

# Dame Hannah Rogers Trust

# Arthur

## Inspection report

Stray Park  
Park Street  
Ivybridge  
Devon  
PL21 9DW

Tel: 01752898125

Date of inspection visit:  
15 September 2018

Date of publication:  
23 October 2018

## 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

Arthur is a residential care home providing personal care for up to seven people. Nursing care is not provided at the home. This is provided by the community nursing service. At the time of our inspection there were six people living in Arthur.

At the last inspection in February 2016 the service was rated Good overall. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good.

Dame Hannah Rogers Trust is a charity organisation which provides both children and adults with safe, effective, compassionate and high-quality care from a number of sites in south Devon. Arthur was run by Dame Hannah Rogers Trust and provided care to young adults who had access to the Trust's facilities and activities.

The people who lived in Arthur had a wide variety of needs and health conditions. All the people living in Arthur at the time of our inspection were young adults with learning disabilities and complex physical disabilities. Some people required more significant support than others and most were wheelchair users. The people who lived in Arthur were provided with high quality, safe, caring, person centred support which was responsive to their needs. People received highly personalised support and there was a clear understanding of seeing each person as an individual, with their own social needs.

The service focussed on wellbeing and ensuring people had a sense of purpose and enjoyment. The care service had been developed and designed in line with the values that underpin "Registering the Right Support" and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service could live as ordinary a life as any citizen.

Staff demonstrated to us they cared strongly about people's wellbeing in every aspect of their lives and worked towards improving each person's happiness and wellbeing. Staff promoted people's equality, diversity and ensured their human rights were upheld. Staff spoke confidently to us about how they fought for people's rights and gave us examples which demonstrated they put people's individuality and personal wishes before all else.

Staff received thorough training in all areas relating to people's individual health needs and holistic activities. Staff also received support from external healthcare professionals to best care for people. People

were encouraged to socialise, pursue their interests and hobbies and try new things in a wide variety of innovative ways. For example, one person was supported to create their own celebrity fashion page in the organisational newsletter as this was an interest of theirs.

People were involved in all aspects of their care and were supported by staff to communicate their wishes, likes, dislikes and decisions. People were supported through the use of verbal communication, pictorial forms and electronic aids.

People were protected from risks relating to their physical and mental health and possible abuse. Staff had assessed individual risks to people and had taken action to seek guidance and minimise identified risks. Staff knew how to recognise possible signs of abuse.

Recruitment procedures were in place to help ensure only people of good character were employed by the home. Staff underwent Disclosure and Barring Service (police record) checks before they started work. Staffing numbers at the home were sufficient to meet people's needs. Staff received regular supervision and appraisal. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and put this into practice.

Staff treated people with respect and kindness. There was a warm and pleasant atmosphere at the home where people and staff shared jokes and laughter. Staff knew people and their preferences well. People were supported to have enough to eat and drink in ways that met their needs and preferences. Meal times were social events and people were supported individually to ensure their specific needs around food and drink were met.

Where accidents and incidents had taken place, these had been reviewed and action had been taken to reduce the risks of reoccurrence. Staff supported people to take their medicines safely and staffs' knowledge relating to the administration of medicines was regularly checked. Staff told us they felt comfortable raising concerns.

People, relatives, staff and healthcare professionals were asked for their feedback and suggestions in order to improve the service. There were systems in place to assess, monitor and improve the quality and safety of the care and support being delivered.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# Arthur

## Detailed findings

### Background to this inspection

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

This comprehensive inspection took place on 15 September 2018 and was unannounced. One adult social care inspector carried out this inspection. Prior to the inspection, we reviewed the information we held about the home, including notifications of events the service is required by law to send us. We also reviewed the provider information return (PIR) which is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We did not, on this occasion, conduct a SOFI. SOFI (Short Observational Framework for Inspection) is a specific way of observing care to help us understand the experience of people who are unable to talk to us. This was due to the three people present in Arthur at the time of our inspection going in and out of the home regularly and spending time in their bedrooms. Three people had gone away to visit their relatives for the weekend. We used the principles of SOFI when conducting our observations around the home.

We spent time with all three people who were living in Arthur on the day of our inspection. We were unable to verbally communicate with people but spent time observing their interactions with staff to best understand their experiences. We spoke with three members of staff on the day of our inspection and received feedback from a further three. We spoke with the registered manager and the day to day manager. The day to day manager was in the process of applying to the CQC to become the new registered manager. We also received feedback from two relatives. We requested feedback from a number of external healthcare professionals but did not receive any responses.

