Respond Care Limited

Ardington House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This announced inspection took place on 19 and 22 November 2018.

Ardington House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC (Care Quality Commission) regulates both the premises and the care provided, and both were looked at during this inspection. Ardington House provides supported short breaks to people with learning disabilities; it is registered to provide accommodation and personal care for five people. At the time of the inspection there were eight people with personal care needs regularly accessing the service for short breaks.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and complex needs using the service can live as ordinary a life as any citizen.

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.

At the last comprehensive inspection in September 2017, we found the service to be rated 'Requires Improvement'. Systems were not implemented to ensure that people's capacity to consent to their care and support was formally recorded and staff training had not been updated as required by the provider's policies and procedures. We also found that the systems and processes in place to monitor the quality and safety of the service required strengthening and the provider had not returned a Provider Information Return (PIR) prior to the inspection.

The leadership and governance of the service had improved since the last inspection. However, this needed to be further strengthened to ensure sufficient oversight of medicines procedures, and that all required improvements were made to staff training updates and mental capacity processes. A PIR was submitted prior to this inspection.

Staff were provided with a suitable induction during which they had the opportunity to shadow experienced staff and mandatory training was provided to staff when they started work at the service. Training records showed that staff were able to access a wide variety of both mandatory training and training specific to the needs of the people they were supporting. There were regular formal updates of some training, however regular updates were still not provided for all mandatory training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, best interest decisions were not always completed where people

were found to lack mental capacity. People were encouraged to make decisions about their care, daily routines and preferences and staff worked within the principles of the Mental Capacity Act.

Appropriate policies and procedures were in place for the safe handling of medicines. However, the provider needed to ensure that staff consistently followed best practice and we have made a recommendation about medicines management.

People told us that they felt comfortable and safe when staying at Ardington House. Relatives agreed their family members were supported in a safe way by staff. Staff understood their responsibilities to keep people safe from harm and to report potential risks to their safety.

People's needs were assessed prior to them receiving the service to ensure that staff were able to fully meet their needs.

People were supported to choose their meals and staff encouraged people to have a healthy balanced diet while staying at Ardington House.

The culture of the service was caring, person centred and inclusive. Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Staff encouraged people to follow their interests and many outings and activities took place while people were staying at the service.

People that used the service and their relatives had the opportunity to comment on the quality of the support and care that was provided. Any required improvements were undertaken in response to people's suggestions.

Care planning and risk assessments were personalised and mentioned the specific care each person required, including their likes and dislikes. Staff were aware of people's preferences, and supported people in a person-centred manner.

People were involved in their own care planning as much as they could be, and were able to contribute to the way in which they were supported. People were listened to by staff.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Staffing levels ensured that people's care and support needs were safely met.

Effective systems and checks were in place to ensure the premises were safe. Staff had the appropriate personal protective equipment to perform their roles safely. Staff supported people in a way which prevented the spread of infection. The service was clean and tidy, and had a maintenance staff member regularly carry out any works required.

There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe and comfortable when they stayed at the service and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were reviewed and managed in a way, which enabled people to receive safe support.

In the main staff followed suitable procedures to ensure the safe handling of medicines.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

Is the service effective?

Requires Improvement

The service was not always effective.

Although people's mental capacity was assessed when needed, best interest decisions were not always recorded.

Improvements had been made to staff training, however further improvements were required to meet staff's ongoing training needs.

People's nutritional needs were met.

People were supported to have access to appropriate health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good

The service was caring.

Positive relationships had developed between people and staff. People were treated with kindness and respect.

Staff maintained people's privacy and dignity.

People were involved in making decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People's care was personalised and responsive to their needs and choices.

People were encouraged to maintain their interests and enjoyed many varied activities.

People were aware that they could raise a concern about their care and there was information available on how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not always well led.

The leadership and governance of the service had improved since the last inspection. However further improvement was needed to ensure sufficient oversight of medicines procedures, staff training updates and mental capacity processes.

A registered manager was in post, they were active and visible in the service.

Staff were aware of the vision and values of the service and were committed to working to these.

Ardington House

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 comprehensive inspection took place on the 19 and 22 November 2018 and was announced. We gave the service 48 hours' notice of the inspection as the service is small and we needed to ensure that staff were available to support the inspection. We visited the service to meet people who used the service, the registered manager and staff and review records on the 19 and 22 November. We also contacted the relative of one person by telephone to discuss their family member's experience of the service.

The inspection was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

We contacted Healthwatch and asked whether they had received any feedback about the service. Healthwatch is an independent consumer champion for people who use health and social care services. We also contacted commissioners and asked them for their views about the service. Commissioners are people who work to find appropriate care and support services for people.

