

Arundel Care Services Limited

Upperton Gardens

Inspection report

44 Upperton Gardens
Eastbourne
East Sussex
BN21 2AQ

Tel: 01323439001

Website: www.arundelcareservices.co.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 the service

Upperton Gardens is a residential care home registered to provide personal care to up to six people with learning disabilities, autism and/or sensory impairment. There were six people living at the home at the time of the inspection.

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 receive 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

People were protected from the risk of abuse. Risks to people had been assessed and guidance was in place for staff on how to manage identified areas of risk. Staff were aware of the action to take to keep people safe. People's medicines were safely managed. There were enough staff working on each shift at the home to ensure people's needs were met. The provider followed safe recruitment practices.

Staff knew how to manage the risk of the spread of infection safely. The manager maintained a record of any incidents and accidents that occurred at the home and reviewed this information for learning to reduce the risk of repeat occurrence.

Staff sought people's consent when offering them support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were supported in their roles through regular training and supervision. People were supported to maintain a balanced diet and had access to range of healthcare services when needed.

People's needs were assessed. They and their relatives, where appropriate, were involved in the planning of their care. Their care plans reflected their individual needs and preferences. The home had facilities and adaptations which met people's needs. Staff treated people with care and consideration. They respected people's privacy and treated them with dignity. People were involved in making day to day decisions about the support they received.

The provider had a complaints procedure in place and information was given to people in formats which met their needs. People were supported to take part in a range of activities which reflected their interests. They were supported to maintain the relationships that were important to them. Staff spoke positively about the working culture within the home. The manager and staff were aware of the responsibilities of their roles. The views of people and relatives were sought through regular meetings and the use of surveys. The

provider had systems in place for monitoring the quality of the service and driving service improvements.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 16 June 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.

Upperton Gardens

Detailed findings

Background to this inspection

The 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 was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Upperton Gardens 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 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. The registered manager was on maternity leave at the time of our inspection. A senior member of staff was acting as manager for the service in their absence.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people and two relatives about their experience of the care provided. We also spent time observing the support people received from staff. We spoke with four staff including the manager

We reviewed a range of records. This included two people's care records, three staff recruitment records, and staff training and supervision records. We also reviewed records relating to the management of the service, including policies and procedures, medicines records and audits carried out by senior staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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

- People were protected from the risk of abuse. Relatives told us they felt people at the home were safe. One relative said, "I've always valued the fact [their loved one] is very secure here and only goes out with staff support."
- Staff were aware of the different types of abuse that could occur and the signs that may indicate someone had been abused. They received safeguarding training and knew the provider's procedures for reporting any allegations of abuse. One staff member told us, "I'd report anything I was concerned about to the manager. If needed, I know I could also report allegations to social services or CQC directly."
- The manager was aware of the locally agreed procedures for reporting abuse allegations to the local authority safeguarding team and of the need to notify CQC in line with regulatory requirements.

Assessing risk, safety monitoring and management

- Risks to people were safely managed. People's care plans contained risk assessments covering a range of areas specific to their individual needs. They included guidelines for staff on the action they should take to keep people safe. For example, we saw guidance in place for staff on how to safely support a person living with epilepsy, should they suffer from a seizure.
- Another person had a Positive Behaviour Support (PBS) plan in place which gave guidance to staff on how to safely manage any behaviour requiring a response. It included information for staff on things that may potentially trigger an escalation in the person's behaviour, details of any potential warning signs and the approaches they could use to intervene if needed, focusing on de-escalation and distraction techniques.
- Staff demonstrated a good understanding of the risks to the people they supported. One relative told us, "Staff have a good understanding of [their loved one's] mental condition and how to manage their behaviours."
- The provider had procedures in place for dealing with emergencies. People's care plans included missing persons profiles. They also had personal emergency evacuation plans (PEEPs) which gave guidance to staff and the emergency services on the support they would require to evacuate from the home in an emergency. Staff received first aid and fire safety training and knew what to do in the event of a fire or medical emergency.

Staffing and recruitment

- There were enough staff on duty at the home to support people safely. One relative told us, "There are enough staff to give lots of individual attention to the residents and to deal with anything on the spot."
- The manager told us that staffing levels for shifts were determined based on people's needs and could be adjusted if needed depending on day to day requirements. We observed staff to be available to support people where needed during our inspection, both within the home and accompanying people when they

wished to go out.

