

Mrs Jackie Rowe







Arliemoor Care Home

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 unannounced inspection took place on 11 June 2015. We returned on 15 June 2015 as arranged with the registered manager.

When we last visited on 5 October 2013 we found the service to be complying with the Health and Social Care Act (2008).

Arliemoor Care Home provides accommodation and support, in a rural setting, for a maximum of ten people who have a mental illness. At the time of our inspection there were nine people living at Arliemoor Care Home.

When we visited there was a registered manager in post. 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 said they felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. Risk management was important to ensure people's safety.

Summary of findings

Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the home followed the appropriate processes.

People received personalised care and support specific to their needs, preferences and diversity. Their views and suggestions were continually taken into account to improve the service to enable it to be the best it could for people receiving care and treatment at Arliemoor. Activities formed an important and integral part of people's mental health recovery. They were supported to maintain a balanced diet and encouraged to be involved in preparing meals with staff support. Health and social care professionals were regularly involved in people's care.

Staff relationships with people were strong, caring and supportive. Staff were motivated and inspired to offer

care that was kind and compassionate. There was a great emphasis on promoting family togetherness to aid people's mental health and general sense of belonging to a community. Relatives and health and social care professionals commented on the exemplary service provided to people.

Staffing arrangements, which included recruitment, were flexible in order to meet people's individual needs. Staff received a range of training and regular support to keep their skills up to date in order to support people appropriately. Staff spoke positively about communication and how the management team worked well with them, encouraged team working and an open culture.

A number of effective methods were used to assess the quality and safety of the service people received.

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.

People said they felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. People's risks were managed well to ensure their safety.

Staffing arrangements, which included recruitment, were flexible in order to meet people's individual needs.

People's medicines were managed so they received them safely.

Good



Is the service effective?

The service was effective.

Staff received a range of training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well.

People's rights were protected because the home followed the appropriate processes.

People were supported to maintain a balanced diet and encouraged to be involved in preparing meals with staff support.

Good



Is the service caring?

The service was caring.

Staff relationships with people were strong, caring and supportive. Staff knew about people's specific needs and how they liked to be supported.

Staff were motivated and inspired to offer care that was kind and compassionate. There was a great emphasis on promoting family togetherness to aid people's mental health and general sense of belonging to a community.

Good



Is the service responsive?

The service was responsive.

People received personalised care and support specific to their needs and preferences, preferences and diversity.

Activities formed an important part of people's lives and were integral to their mental health recovery.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments.

Good



Is the service well-led?

The service was well-led.

Staff spoke positively about communication and how the management team worked well with them.

Good



Summary of findings

People's views and suggestions were taken into account to improve the service.

The organisation's visions and values centred around the people they supported.

A number of effective methods were used to assess the quality and safety of the service people received.

Arliemoor Care Home

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 unannounced inspection took place on 11 June 2015. We returned on 15 June 2015 as arranged with the registered manager to complete the inspection.

The inspection team consisted of one inspector.

Before the inspection, we reviewed the information we held about the home and notifications we had received.

Notifications are forms completed by the organisation about certain events which affect people in their care.

We spoke with seven people receiving a service and seven members of staff. We reviewed two people's care files, two staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. Following our visit we sought feedback from people's relatives and health and social care professionals to obtain their views of the service provided to people. We received feedback from two relatives and two mental health practitioners.

Is the service safe?

Our findings

People felt safe and supported by staff at Arliemoor and had no concerns about the ability of staff to respond to any of their concerns. Comments included: “I feel safe here”; “If I had any concerns I would speak to staff” and “I have no concerns, I am happy.” Staff responded appropriately to people’s needs and interacted respectfully to ensure their human rights were upheld and respected.

Staff demonstrated an understanding of what might constitute abuse and knew where they should go to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and to the Care Quality Commission. Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.

The registered manager demonstrated an understanding of their safeguarding roles and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an ongoing basis. There were clear policies for staff to follow. Staff confirmed that they knew about the safeguarding adults’ policy and procedure and where to locate it if needed.

Risks to individuals were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments for mental health, personal hygiene, accessing the community and medicines management. Risk management considered people’s physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. For example, the use of distraction techniques when a person was becoming distressed. Staff explained that speaking calmly and talking people through their emotions were the most effective ways to support people through difficult times. People thought staff were very good at supporting them at difficult times through the way they communicated with them and knowing when they just wanted to be left alone.

People felt staffing was maintained at safe levels and they always received the support they needed. Staff confirmed that people’s needs were met promptly and felt there were sufficient staffing numbers. We observed this during our

visit when people needed support or wanted to participate in particular activities. Staff were seen to spend time with people, for example chatting with people about subjects of interest.