We looked around the home and spent time with people in the lounge. We observed how staff interacted with people throughout the inspection and spent time with people over the lunchtime period.

We looked at the ways in which medicines were recorded, stored and administered to people. We also looked at the way in which meals were prepared and served.

We reviewed in detail the care provided to three people, looking at their files and other records. We reviewed information about the recruitment and supervision of three staff members and other records relating to the operation of the service, such as risk assessments, complaints, accidents and incidents, policies and procedures.

# Is the service safe?

## Our findings

The home continued to provide safe care.

People who lived in Arthur had a wide variety of needs relating to their learning and physical disabilities. Risks to people had been assessed and were safely managed. People's needs and abilities had been assessed prior to moving into the home and risk assessments had been put in place to guide staff on how to protect people. The potential risks to each person's health, safety and welfare had been identified. Staff had sought specialist guidance and involved people in completing detailed risk assessments. These related to medicines, moving and positioning, safeguarding and personal care. These had also been created for specific equipment people used, specific activities they took part in, behaviours they presented, daily aspects of their lives, such as eating and drinking, and health conditions such as allergies or epilepsy.

Accidents and incidents were recorded by staff and these were automatically sent to the day to day manager and registered manager who reviewed these. Action was taken to respond where appropriate in order to ensure incidents did not reoccur if preventable.

Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager and day to day manager were aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and previous incidents had been managed well.

Staffing numbers were suitable to meet people's needs and recruitment practices at the home helped ensure that as far as possible, only suitable staff were employed. Records confirmed relevant checks had been completed. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained as well as full employment histories. This helped protect people from the risks associated with employing unsuitable staff. Staff numbers were sufficient to ensure people were safe from risks and their needs were met. Each person living in Arthur received one to one support from staff during the day and this was taking place.

Systems were in place that showed people's medicines were managed consistently and safely. Medicines were obtained, stored, administered and disposed of appropriately. Random sampling of people's medicines, against their medicine records confirmed they were receiving their medicines as prescribed by their GP. Staff had received training in medicines management and had their competencies checked regularly.

The home was clean, pleasant and met the environmental needs of people living there. Staff were aware of infection control procedures and had access to personal protective equipment to reduce the risk of cross contamination and the spread of infection. The premises and equipment were well maintained to help ensure people were kept safe. Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. There were arrangements in place in case of an emergency. Each

person had an up to date personal emergency evacuation plan and the home had fire protection equipment and signage.



## Is the service effective?

### Our findings

The home continued to provide people with effective care and support. People were supported by staff who knew them well and had the skills to meet their needs.

People who lived in Arthur had a variety of healthcare needs. Staff had undertaken training in areas which included fire safety, first aid, food hygiene, safeguarding, the Mental Capacity Act 2005, nutrition, hydration, management of medicines and moving and handling. Staff also undertook training which was specific to the needs of the people who lived in the home. This included training in epilepsy, communication, learning disabilities and specific skills relating to the complex physical needs of the people living in the home. This ensured staff could meet people's complex needs.

Staff confirmed they received adequate amounts of training to carry out their roles and told us they could always ask for more if they wanted. Comments from staff included; "The staff are going through all the training needed" and "The training available for staff is very good from Safeguarding, Mental Capacity, Epilepsy, Gastro, Medication, Hydro, Feeding and the E Learning modules. We're now working on The Care Certificate."

Staff received support from external healthcare professionals to manage and support people's wellbeing. People were supported by staff to see external healthcare professionals such as GPs, speech and language therapists, specialist nurses, occupational health practitioners, opticians and dentists. People were referred to outside professionals without delay and the advice provided by them was listened to and used to plan and deliver people's care.

Staff received regular supervisions and appraisals. During supervisions staff had the opportunity to sit down in a one to one session with their line manager to talk about their job role and discuss any issues they may have. These sessions were also used as an opportunity for the manager to check staff's knowledge and identify any gaps and training needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of these pieces of legislation and when they should be applied. People were encouraged to make all decisions for themselves and were provided with sufficient information to enable this in a format that met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible.

