

Sharon and Glen Arnott

# Sharon and Glen Arnott - 32 Beamont Way

## 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 

### Overall summary

This inspection took place on 8 November 2015 and was unannounced. The last inspection took place on 1 December 2013 and no breaches of legal requirements were found at this time.

The home provides care and accommodation for up to four people with a learning disability. At the time of our inspection there were four people living in the home. There was a registered manager in place. A registered

manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's rights were protected in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

# Summary of findings

People's capacity was considered in decisions being made about their care and support and best interest decisions were made when necessary. Staff were trained in this area and had a good understanding of the steps to follow.

Staffing levels were flexible to accommodate the needs of people and the activities they chose to participate in, within their local community. People we spoke with confirmed this and the rota we saw confirmed this. People had choice about their daily activities and were involved in their support planning to choose what activities they wanted to undertake.

Sufficient numbers of staff were available to support people's individual needs safely. This was observed throughout the inspection and included the lunchtime activity, where we saw people were supported with their nutritional needs.

Support plans and risk assessments were representative of people's current needs and gave detailed guidance for staff to follow. Staff understood people's individual needs and preferences which meant that they received care in accordance with their wishes. Risk assessments were balanced with safety and independence promotion.

People were supported by staff who were kind and caring in their approach and were treated with dignity and respect. This was confirmed by the observations we made during our inspection and the people that we spoke with.

Safe procedures and a policy was in place to guide staff to manage people's medicines safely. Staff received regular training that ensured best practice was followed.

People and staff that we spoke with told us people received a good quality of care and support. They confirmed people's needs were managed safely and staff responded quickly to any changes in their health needs.

The provider had ensured that staff had the knowledge and skills they needed to carry out their roles effectively. Training was provided and staff we spoke with were knowledgeable about people's needs.

The service was well led. Staff and people who used the service spoke highly of the management team and the vision of the service. There was a positive attitude amongst staff towards their work and staff responded well to the direction of the management team. A detailed system was in place to monitor the quality of the service that people received. This included a system to manage people's complaints.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

There were sufficient numbers of staff to ensure that people were cared for in a safe way that met their needs. People that we spoke with confirmed this.

People's medicines were managed safely and staff received regular medicines training.

There were risk assessments in place to guide staff in supporting people safely. They ensured people were supported to be as independent as possible.

Staff were trained in and felt confident about safeguarding people from abuse. They were knowledgeable of the process to follow if they had any concerns. This included the knowledge of 'whistleblowing' procedures.

Good



### Is the service effective?

The service was effective.

People's rights were protected in line with Mental Capacity Act 2005 and

Deprivation of Liberty Safeguards. Staff received training in this area to remain up to date with the latest guidance.

People received effective care and support and staff worked with other healthcare professionals when necessary. Referrals were made for specialist support and guidance when required.

Records relating to people's care and treatment showed people were protected from the risks of unsafe care.

Staff received good training and support to fulfil their roles that ensured people's needs were met.

Good



### Is the service caring?

The service was caring.

People were involved in planning their own care and support where able, and were given information in a way they could understand.

Staff were kind and caring in their interactions with people and people were treated with dignity and respect.

Staff supported people to maintain relationships with people that were important to them.

Good



### Is the service responsive?

The service was responsive.

Staff understood people's individual needs and preferences and clear guidance was available in people's care files for staff to follow.

People were supported in activities they were interested in and activity plans were developed with people.

Good



# Summary of findings

There was a system in place to respond to complaints. People we spoke with knew how and who they would make a complaint to.

## **Is the service well-led?**

The service was well-led.

There was an open and transparent culture in the home. Staff were confident about raising issues and concerns and felt listened to by the registered manager.

The registered manager communicated with staff about the service. Staff meetings took place every two months and a monthly newsletter was developed and distributed.

There were systems in place to monitor the quality and safety of the service provided. Action plans were devised and followed to improve the systems that were in place.

People's opinions were sought to improve the quality of the service.

**Good**



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## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 November 2015 and was unannounced. The inspection was undertaken by one inspector. Prior to the inspection we looked at all information available to us.

This included looking at any notifications submitted by the service. Notifications are information about specific events that the provider is required to tell us about.

