- Feedback from relatives and staff had been passed on to the provider and at the time of the inspection they had requested one additional member of staff, to offset the use of agency staff, and were waiting for confirmation that this would be agreed.
- Staff were aware of their roles and responsibilities. Staff knew who was responsible for each aspect of support, including medicines and staff allocation, and they knew their own limits and when to ask for advice. Staff supported people with autism and additional training had been provided by one of the staff from another service. The staff said this had been very helpful and helped them understand people's individual needs.
- There was a handover session at the beginning of each shift, so that staff were clear about any changes in people's needs and an allocation sheet meant staff were sure who they were supporting for that shift.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager knew people very well. We saw they continually chatted to people as they walked

past the office and people came in to talk to the registered manager to see 'what was going on'. They nodded, smiled or said yes, when she asked if everything was ok and if they needed anything.

● Relatives told us the home was very well run. They said, "The manager is very approachable and understands the residents very well" and "I think she manages it very well, I just think they could do with the same number of staff they used to have."

● Staff said the registered manager had an open door-policy and consistently told us they promoted a positive culture at the home. They told us, "The manager made me feel part of the team when I started, which was really good." "We can discuss anything with the manager" and "I feel we are all working together to offer person centred care, based on each resident's needs."

● Feedback from professionals was equally positive and one said, "The registered manager appears to know the people and service well and communicates any client wellbeing changes to our service promptly."

● The registered manager understood their responsibility under duty of candour. Relatives were kept informed about the care and support provided, through the monthly care reports and staff contacted them if there were any changes. Such as, a person feeling unwell and needing to see the GP. One relative told us, "They arrange the appointments if (Name) is unwell and let us know about it and if we want to check on anything there is always someone to ask."

● The registered manager sent in notifications about issues at the service that might impact on people or staff, as part of their regulatory responsibility.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

● The registered manager said it was important to obtain feedback from people, relatives, staff and professionals to improve the service. They told us, "We have built up good relationships with health and social care professionals, everyone who visits the home, especially the relatives, so that they are happy to tell us how they think we are doing and if there are areas we need to improve. I am quite happy to listen to everyone and see if any changes would improve the lives of our residents."

● Staff had regular meetings to discuss the support and care provided; put forward suggestions for improvements and keep up to date with any changes. From the minutes we saw action had been taken when a concern had been noted. Such as the laminated photographs to be put in the laundry room so that all staff, including agency, would know where to place the clean clothing.

● There were no regular relative's meetings, but the registered manager and staff spoke to them when they visited, some at least weekly, and they were updated monthly with the care report. The registered manager had sent out questionnaires and was waiting for responses at the time of the inspection. These would also be sent to the professionals.

● The registered manager and staff worked closely with professionals, including GPs, chiropodist, dentist and the day centres. A professional said, "The staff have good and positive interactions with the clients and hand over information to our staff to enable consistent support for each person."

● Arundel Road is one of three homes that are part of Eastbourne & District Mencap and they are supported by the registered manager and staff from the other services. This meant they assess each other's service and can put forward suggestions where improvements may be needed, if they find any.