Arthur was comfortable and decorated in a way that encouraged people's independence. Specialised equipment was in place to help people mobilise and people could easily access the home whilst in their wheelchairs. The design and decoration of the premises promoted people's wellbeing and their wishes were taken into account. Recent decorations had taken place in the living room and people had been involved in this process. One wall had been decorated in a bright, colourful pattern which provided people with a

sensory experience. Staff told us people loved this new wall and that they smiled widely when they saw it. A new blind had been made for the living room which was covered in colourful handprints of the people who lived in the home. People had been fully involved in decorating their bedrooms and these were highly personalised and comfortable.

People were provided with food and drinks which met their needs and preferences. Each person had a personalised table place mat which contained their photograph, information about their needs, their goals relating to food and drink, any special equipment they may need, detailed guidance on the support needed and their likes and dislikes. This ensured people were supported in a way which met their individual needs and encouraged their intake. During our inspection we observed the lunchtime meal and found staff followed the guidance provided by speech and language therapists to meet people's needs around nutrition. This ensured people were safe whilst consuming the foods they liked. People clearly enjoyed their meal and were involved in planning the menus. The lunchtime experience was pleasant with staff providing people with undivided attention, support, laughter and chatter.

# Is the service caring?

## Our findings

The service continued to be caring.

We received very positive feedback from everyone we spoke with about the caring nature of staff at Arthur. Relatives made comments which included; "The carers who look after (Name of person) are lovely" and "Staff are lovely. Staff are very pleasant."

Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection. People were treated respectfully and were involved in every decision possible. Staff spoke confidently with us about how they fought for people's rights and gave us examples which demonstrated they put people's individuality and personal wishes before all else. People's care plans were written a way which highlighted their abilities and attributes. Each person was seen as an individual. Staff made comments which included; "Everyone is given choices, and is treated with dignity and respect and as an individual, with different strengths and needs."

Staff adopted a positive approach in the way they involved people and respected their independence. We observed how staff involved people in their care and supported them to make decisions. For example, how they wanted to spend their day. They did this skilfully through the use of people's preferred communication methods, such as signs, symbols and objects of reference to enable them to decide what they wanted to do. People clearly had very good relationships with the staff with lots of smiles and laughter during interactions. Staff spoke fondly about people and were keen to ensure people had a good quality and meaningful life by thinking about other activities they could explore for people. Staff had a 'can do' attitude with people central to this, seeing beyond people's disabilities. Staff made comments which included; "We are blessed with great atmosphere of noise, smiles and laughter, and I hope I could carry on supporting the young adults to have a fulfilling and healthy life for more years to come", "The young adults are all amazing and well cared for. Our young adults are putting a smile on my face every single day."

Staff showed a commitment to working in partnership with people and relatives. Staff spoke about the importance of involving people in their care to ensure they felt consulted, empowered, listened to and valued. Staff spoke of the importance of empowering people to be involved in their day to day lives. They were able to speak confidently about the people accessing the service and each person's specific interests. They explained that it was important that people were at the heart of planning their care and support needs and how people were at the centre of everything.

People were supported to be as independent as possible. People's care plans detailed what they were able to do for themselves and how best to support them to be involved in daily tasks. For example, one person's care plan detailed how staff should ensure money was placed in the person's hand to enable them to pay for their own goods when they went out shopping. This provided people with a level of autonomy and independence wherever possible. The registered manager, the day to day manager and staff were continuously looking to provide people with new opportunities to be included and involved in daily living. The day to day manager told us they had recently reviewed how Arthur completed their weekly food

shopping. They identified that doing a large online food shop only was stopping people from being able to experience going to the supermarket or the butchers to buy items for group meals. They had therefore reduced the weekly online shop and were organising for people to be supported to attend the shops to be part of the food shopping process.

Arthur and Dame Hannah Rogers Trust placed great importance on hiring staff who shared the values of the service and had kind and caring personalities. The registered manager told us staff interviews were designed in a way to understand potential staff's personalities and the values they held. When potential staff members were short listed they would be interviewed by a panel of people who lived at the service. People were asked and helped to prepare questions for the potential staff members which related to their personal needs and preferences. For example, do you like going to the theatre or the cinema, are you good with computers and we use talkers to communicate, are you willing to support us with these? People were then asked to share their feedback about the applicant with the management who would use this to make their decision. This ensured that all people, whether they were able to verbally communicate or not, were involved in the selection of staff and setting high criteria for recruitment. The registered manager said "We capture how potential staff behaved with the young adults and ask them for their views. We look for kindness, personality and try to match interest and compatibility".