As part of our inspection we reviewed the care records for three people in the home and also looked at two staff member's personal files to see how they were trained and supported. We spoke with three people and made observations of the care other people received in the communal area. We spoke with three members of staff, the registered manager and deputy manager who were on duty. We looked at other records relating to the running of the home which included audits, staff supervision and training records and meeting minutes.

# Is the service safe?

## Our findings

People told us they felt safe. People's comments included; "yes I do feel safe here" and "happy safe". Observations that we made also showed people were relaxed and comfortable in the company of staff. This was evident in both their verbal interactions with staff and their facial expressions.

People were protected against the risks associated with the administration and storage of medicines. A clear policy was in place for staff to follow that ensured the safe ordering, administration and returns of any unused medicines. Staff received medicines training coupled with regular refresher updates to ensure they kept up to date with the latest guidance. The administration of medicines was recorded on a Medicine Administration Chart (MAR) chart provided by the dispensing pharmacy. The records demonstrated people received their medicines in line with their GP instructions. Each person had a locked medicines cabinet in their room to store their weekly medicines and staff administered them from that point. The provider had recently made improvements to the medicines auditing system. Staff now undertook a weekly check of all people's medicines. Checks we made during the inspection confirmed people's records showed correct medicines stocks were in place and regular audits took place.

There were recruitment procedures in place to help ensure that staff were suitable for their role and to support the provider in making safe recruitment decisions. This included gathering information through references and a Disclosure and Barring Service check (DBS). The DBS provides information about any criminal convictions a person may have and whether they have been barred from working with vulnerable adults. This helps prospective employers ensure people are suitable for employment in their organisation. Staff files that we saw confirmed these checks had been made.

We found the provider had systems in place that safeguarded people. Staff we spoke with had a good understanding of what safeguarding meant and the processes to follow to report concerns. Staff received

training in safeguarding, and from speaking with staff it was clear they also received regular updates that ensured they were up to date with the latest guidance. Pictorial policies were seen in people's files. This helped people understand what safeguarding meant and how they were protected. Staff we spoke with said "I would have no hesitation to report anything. I understand whistleblowing as well". Another member of staff said "I was asked at interview what I would do if I saw something that wasn't right. We are very open as a team and discuss safeguarding as a team on a regular basis. I know how to report anything that wasn't good".

Risks to people's safety were assessed before they came into the service. People's risk assessments were clear and detailed to guide staff. They ensured the least restrictive option for people and enabled people to be as independent as possible. The registered manager told us "we look at what's in the person's best interest at all times when we assess risk. However we do support people who choose to take reasonable risks". For example, one risk assessment stated a person was able to manage part of the monitoring procedure for their long term health condition. The assessment guided staff to the additional support the person required. All risk assessments were regularly reviewed to ensure they remained reflective of the person's needs and included the guidance from the person's GP. Staff spoke confidently to us of people's risk management plans. The information they gave us verbally matched what was contained in their support plans demonstrating their understanding of how to support people safely.

The provider had appropriate arrangements for reporting and reviewing incidents and accidents. The registered manager audited all incidents to identify any particular trends or lessons to be learnt. Records showed these were clearly audited and any actions were followed up and support plans adjusted accordingly.

The provider had contracts in place that ensured equipment and safety systems, such as the fire alarms were regularly checked and serviced. This ensured the equipment was fit for purpose and safe to use.

# Is the service effective?

## Our findings

People received effective care. This was because staff ensured advice and guidance was sought from external health professionals when required. For example we saw information in people's files that showed the service had consulted with a diabetes specialist nurse and their GP. The professionals supplied detailed information for staff to follow. We saw this information was also incorporated into people's support plans that ensured the latest guidance and instructions were followed.

People's ongoing health needs were managed as people were supported to see a local GP or hospital, should they require it. All visits were documented in their personal files and family members were updated as required and appropriate. People had Health Action Plans (HAP's) in place. This document contained detailed information that supported the person should they need to stay in hospital or visit health professionals. In addition, it helped health professionals understand the way in which people liked to be supported. Pictures were used to help the person to understand what it might be like and this was developed with the person to gain their preferences.