- The provider followed safe recruitment practices. Staff files contained copies of documents confirming their identification as well as information about their qualifications and previous employment histories. The provider has also carried out criminal records checks and sought references from previous employers to help ensure staff were of good character and suitable for the roles they had applied for.

Using medicines safely

- Medicines were safely managed. They were stored securely and only accessible to trained staff who had been assessed as being competent to administer medicines. Staff carried out routine temperature checks of the medicines storage area to ensure they were maintained within a range that meant they were safe for effective use.
- People had medicine administration records (MARs) which included a copy of their photograph to help reduce the risk of misadministration. The MARs had been signed by staff to confirm they had administered people's medicines in line with the prescriber's instructions. There was guidance in place for staff on how and when they should look to administer any medicines which had been prescribed to people to be taken 'as required'.
- The provider had systems in place for receiving and disposing of any unused medicines.

Preventing and controlling infection

- People were protected from the risk of the spread of infection. Staff attended infection control training and knew the steps to take to reduce the risk of infection. One staff member said, "We have access to disposable gloves and aprons which we wear when supporting people and wash our hands before and after."
- Staff routinely cleaned and tidied the home as part of their duties. Senior staff carried out periodic health and safety audits which looked at infection control, food hygiene and housekeeping to ensure these areas were managed to a safe standard. The home had handwashing facilities available for people, staff and any visitors.

Learning lessons when things go wrong

- Staff were aware of the need to report any incidents and accidents which occurred and to document the details, including information about the action they had taken as a result. One relative commented positively about the way in which staff completed and reviewed behavioural monitoring charts for learning with an aim to reduce the frequency of incidents. Records showed the frequency of incidents had reduced in 2019 from the previous year.

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 people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the home to ensure the service offered was suitable for them. Assessments formed the basis on which people's care plans were developed. They took into account the support people needed to maintain good physical and mental health as well as their social needs and preferences.
- People's care plans had been developed in line with nationally recognised guidelines. For example, the support plans for people who may display behaviours requiring a response from staff focused on strategies which minimised the need for using any restrictive interventions, in line with national guidelines.

Staff support: induction, training, skills and experience

- Staff had the skills, experience and support to work effectively with people. They received an induction when they started work at the service which included time spent familiarising themselves with the provider's policies and procedures and a period of time shadowing more experienced colleagues. Staff new to working in care were also required to complete the Care Certificate during their first months working at the service. The Care Certificate is the benchmark that has been set for the induction standard for staff new to social care.
- Staff completed a programme of training relevant to people's needs. This included periodic refresher training to help ensure they remained up to date with best practice. One staff member told us, "The training has been fantastic, particularly the training on autism and Positive Behaviour Support. I also received a lot of support when shadowing others."
- Staff were also supported in their roles through regular supervision and an annual appraisal of their performance. One staff member told us, "Supervision is a good opportunity to discuss any issues; I find it helpful."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet. One relative told us, "[Their loved one] is very particular about food and is fully involved in making choices about meals, including through involvement in on-line shopping."
- People's care plans included guidance on how to manage risks identified with eating and drinking such as the risk of choking or malnutrition. Care plans also included information on the support people required when preparing or eating meals, as well as details of their likes and dislikes.
- People were able to eat when and where they wished. One relative told us, "[Their loved one] prefers to have meals without having to be sociable with others, so they have a table in their room." We observed staff regularly offering people drinks and supporting them to make food when they wanted during our

inspection. A relative commented, "[Their loved one] assists with the meal preparation."