Staff promoted people's equality and diversity. The registered manager said; "Our consistent approach to equality and diversity is embedded into our recruitment and induction process to ensure that all staff live our culture of dignity, courtesy and respect for all irrespective of background or circumstances." People's care plans contained detailed information about how staff were to support people's individual needs, for example, people's gender expression. Staff told us how a few people had recently been supported to attend Plymouth Pride Festival after being offered to do so. They told us people had enjoyed this. People had access to information about local places of worship in picture format and staff told us they would support people to attend these if they wished.

Dame Hannah Rogers Trust was passionate about equality and raising disability awareness. The registered manager told us they used social media, attended events and produced advertisements to raise disability awareness and ensure the people they supported had the same opportunities as anyone else. The people who lived in Arthur were part of the local community and took part in a number of community events. They were also supported by staff to visit people in a local older person care home as part of a befriending service.

The registered manager, the day to day manager told us staff at Arthur provided support which went above and beyond. One member of staff said; "During the snow period some staff that could make it to work stayed nights and days there to make sure that our young adults were safe and they didn't t come back to their own homes for at least three days."

## Is the service responsive?

### Our findings

People received exceptionally personalised care and support specific to their needs and preferences. Each person was seen as an individual, with their own social and cultural diversity, values and beliefs. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.

Staff told us they felt confident people living in Arthur received the best possible care. Staff made comments which included; "I decided to apply for a full-time day support worker position at (Arthur) because the care standard was the best I've seen and as an agency worker I had been to most places. The young adults are all amazing and well cared for" and "I would definitely recommend this place to my loved one if needed. This place is amazing."

People's needs had been assessed and from these, care plans had been created for each person and these belonged to them. Each person's plan was regularly reviewed and updated to reflect their changing needs. People and their relatives had been involved in the creation and the review of these. People's care plans were detailed and contained clear information about people's specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives. Step by step guidance was provided for staff where needed which helped ensure staff fully understood people's needs and ensured people were supported in a consistent manner. This was particularly important for the people who had communication difficulties. Healthcare professionals spoke highly of the care plans and had provided feedback to the registered manager following one person's assessment; "The support plan is very person centred and a perfect example of best practice."

There was a focus on wellbeing and having a sense of purpose for people. People's individual goals and aspirations, such as going away on holiday, were recorded in their care plans. Clear plans were in place to instruct staff on how to support people to attain their goals through daily activities and these were regularly reviewed. People had been supported to attain individual goals and staff provided people with constant praise and encouragement.

People were encouraged to socialise, pursue their interests and hobbies and try new things in a wide variety of innovative ways. Dame Hannah Rogers Trust (the provider) and staff ensured people had access to as many opportunities as possible to aid their social needs, mental health and overall wellbeing. For example, the service employed an activity and events manager who continuously sought information of local events that people may wish to attend, such as a LGBT community event in Exeter. Staff were encouraged to share ideas of potential activities people could take part in. The day to day manager told us how they had identified during a supervision that one member of staff had an interest in poetry. This member of staff now was in the process of developing a group for people who may share this interest or may be interested in learning about this topic.

People had access to activities that met their social care needs. Each person's care plan contained details about their interests and the activities they enjoyed. Staff spent time looking for ways to develop meaningful

activities for people and develop and maintain their skills. People took part in activities as part of a group or individually. Staff worked hard to ensure people's physical and learning disabilities did not stop them from taking part in activities other people their age would enjoy. One member of staff said; "In August I was lucky to be involved in supporting one of the young adults to watch the Plymouth Fireworks Competition from onboard one of the boats. It was such an enjoyable experience, as the young adult enjoyed it so much." People had recently taken part in a range of outdoor activities over the summer, including canoeing, zip wiring, abseiling, archery and bushcraft. People had attended music events, theatre productions, picnics, sensory sessions, shopping trips, hydrotherapy sessions and football. People's feedback was sought and recorded after each activity people took part in. Staff recorded how people had expressed their feedback, for example through positive vocalisations or pictures. People were also supported to take part in activities which met their personal interests on a one to one basis. For example, one person had an interest in celebrity fashion and they were supported to have their own celebrity fashion page in the provider wide newsletter.