People's rights were protected in line with Mental Capacity Act 2005. This is legislation that protects the rights of people who are unable to make decisions about their own care or treatment. We saw examples of best interest decisions being taken on behalf of people, where it had been assessed that they did not have the capacity to consent. Documentation contained details of who was consulted and involved in the decision making process. Pictures were used to aid people's understanding and their involvement. People's care documentation evidenced when people's consent was gained and people signed their documentation in agreement to the care and information that was provided.

Staff confirmed they had received training in the Mental Capacity Act 2005 and staff training plans that we viewed confirmed this. Staff were able to tell us about key aspects of the legislation and how this affected people on a daily basis with their care routines. One person told us "staff do ask me things and they listen to what I want". Staff were heard routinely asking people for their consent throughout the inspection and had a good understanding of people's non-verbal communication needs. Staff gave examples of how they understood from people's facial expressions and

vocalisation if they were happy to proceed with their routines. This ensured people's rights were respected. Staff told us "we include people in everything we plan and do. If they are not happy it won't take place. We always respect their choice".

The registered manager told us where it was felt that a person needed to be deprived of their liberty in order to keep them safe and it was in their best interests to do so, applications were made to relevant authority for DoLS authorisation. This is legislation that protects the rights of people who are unable to make decisions about their own care and treatment. DoLS provides a legal framework to deprive a person of their liberty if it is in their best interests to do so and there is no other less restrictive option.

Staff were positive about the support and training they received. We viewed the overall training records which showed when all mandatory training topics had been completed. These included first aid, moving and handling, safeguarding and epilepsy. The registered manager told us there were four levels of care worker that was determined by the training and qualifications they achieved. Staff would be given delegated responsibilities aligned to their care worker level. Each member of staff had an individual training plan that also detailed their personal development aspirations. This included further development training that included: Level 2 in Health and social care diploma, Level 3 in Health and Social Care diploma and Mental Health Awareness level 2. Staff told us "we can identify extra training we want to do. [Name] is good for providing training". Records demonstrated staff were given the opportunity to develop their skills and remain up to date with the latest practice guidance.

The 'Care Certificate' induction program is used for new staff that come into post. This is an identified set of standards to which health and social care workers must adhere in their daily working life. The registered manager confirmed all new staff would be following this route as well as the standard local induction into the home.

Staff received appraisals and regular individual one to one supervision that guided them in their role and highlighted any development and training needs. Staff said "I get plenty of support and supervision. I have really enjoyed working closely with [name]. We are like a big family here".

People's nutrition and hydration needs were met. People's independence was promoted and some people were

## Is the service effective?

involved in preparing of some of their meals and in the devising of menus. We observed people making cups of tea during the inspection and we heard staff encouraging people do this this, where they were able. People were also asked if they wished to help with the meal preparation and people responded positively to staff encouragement.

People's care plans reflected when advice and support was required from dietary specialists, and clear information was available for staff to follow. This was confirmed when we spoke with staff as they demonstrated good knowledge of people's nutritional needs and the specialist advice that had been sought.



# Is the service caring?

## Our findings

People were supported by staff who were kind and caring in their approach. People's feedback was positive. Comments included "I am happy here", "staff are lovely", "I make cakes with [name] and "[name] is lovely and good. This person told us how they recently made cakes with staff support, for a national fundraising event. They told us how much they enjoyed this. Another person told us " [Name] listens to me and helps me". Staff spoke with people in a considerate and respectful manner. We observed pleasant interaction's throughout our inspection. Staff asked for people's opinions and if they were happy to have support. For example a member of staff said "would you like me to help you with that [name]". Another person was asked "is it ok if the inspector looks at your records and medicines please [name]". Staff also explained that what an inspection was and what it involved. This was an example of people being treated with respect.

People were regularly asked if they wished to have a drink and given choices. For example a member of staff asked a person "would you like a drink [name]. Come and show me what you would like" and the person proceeded to follow the member of staff into the kitchen. The lunch time meal was observed and people were offered a choice of the food available, for example what part of the poultry they wanted and a choice of soft drinks or wine to accompany it. People and staff interacted throughout the meal by exchanging banter and ideas for activities for later that day.