During this inspection, we spoke with four people who used the service and spoke with two people's relatives. We spoke with six members of staff, including the nominated individual, registered manager, a senior support worker and support workers. We looked at three records relating to the personal care and support of people using the service. We also looked at four staff recruitment records and other information related to the management oversight and governance of the service. This included quality assurance audits, staff training and supervision information, and the arrangements for managing complaints.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe when they were staying at Ardington House. One person smiled and nodded when we asked if they were happy with the staff who supported them. Another person said, "The staff are good." One person's relative told us, "It's fantastic, [person's name] would be able to say if they were unhappy about anything and they never have, they always look forward to going… I worry far less as I know [person's name] is safe with them [staff]."

Staff had good knowledge of safeguarding and how to protect people from abuse. They knew how to report any concerns they may have about a person's well-being. One staff member told us, "I would report to the manager, it would need to be reported to the local safeguarding team and CQC (Care Quality Commission)." Another member of staff told us, "Any concerns I would go to the senior, if nothing was done I could go to the safeguarding team, I learned about this on recent training." The provider had raised safeguarding referrals when required and worked with safeguarding teams around any safeguarding alerts and concerns.

Any risks to people were assessed and action taken to minimise the risk. Risk assessments had been regularly reviewed to ensure they were still appropriate to the person's routines and needs, supporting the continued safety of people. For example, we saw that people had risk assessments in place for moving and handling, accessing activities in the community and aspects of their behaviour that may pose a risk to them or others. Any incidents or issues arising were fully recorded, addressed and measures implemented to minimise future risks.

In the main appropriate procedures were followed to ensure the safe management of medicines. Medicines administration records were fully completed, providing evidence that people received their medicines at the prescribed time. Records were kept of all medicines coming into and leaving the service and medicines were safely and securely stored. Staff were appropriately trained in medicines administration and medicines were regularly audited.

However, we saw information in two people's care plans that directed staff to put their medicines into food and drink. The provider and registered manager explained that these directions had come from people's relatives, who provided their care at home and the intention was not to administer medicines covertly (covert medicines administration is administering people's medicine without their knowledge where they lack mental capacity). People's relatives had told the provider during the pre-assessment that the people were always given their medicines in food and drink to help them to swallow them. One of the people was aware that their medicines were in food and drink and preferred to take them this way. The other person lacked the mental capacity to consent to staff administering their medicines and a mental capacity assessment had been carried out with the involvement of their relative.

We asked the provider to discuss this practice with each person's GP and the pharmacist dispensing the medicines to ensure that it was safe and appropriate to add the medicines to food and drink. Adding medicines to food and drink can alter the effect of the medicine. Following the inspection, we saw evidence that the pharmacist had confirmed it was safe to administer the medicines in this way. We recommend that

the provider consults current best practice guidance regarding the administration of medicines to people who have difficulties swallowing their medicines.

People were safeguarded against the risk of being cared for by unsuitable staff because there were safe recruitment practices in place. All staff had been checked for any criminal convictions and employment references had been gained before they started work. Recruitment files contained the necessary employments checks, for example, criminal record checks and references.

There were enough staff to meet people's needs as staff were specifically allocated to people based on the support they required. One person's relative said, "Yes, there's always enough staff and they are very accommodating, for example providing the support when there are particular things that [person's name] wants to do." The staff we spoke with all felt that enough staff were available to make sure people got the support they needed. Our observations during the inspection were that people were safely supported by the correct amount of staff to meet their assessed needs.

Systems were in place to make certain the premises were safe for people. These included regular fire tests and maintenance checks of equipment and water temperatures. Accidents and incidents were monitored and action taken to address any concerns. Each person had a Personal Emergency Evacuation Plan (PEEP) in place to provide information to emergency services in the event of an emergency. We saw that the provider had gained advice from appropriate professionals such as the fire service where people had particular needs.

There were processes in place to ensure that accidents and incidents were recorded and reported to the provider and outside agencies as necessary. All staff understood their responsibilities to record any accidents and incidents that may occur, and lessons were learned from any mistakes that were made. Staff we spoke with confirmed that any issues were discussed with the team, usually at team meetings or during one to one supervision. One member of staff said, "For example, we noticed one person was unsettled and aggressive during [activity] we talked to [provider] and [registered manager] and we realised it was the group setting, they [provider and registered manager] listened and we changed the person's plan." Where people had been involved in an incident related to their behaviour, these were recorded and reviewed to agree whether any changes were required to their support.

Ardington house was clean and fresh throughout and people were protected by the prevention and control of infection. Staff we spoke with were aware of the principles of infection control, they told us that they washed their hands and wore disposable gloves and aprons when providing personal care. Staff had received training in infection control.

Requires Improvement

Is the service effective?

Our findings

At the last inspection in September 2017 we found that the arrangements in place for staff training required strengthening. Although staff received all required training when they began working at the service this had not always been updated as required in the provider's policies and procedures.

At this inspection we found that although the planning and provision of staff training had improved, there was a need for further improvements to ensure regular updates to mandatory training such as safeguarding adults and health and safety. The provider needed to ensure that a clear plan was in place to demonstrate at what intervals mandatory training was due to be refreshed. They explained that the training platform they used did not identify dates for training to be refreshed. They also said that staff knowledge was updated informally by senior staff, but this was not recorded. They recognised the need to implement a more consistent approach to staff training; this was planned for January 2019.