Staff at Arthur received specific training in order to support people to take part in certain activities to promote their wellbeing. For example, staff had training to enable people to take part in hydrotherapy and rebound therapy. One member of staff said; "We also have additional training like hydrotherapy and rebound therapy which is a good opportunity to be able to offer the young adults additional therapies. I am trained in both and really enjoy taking part in both activities and seeing the smiles on our young adults faces." This enabled people to take part in holistic therapies that promoted their wellbeing whilst being supported by staff who knew them and their needs well.

People were encouraged and supported to maintain relationships with family, friends and the local community.

We looked at how the organisation complied with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People receiving support had a learning disability and varying communication abilities. Staff were able to communicate with, and understand each person's requests and changing moods as they were aware of people's known communication preferences. Care records contained clear communication plans explaining how people communicated and information about key words and objects of reference they used to express themselves. For example, some people communicated through the use of pictures and others used electronic aids. Staff showed us how they helped people use these communication aids in order to ensure they understood information and could make choices. Staff told us that for one person they had created a few picture cards they attached to the person's wheelchair when they were eating. These cards enabled the person to quickly have access to cards to express their likes, dislikes, whether they wanted seconds or had finished their meal. Staff told us new starters always shadowed staff until they could confidently understand the people they supported and could be understood by them.

There were many opportunities for people to voice their opinions and any complaints they may have. A complaints policy was in place at the home. People had access to the complaints procedure and were encouraged to make complaints should they wish to.

Staff had received training in how to provide high quality end of life care to people in a respectful and compassionate way.

## Is the service well-led?

### Our findings

The service continued to be well led.

Dame Hannah Rogers Trust is a charity organisation which provides both children and adults with safe, effective, compassionate and high-quality care from a number of sites in south Devon.

The Trust's mission statement was "Our mission is to empower, advocate and enrich the lives of children and adults with disabilities". Their core values included "Providing education, training, advocacy, work opportunities, care and other support services for children, young people and adults in need, their families, carers and associated professionals". They told us they achieved this through the constant striving for excellence and improvement, through continually seeking people's views and enabling people to have happy lives filled with activities and skills development.

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

The leadership of Arthur consisted of a registered manager, a day to day manager and senior support staff. Arthur's registered manager had recently been promoted to a director position within the organisation and the day to day manager was in the process of applying to be registered. During our inspection we spoke with both the day to day manager and the registered manager.

The culture of the service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice. All members of staff we spoke with told us they could approach the management team about any issues and everyone worked openly together. One member of staff said; "The dedication of the staff, the supportive management and mostly our brilliant young adults makes (Arthur) for me the best place to work." Staff spoke highly of the day to day manager with comments including; "We definitely could tell him if we had a problem. His heart is definitely in the right place. He just wants what's best for everyone and he really listens."

The registered manager had a clear vision for the service and it being user led. They told us they ensured staff believed in this vision from the moment they applied for a post by making it clear the values they were looking for within their job advert. Potential staff were then interviewed by management and people who used the service. Regular supervisions and spot checks also enabled the registered manager and the day to day manager to ensure staff were supporting people in a way that reflected their vision and values. The registered manager had identified a number of highly skilled staff who would be completing all the new staff shadowing. They told us this enabled them to have confidence any new starters were observing the best quality care when going through their induction.

The registered managers were always looking to improve and regularly sought ideas from people who used services, their relatives, staff and external healthcare professionals. Staff meetings were regularly held and

feedback surveys were completed. There was evidence of quality monitoring leading to continuous improvement and people were actively involved in the running of the service. The registered manager also attended professional network meetings and sought external advice and support in order to continually improve. Staff champions had recently been introduced for a number of key topics in order to promote best practice and seek out any new guidance and training.

Staff told us they were proud to work at Arthur and felt well supported by the management. They made comments which included; "The staff all have good support from management" and "The management team is very supportive and there's always someone at the end of the phone if our registered manager is not in the building."

People benefited from a good standard of care because Arthur had systems in place to assess, monitor and improve the quality of care in the home. A programme of audits and checks were in place to monitor the safety of the premises, safeguarding, staffing and accidents and incidents. Regular spot checks were carried out and where these measures identified issues, action plans were created and action was taken to improve.

The registered manager was aware of their responsibilities in ensuring the Care Quality Commission (CQC) and other agencies were made aware of incidents, which affected the safety and welfare of people who lived in the home.