People were supported to maintain relationships with the important people in their lives. Relatives and friends were able to visit when they wished. People's files showed the people that were important to them and memorable dates for them to remember. People told us staff supported them and arranged birthday celebrations and activities in line with their individual interests. Staff told us they would support people to see their relatives when they wished and

understood how important it was for people to maintain these relationships. Other people told us about their pet goldfish and rabbit in the home. They explained the ways staff supported them to help look after their pets.

People were involved in decisions about their care and support and information was given in ways they could understand. This was clearly demonstrated within people's care records and support planning documents that were signed by people if they were able. For example a service user contract was in place that set out what people could expect to receive from the service. This was pictorial to aid the person's involvement and the person signed the contract if they were able to. People we spoke with told us they met with their keyworker and discussed the care and support that was offered to see if they were happy. People told us they felt listened to by staff.

People had the opportunity to attend resident meetings on a monthly basis. These meetings were an opportunity for people to give their views on the service they received and any ideas for improvements. Records of the meetings demonstrated each person was asked in turn for anything they wanted to share. People were involved in decisions about the forthcoming Christmas festivities and holiday planning. Comments were positive and one person said they were happy living in the house and confirmed it had a family atmosphere.

As part of the provider's quality monitoring, people's opinions were sought through surveys on a yearly basis and through person centred planning reviews. A pictorial survey was used to help people understand what was being asked of them and comments were positive. Comments that were received from two respondents were positive about the caring approach of the staff team.

People's cultural and spiritual needs were taken into consideration and accommodated. Staff told us this would always be considered and discussed at the pre admission assessment and would be provided for according to their individual needs.

# Is the service responsive?

## Our findings

People were able to choose what activities they undertook and that were individual and meaningful to the person. People told us “I walk dogs and I go swimming”, “I went to see peter pan”, “I like going out”. Staff told us “people are very much involved in choosing their activities and we plan around that”. People had a timetable of activities that included; community activities, shopping, bingo, going out for meals and to the local pub and shopping. We observed activities taking place during the day on a one to one basis and as a group. During our inspection staff were arranging to take some people out in their local community to play bingo and some people were supported by staff to undertake some personal chores in their own rooms. Staff told us “we meet weekly with people to plan things but we also have daily chats to see what people like on the day”.

People were supported by staff who understood their individual needs and preferences. People told us “staff help me with what I need. I meet with [name] they help me with my rooms and I like cooking with them”. People gave examples of the individual ways in which their preferences were met. This included getting up and going to bed at a time of their choosing and accessing clubs and other community activities. Documentation that we viewed confirmed this. During our inspection we observed that people were able to get up when they wished and undertook various tasks with staff support that was conducive with their support plans.

People’s support needs were assessed before they came into the service. Assessments were undertaken by people’s social workers and wider professionals. This evidenced joint assessments and reviews took place. Support plans were clearly written and gave a good picture of people’s individual needs. This ensured there was consistent guidance in place for staff to follow. Support plans were evaluated on a monthly basis to ensure they were current and reflected any changes in the type of support that people required.

Personalised care and choice was offered to people that used the service. Personalised care plans were put in place. Many aspects were written in the first person. Each person’s individual file held comprehensive information around their care and support needs. The information included;

support plans for all aspects of their daily living needs, likes and dislikes, social contacts and health and professional input information. Some of the documentation viewed was in a pictorial format to aid the person’s involvement. This meant different communication formats were used to involve people in the development of their care and support planning. Daily records were kept that gave an overview of what people did with their day.

People’s bedrooms were well furnished and they were encouraged to personalise their rooms with photographs and memorabilia from home. This helped ensure that people’s rooms were arranged in accordance with the person’s wishes and preferences.

Where people may present with behaviours that could potentially affect others, there were individual plans in place to guide staff in managing this. These plans described the situations that may trigger these behaviours and how staff could support the person at these times. For example, one person’s plan described how they may become agitated and anxious if their mental health support needs increased. The plan detailed how the staff were to observe and support the individual and also detailed the possible impact on others during that time.

People were given information that supported their safety and welfare. Easy to read information had been developed to help people understand their support and healthcare needs. Policies were developed in a pictorial format. This included safeguarding and complaints information.