The registered manager explained a minimum of four staff were on duty until 6pm. From 6pm there were three staff until 11pm. Nights were covered by the providers who slept in the home and were always available if needed. People knew staff were available at all times, whether day or night. We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. They explained that regular staff would fill in to cover the shortfall so people’s needs could be met by the staff members that understood them.

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures. This was to help ensure staff were safe to work with vulnerable people.

People’s medicines were managed so they received them safely. Appropriate arrangements were in place when obtaining medicine. The home received people’s medicines from a local pharmacy on a monthly basis. These were supplied in their original boxes, which were all in date.

Medicines were kept safely in a locked medicine cupboard. The cupboard was kept in an orderly way to reduce the possibility of mistakes happening.

Medicines were safely administered and three people were also self-medicating as agreed with the professionals involved in their care and through careful risk assessments. This was to enable them to develop increased independent living skills. Medicines recording records were appropriately signed by staff when administering a person’s medicines. When the home received the medicines from the pharmacy they had been checked in by two members of staff and the amount of stock documented. Certain additional checks had been put in place by the home to ensure that people

Is the service safe?

received the correct type and dose of medicines. For example audits were carried out on a daily and weekly basis. A relative commented: "They (the staff) are conscientious in monitoring medication."

Is the service effective?

Our findings

One person commented: “The staff know what they are doing; they support me and are well trained to meet my needs.”

Staff knew how to respond to specific health and social care needs. For example, recognising changes in a person’s physical or mental health. Staff spoke confidently about the care practices they delivered and understood how they contributed to people’s health and wellbeing. For example, how people preferred to be supported when feeling anxious through effective communication to allay their anxieties. Staff felt people’s care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis.

People confirmed they were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. There was evidence of health and social care professional involvement in people’s individual care on an on-going and timely basis. For example, GP, social worker and consultant psychiatrist. These records demonstrated how staff recognised changes in people’s needs and ensured other health and social care professionals were involved to encourage health promotion.

Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction formed part of a three month probationary period, so the organisation could assess staff competency and suitability to work for the service.

Care was taken to ensure staff were trained to a level to meet people’s current and changing needs. Staff received a range of training, which enabled them to feel confident in meeting people’s needs and recognising changes in people’s health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), mental health awareness, medicines management, first aid and equality and diversity.

The organisation recognised the importance of staff receiving regular support to carry out their roles safely. Staff

received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the management team. Staff files and staff we spoke with confirmed that supervision sessions and appraisals took place on both a formal and informal basis. Appraisals were structured and covered a review of the year, overall performance rating, a personal development plan and comments from both the appraiser and appraisee.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw staff involving people in their care and allowing them time to make their wishes known through the use of individual cues, such as looking for a person’s facial expressions, body language and spoken word. People’s individual wishes were acted upon, such as how they wanted to spend their time.

Staff demonstrated an understanding of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. For example, what actions they would take if they felt people were being deprived of their freedom to keep them safe. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person’s own best interests. No-one was subject to DoLS at the time of our visit.

People’s capacity to make decisions about their care and support were assessed on an on-going basis in line with the MCA. Where staff were concerned a person was making unwise decisions due to a possible lack of capacity, they had worked closely with other health and social care professionals. For example, a person wanting to stop their medication. There was supporting evidence of how people’s capacity to consent had been assessed and best interest discussions and meetings which had taken place.

People were supported to maintain a balanced diet. People were encouraged to be involved in preparing meals with

Is the service effective?

staff support in line with their care plan. Throughout our visits people were preparing their own meals, snacks and drinks to help develop independent living skills. One person told us how they were encouraged to eat healthily and cook meals. They recognised this was to promote their independence and physical health. Another person said, "I like the food here." A relative commented: "They (the staff) provide good home cooking." Care plans and staff guidance

emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. The service used as much local produce as possible and had their own vegetable patch which supplied the home for most of the year. Staff recognised changes in people's nutritional intake with the need to consult with health professionals involved in people's care.

Is the service caring?