Adapting service, design, decoration to meet people's needs

- The home had been adapted to meet people's needs. One person's bathroom had been converted into a wet room which better suited their needs. People could have privacy by spending times in their rooms, whilst also having access to communal areas where they could spend time together.
- People's rooms were personalised and reflected their individual likes and dislikes. One relative said, "[Their loved one] likes their room so much and has it equipped so they can use it like a bed sitting room." Another relative told us, "[Their loved one] has recently had their room redecorated. They are in full control of how it's organised and has now moved in a wardrobe from their old bedroom at home. The environment as a whole suits them well."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access a range of healthcare services when they needed them. One relative told us, "They keep us updated; there is nothing they could do more in looking after [their loved one's] health."
- Staff accompanied people to their healthcare appointments where needed. Records confirmed people had routine check-ups with their GP, dentist and optician and were supported to attend appointments with more specialist healthcare services when required such as with a neurologist or psychiatrist. One relative said, "The home has always put in place what has been recommended by the psychiatrist."
- Staff worked to ensure people received effective treatment when moving between different services. People had 'This is me' health passports in place which accompanied them when they attended healthcare appointments. These gave an overall picture of each person and their preferences in the way they liked to be supported. They included information about their health conditions, any known risks and their communication needs, as well as guidance about what had made medical appointments and interventions successful in the past. This helped ensure people received consistent support in different healthcare settings.

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 sought people's consent when offering them support. One staff member told us, "I always ask. I wouldn't make anyone do anything they didn't want to. If someone refused my help, I'd try and encourage them or try again at a different time."
- Staff demonstrated a good understanding of the MCA and how it applied to their roles when supporting people. Where people lacked capacity to make key decisions for themselves, their care plans contained completed mental capacity assessment and best interests decision documentation, in line with the requirements of the MCA.

- The manager knew the process for requesting authorisation to deprive people of their liberty under DoLS. Records showed that they had submitted DoLS authorisation requests in a timely manner before people's previous authorisations had expired. The local authority confirmed that they were still in the process of working through a backlog of authorisation requests which needed assessment at the time of our inspection.

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

- Staff treated people kindly. We observed staff interacting with people in caring and considerate manner. People were comfortable in the presence of staff and turned to them regularly for support. Staff were enthusiastic and friendly in their approach, offering people praise and encouragement when involved in tasks around the home. One relative told us, "Upperton Gardens is brilliant, everyone there knows how to relate to [their loved one]."
- Staff received equality and diversity training. One staff member told us, "We all want to treat people respectfully, so would always take their beliefs or cultural background into account when supporting them."
- People's care plans included consideration of whether they had any spiritual or cultural or needs. One person's care plan indicated they had previously been supported to practice their faith, although had chosen to stop doing so at the time of our inspection.

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

- People were involved in making decisions about the support they received. One staff member told us, "The residents decide all sorts of things on a day to day basis. They choose what they want to eat, what they want to wear and how they spend their time; it's up to them."
- We observed staff seeking people's views and respecting their choices during our inspection. For example, we heard one staff member asking a person what they wished to do during the day, discussing different options and then helping them get ready for the activity they chose. Another person discussed holiday plans with staff, indicating that they were involved in the planning and that this was important to them.
- Relatives confirmed that they were also involved in making decisions about people's care, where appropriate. One relative told us, "I always chat with the manager and they make sure to involve me, asking my opinion about the best way to support [their loved one]."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy was respected. One staff member told us, "I knock and wait for a response before going into anyone's room." Another staff member said, "If I'm assisting someone to wash or dress then, I'll make sure we have privacy. The door and curtains will be closed." We observed staff knocking on people's bedroom doors before entering their rooms. Staff treated people as equals, offering advice or suggestions rather than instruction when supporting them.
- People's care plans identified the areas in which they were independent or included guidance for staff on the support people required to maximise their independence. For example, one person's care plan described the level at which they were able to prepare meals independently, highlighting the areas in which

they would need staff support.

- Staff promoted people's independence whilst supporting them. They worked with people rather than doing things for them. For example, we observed staff involving people in tasks like preparing hot drinks or doing their laundry, offering encouragement and praise throughout.

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

- People and their relatives, where appropriate, had been involved in the planning of their care. One relative told us, "I feel fully involved in care planning and reviews." Another relative told us, "We've spent a couple of hours at a time with the manager, going through review forms."
- People had person-centred care plans in place which described their individual needs. They included information about their likes and dislikes, their preferences in the way they wished to be supported and the best approaches for staff to take when offering them support. For example, one person's care plan contained detailed guidance for staff on the routine they needed to follow when supporting one person to take their medicines.
- Staff held regular keyworker meetings with people to discuss the care they received and how they were getting on living at the home. Areas covered at these meetings included the activities people took part in and their relationships with both staff and the other people living at the home.