There were arrangements in place to respond to complaints. A complaints policy and procedure was in place and this identified other organisations and agencies that concerns could be reported to if necessary, this included the contact details of the Care Quality Commission. Records of compliments and complaints were kept and this helped the registered manager know what was going well in the service and any areas that required improvement. No complaints had been received since our last inspection. Three people we spoke with were able to tell us how they would make a complaint. Staff confirmed people were asked and supported, as part of the key working process if they had any complaint to make. People were also asked at the residents meetings if they had any complaints or concerns and reminded of the process. Documentation that we viewed confirmed this.

# Is the service well-led?

## Our findings

People we spoke with told us the service was well led and they knew who the senior management team was. All staff were positive about the management arrangements and told us they were very well supported. People we spoke with told us “oh yes all of them are nice” and “I like [name] helps me with my pets”. Staff comments included: “It’s fantastic here! We get great support and they are always on the end of the phone” and “we are a great supportive team and always talk things through”. Staff felt very confident about raising concerns with the registered manager and anyone in the team. This created an open and transparent culture within the staff team. Staff told us they felt a ‘family’ type relationship was present and people living in the home were like their ‘extended family’. Another member of staff said “I treat people as I would want myself or family member to be treated”.

The registered manager told us they had recently evaluated all three of their services and decided to recruit another registered manager from their staff team, to support them in the daily running of their services. They told us about their vision for the service and aim to always provide the highest possible quality care across all services. They told us by having another registered manager this ensured high quality care provision could be provided, that enabled effective monitoring for future service development.

Senior staff were involved in the day to day running of the home and took an active role in the support of people living there. The registered manager reported that at times of unexpected staff absence, senior staff would support the care staff in carrying out their duties. During our inspection we saw that the registered manager and deputy were involved in supporting people in the home as well as carrying out their management duties. This helped ensure they monitored the service effectively and understood the needs of people in the home. It was clear from people’s responses they were used to this visibility of the management team. The registered manager said “my door is always open for people to say how they feel. I am here a lot and undertake support work on a regular basis”. People we spoke with confirmed this.

The registered manager communicated with staff about the service. Staff meetings took place and also a monthly newsletter was developed and distributed. This gave staff any service updates and also highlighted ‘good practice’

that had been identified across all the services. One member of staff told us “it’s nice to be recognised for what we do well in this formal way. It gives us value to our work”. Staff meeting minutes confirmed detailed discussions took place as way of communicating important information to the team and as an opportunity for staff to highlight any issues or concerns. Staff we spoke with confirmed their opinions were sought and acted on. One member of staff told us “we always have meetings on a Monday and talk everything through”.

Accidents and incidents were monitored on a monthly basis as a means of identifying any particular trends, patterns or lessons to be learnt in the types of incidents occurring. The registered manager was aware of the responsibilities associated with their role, for example, the need to notify the Commission of particular situations and events, in line with legislation in the form of a notification. Notifications help ensure that the service can be monitored effectively by the commission.

There were systems in place to monitor the quality and safety of the service. There was a regular programme of audits in place across all the services in the organisation. These audits included the environment, staffing and care delivery. Checks included: medication, staffing, care planning and concerns/compliments. These checks were undertaken by both the registered managers and their staff. There were also checks in place to ensure the safety of the environment. These included regular testing of fire alarms and safety lighting to check these were in good working order. This ensured the care delivery and facilities were safe and fit for purpose. The documentation evidenced how staff were briefed on the changes and a clear action plan was devised. This demonstrated the registered manager took action to develop and improve the systems that were already in place.

Regular feedback from people who used the service, their relatives and professionals was gathered to help develop and improve the service. This was gathered during care reviews, resident meetings and yearly questionnaires. The registered manager told us they valued people’s feedback and would respond individually to any comments from people to ensure they felt listened to by the management team.

When we spoke with the registered manager they understood the intention of the ‘duty of candour’. This regulation ensures that providers are open and transparent

## Is the service well-led?

with people who use services if things go wrong with care and treatment. The registered manager confirmed this was embedded within the service and demonstrated they took responsibility to ensure policies and staff were kept up to date with the changes.