Our findings

Interactions between people and staff were good humoured and caring. Staff involved people in their care and supported them to make decisions. Comments included: “Staff respect my privacy and always knock on my bedroom door before entering. They are caring and supportive”; “I love it here and love coming home. The staff are great” and “I have my own bedroom and can lock it myself.” Relatives commented: “Arliemoor is a very special place with dedicated staff and (my family member) regards it as home. The owners are exceptionally caring and extremely hard working. They have created an environment which gives a secure homely atmosphere. The support staff are also outstanding, always kind and helpful. They are sympathetic and skilled when (my family member) goes to them with difficulties and anxieties. We would like to give our thanks to all at Arliemoor for their exceptional care” and “I am very happy to be able to say that I have found the care at Arliemoor to be excellent. After trying for many years to find residential care for my son it has made a great improvement in his life to be so well looked after. The home is a “home” with a genuine family atmosphere of people living together and sharing their lives. His mental and physical health has improved giving him a more positive outlook.”

Staff treated people with dignity and respect when helping them with daily living tasks. Staff told us how they maintained people’s privacy and dignity when assisting them, for example by knocking on bedroom doors before entering and gaining consent before providing care and support. Staff adopted a positive approach in the way they involved people and respected their independence. For example, people’s specific plans for going out in the local community. Staff encouraged people to engage in new opportunities to aid their mental health wellbeing. For example, one person had started doing voluntary work and beach cleaning and another had started yoga and tai chi. This enabled them to address their previous anxieties and aid their recovery and rehabilitation.

Staff supported people in an empathic way. They demonstrated this empathy in their conversations with people they cared for and in their discussions with us about people. Staff showed an understanding of the need to encourage people to be involved in their care. For example, how one person enjoyed staff talking to them

about things of interest to them and how this provided them with reassurance. People told us how they regularly spent time with staff around the dining room table to promote a sense of family togetherness and involvement in decisions. This enabled people to chat about current affairs, what they would like to do during the day including new interests and complete crosswords in the newspaper.

Staff relationships with people were strong, caring and supportive. Staff spoke confidently about people’s specific needs and how they liked to be supported. Staff were motivated and inspired to offer care that was kind and compassionate. This was through their dedication and passion about the service and how it helped improve people’s lives. Staff spoke about how working as a team motivated them and how they gained inspiration from each other. This was due to each staff member bringing different skills to Arliemoor which enhanced people’s life choices, such as skills in animal husbandry and horticulture. Staff demonstrated how they were observant to people’s changing moods and responded appropriately. For example, when a person was struggling with their thoughts. They explained the importance of supporting them in a caring and calm manner by talking with them about things which interested them and made them happy. We observed that staff communicated with people in a respectful way. Staff recognised effective communication to be an important way of supporting people, to aid their general wellbeing.

Staff adopted a strong and visible personalised approach in how they worked with people. There was a commitment to working in partnership with people in imaginative ways, which meant that people felt consulted, empowered, listened to and valued. For example, staff were seen to work with people individually on activities of their personal interest. One person enjoyed looking after the chickens as it gave them pleasure to care for other living things and contributing to their welfare. They spent time collecting the eggs, feeding the chickens and cleaning them out during our visits. This gave them a sense of value and purpose. Another person enjoyed horticulture as this made them feel happy being in the outside world and seeing how their work changed the landscape.

Staff recognised the importance of empowering people to be involved in their day to day lives. They explained that it was important that people were at the heart of planning their care and support needs. People were encouraged to

Is the service caring?

move on from Arliemoor. This was achieved through the home having an adjoining bungalow where two people

were living independently, but with support when needed. Empowerment was also achieved through on-going discussions with people and regular reviews of their care and treatment.

Is the service responsive?

Our findings

People received personalised care and support specific to their needs, preferences and diversity. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. People's comments included: "I get to do all sorts of things which helps my mental health. I go to mindfulness which helps" and "I love it here. I have my own bedroom with TV and Freeview box." Health and social care professional comments included: "Very good home with committed staff. There's a family based response to people's needs. It's mostly perfect and provides a safe haven for people."

People were involved in making decisions about their care and treatment through their discussions with staff. Care files were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. For example, people said they were encouraged and supported by staff to identify specific goals they wanted to achieve. They felt this aided their sense of purpose and value. Comments included: "I go out on my own on the bus"; "I get to use my horticultural skills" and "I am off to do voluntary work today at the British Heart Foundation charity shop." A relative commented: "(My family member) has been given a sense of independence and confidence supported by a caring team. He takes part in a number of activities which involve travelling to various centres. He is consulted about his life style and every attempt is made to widen his horizons."

Care files included personal information and identified the relevant people involved in people's care, such as their social worker and consultant psychiatrist. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. Care files included information about people's history, which provided a timeline of significant events which had impacted on them. Such as, their diagnosis of a mental illness and being subject to the Mental Health Act (1983). People's likes and dislikes were

taken into account in care plans. This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.

Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, physical and mental health needs, personal care, anxiety management, accessing the local community and eating and drinking. Staff told us that they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health. People confirmed they had copies of their care plans which they could refer to if needed. They added that by referring their care plans, this enabled them to consider other goals they wanted to achieve.

Activities formed an important part of people's lives. People attended a variety of groups and spent time in the local community in order to develop new skills and make important links with others to widen their social networks. One person commented: "I am happy here. I like doing the chickens." A relative commented: "They (the staff) all make a great effort to support outside activities and are willing to drive people and go out of their way to encourage participation. They have encouraged (my family member) to develop new interests." Health and social care professionals commented: "There is a great emphasis on activities" and "I have always found the place, people and set up very suitable for certain people needing a family style, embracing approach. It has suited the people I have referred there. They have been very patient and tolerant of some very challenging behaviour. They encourage different activities and my recent client there has been able to access groups and activities away from the house." Staff commented: "It's about offering choice and promoting independence"; "Important to tap into people's skills to promote life fulfilment" and "Arliemoor has a homely environment where people can live their lives." People were encouraged to maintain relationships with their friends and family. For example, care plans documented the importance to people of seeing their family and friends. Throughout our visits people were engaging in a range of activities independently and with staff support. People were independently using the local bus service to go to

Is the service responsive?

neighbouring towns. People commented that living at Arliemoor had really helped them manage and recover from their mental health difficulties due to the embedded family culture and the way the home was run.

There were regular opportunities for people, and people that matter to them to raise issues, concerns and compliments. This was through on-going discussions with them by staff and members of the management team. People were made aware of the complaints system. One person commented "I would speak to staff if I had any

concerns." The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. People were also provided with the complaints procedure when they arrived at Arliemoor. This ensured people were given enough information if they felt they needed to raise a concern or complaint. The service had not received any complaints. However, the registered manager recognised that if they received a complaint, they would attend to it in line with the organisation's procedure.

Is the service well-led?

Our findings

Staff spoke positively about communication and how the management team worked well with them, encouraged team working and an open culture. The registered manager had a wealth of experience of working with people with mental health difficulties. Staff commented: “We have regular meetings where we can discuss specific issues” and “We are a family at Arliemoor and support each other on an on-going basis.”

Staff confirmed that they had attended staff meetings and felt that their views were taken into account. Meeting minutes showed that meetings took place on a formal basis and were an opportunity for staff to air any concerns as well as keep up to date with working practices and issues affecting the service. Informal meetings took place on a regular basis as part of the home’s handover system.

People’s views and suggestions were taken into account to improve the service. For example, resident meetings took place to address any arising issues. A recent meeting people had discussed new activities to help improve fitness. In addition, surveys had been completed by people using the service, relatives and health and social care professionals. The surveys asked specific questions about the standard of the service and the support it gave people. The management team had recognised that they would like to send a new format survey out in order to encourage comments to be added by respondents. They wanted to ensure people were happy with the service and to further develop it in line with people’s views. This demonstrated the organisation recognised the importance of gathering people’s views to improve the quality and safety of the service and the care being provided.

The service’s vision and values centred around the people they supported. The organisation’s statement of purpose documented a philosophy of maximising people’s life choices, encouraging independence and people having a sense of worth and value. Our inspection showed that the organisation’s philosophy was embedded in Arliemoor through talking to people using the service and staff and looking at records.

The service worked with other health and social care professionals in line with people’s specific needs. This also enabled the staff to keep up to date with best practice, current guidance and legislation. People and staff commented that communication between other agencies was good and enabled people’s needs to be met. Care files showed evidence of professionals working together. For example, social workers and consultant psychiatrist. Regular medical reviews took place to ensure people’s current and changing needs were being met. Health and social care professionals confirmed that the service worked well with them and took on board everything requested.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, changes to a person’s care plan and risk assessment to reflect current circumstances. Actions had been taken in line with the service’s policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested to review people’s plans of care and treatment. This demonstrated that the service was both responsive and proactive in dealing with incidents which affected people.

Audits were completed on a regular basis as part of monitoring the service provided. For example, the audits reviewed people’s care plans and risk assessments, incidents and accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans reviewed and maintenance jobs completed.

The premises were adequately maintained and a maintenance programme was in place. Fire safety checks were completed on a daily, weekly, monthly and annual basis by staff employed by the service and external contractors. For example, fire alarm, fire extinguishers and electrical equipment checks. Staff had received health and safety and fire safety training to ensure they knew their roles and responsibilities when protecting people in their care. This demonstrated that people were protected because the organisation took safety seriously and had appropriate procedures in place.