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 had been assessed and their care plans contained guidance on how to communicate with them effectively. For example, one person's care plan identified that they understood what was being said to them but would respond using actions or sounds rather than words. The care plan then described some of the typical responses the person may give and what these were likely to mean.
- Information was available to people in a range of different formats which met their needs and people had access to tools which supported them when communicating. For example, one person had an electronic device which enabled them to select pictorial information when communicating with staff.
- Staff demonstrated a good understanding of people's different methods of communication. We observed staff recognising and responding to different types of non-verbal communication during our inspection.

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

- People had access to and took part in a range of activities which reflected their interests and met their need for social stimulation. Planned activities for the week of our inspection included bowling, going to the pub, meals out, aromatherapy, a visit to a sensory room and horse riding. One relative told us, "[Their loved one] enjoys baking so has diarised sessions, which ensure they spend time in the wider home whilst still

being highly individual to them." Another relative commented, "They've always kept [their loved one] busy; we've been very pleased with the encouragement staff give to keep them active."

- Staff supported people to maintain the relationships that were important to them. Relatives told us they were able to visit people when they wished and were always made welcome. Staff were also happy to support people to make visits home to their families. One relative told us, "Two staff come with [their loved one] when they visit and are fully involved in supporting them whilst they're with me."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place which outlined the action people or their relatives could expect if they needed to complain. This was on display in the home in a format that met people's needs. Relatives knew how to complain and expressed confidence that any issues they raised would be addressed if they needed to complain.
- The manager told us they would keep a record of any complaints received which included details of any investigation they undertook and a copy of their response once the investigation had been completed. However, the service had not received any complaints during the year prior to our inspection.

End of life care and support

- None of the people living at the service required end of life support at the time of our inspection. The manager confirmed that staff would work with relevant healthcare professionals to ensure people received responsive care at the end of their lives.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home had a positive working culture and inclusive environment. Staff told us they were well supported by the provider and manager. One staff member said, "The manager is very supportive and caring. They regularly check to make sure I'm doing OK and has been giving me more responsibilities at a pace I'm comfortable with." Another staff member told us, "I can talk to the manager whenever I need to and can be open if I'm unhappy about anything. We have good support here from all levels of the organisation."
- Staff spoke positively about the way in which they worked as a team. One staff member said, "The team are all hugely patient and supportive of each other." Another staff member told us, "I'm very happy working here. We all get on well and staff morale is very good. I'm proud of the fact that we provide good quality support and make a positive difference to the lives of the residents."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 manager demonstrated a good understanding of regulatory requirements and their responsibilities under the Health and Social Care Act 2008. They were aware of the different types of events they were required to notify CQC about and records confirmed notifications had been submitted where required. They also knew to display the current CQC rating for the service and we saw this was displayed in a communal area within the home.
- Staff understood the responsibilities of their roles. They attended regular staff meetings and handover meetings between shifts to share information about the running of the service and any changes in people's support needs.
- The manager understood the duty of candour. Records showed they had informed relatives of any incidents or accidents which occurred at the home in an open and transparent manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views of the service were sought through regular key worker meetings. Records showed that whilst people did not always clearly express an opinion about the service they received, any feedback they wished to share was encouraged.
- The provider sought the views of relatives through an annual survey, although relatives told us they were able to discuss the service people received with the manager when they wished. We noted the responses to

the last survey had all been positive and indicated that people were experiencing good outcomes whilst living at the service. This was reflected in the feedback we had from the relatives we spoke with. For example, one relative told us, "We've been incredibly pleased with the response from everyone we've dealt with at the home and how they've worked with [their loved one] over the last decade. I know I can speak on behalf of our entire family in saying that."

Continuous learning and improving care

- Senior staff carried out a range of audits and checks on different areas of the service to help identify potential areas for improvement and ensure the service people received was of a high standard. Areas covered by audits included checks in the kitchen and food hygiene, infection control, accidents and incidents, fire safety and the safety of the environment.
- Action had been taken to address any issues identified during audits. For example, fire extinguishers in the home had been serviced where these had been identified as being due during an audit earlier in the year.

Working in partnership with others

- The manager confirmed they were committed to working openly with other agencies when needed, to help ensure people received a high-quality service. They told us they would welcome any visits from local authority commissioners should they wish to visit. Records showed they had provided information promptly to the local safeguarding team when requested to do so.