People and their relatives spoke positively about the knowledge and skills of the staff that supported them. The relative of one person who required support to move said, "They [staff] have good knowledge about supporting [person's name] to move. I've seen a number of staff helping and they all seem to know how to move [person's name].

Staff continued to receive a thorough induction and spoke positively about the training they received. One member of staff said, "I did three weeks shadowing to start with, working with the seniors before I worked on my own with people. I also had to do formal training like medicines training followed by an assessment and mental capacity and best interest training."

Records showed that since the last inspection staff had been provided with some updated mandatory training such as fire training and first aid training. New mandatory training had also been provided, for example care planning and effective communication training. The provider had also identified that staff would benefit from further training in safeguarding children and this had been provided. There was a wide variety of training provided that was focussed on the support needs of the people the service supported. For example, a range of autism courses, training in supporting people with learning disabilities and epilepsy awareness and the administration of buccal midazolam (buccal midazolam is an emergency medicine used in the community for the treatment of seizures).

At the last inspection in September 2017 we found that systems were not implemented to ensure that people's capacity to consent to their care and support was formally recorded. The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At this inspection we found that the provider and registered manager had worked to develop the service in this area since the last inspection. They had arranged for staff to attend further training on mental capacity and best interest decision making and gained advice from health and social care professionals with expertise in this area. The registered manager had carried out mental capacity assessments for people where required, but had not always recorded when decisions were required to be made in people's best interest. The registered manager had applied for DoLS on behalf of people where needed, these applications had not yet been assessed by the local authority.

People were encouraged to make decisions about their care and their daily routines. Staff asked people for their consent before providing support and gave people time to make their own decisions. Staff were aware when other professionals had been involved in mental capacity assessments and best interest decisions that affected the way the service supported people and followed these when providing people's care.

Staff said they were well supported and encouraged to develop in their job role. One member of staff said, "We get support and guidance from senior staff. I have supervision regularly, it's good to have someone to talk to, we can discuss any concerns or changes to people's needs." Records showed that staff received regular supervision, which gave them the opportunity to discuss their performance and personal development.

The provider understood the importance of ensuring staff could meet people's needs before they came to stay at Ardington House. Senior staff undertook a thorough assessment of people's needs to ensure that staff would be able to support them appropriately. This included people's physical and medical care needs as well as their personal preferences and cultural needs.

People told us that they enjoyed the food that they had to eat whilst staying at Ardington House. We saw that people were asked what food they would like on the menus and meals were adapted to suit the needs and preferences of the people staying at the service. People's nutritional needs were assessed as part of their pre-assessment and nutritional information was kept up to date in people's support plans. Staff encouraged people to eat a varied healthy diet and meal times were a social time for people to spend together.

People's medical needs were assessed before they received support from the service. Support plans provided staff with information about people's health and medical needs. One person's relative told us that their family member had experienced a seizure whilst out with staff. Staff had followed the person's seizure support plan to ensure the situation was managed safely and appropriately.

The service worked and communicated with other agencies and staff to enable consistent and person-centred care. People had input from a variety of professionals to monitor and contribute to their on-going support. For example; the mental health team and intensive support team.

The service had several communal areas including a large lounge, kitchen/diner, dining room and garden that people were able to access and use. We saw that people were relaxed together and felt free to use any of the communal spaces as they wished. People were able to bring items from home to make their stay more comfortable and the service was able to provide specific equipment that people needed. For example, one person's relative told us that a suitable shower chair had been provided when their family member began using the service.

Good

Is the service caring?

Our findings

People experienced positive, caring relationships with staff. People and their relatives were happy with the way staff supported them. When asked what they liked about Ardington House, one person smiled and replied, "The staff." Another person said, "I love coming, [name of staff] is the best."

People's relatives were very happy with the support provided. One person's relative said, "The staff are fantastic, really good. They are good role models, they talk to [person's name] about appropriate things and [person's name] listens to what the staff say…staff and people here are always happy and the atmosphere is positive." Another person's relative said, "[Person's name] is really happy there, they [staff] take them out and it's like [person's name] is going out with their mates."

Staff spoke of people they supported in a caring and compassionate way. They were able to demonstrate their knowledge of people and tell us what was important to people, their likes and dislikes and the support they required. We observed staff talking with people about their interests and hobbies and past activities that they had enjoyed together. We also saw that staff encouraged people positively in the activities they were doing, and gave people the time they required to respond to them. People looked happy and comfortable with staff and enjoyed the time they spent at Ardington House.

Care plans showed that people or their relative where appropriate were fully involved in making decisions about how they would be supported during their stay. There were comprehensive details of people's background and preferences to support staff in understanding what activities or routines they may enjoy. All the staff we spoke with told us that people were encouraged to express themselves and have a voice.

Staff respected people's wishes in accordance with the protected characteristics of the Equality Act. Staff followed the information and guidance they were given about people's cultural needs. For example, one person had specific dietary needs due to their culture and dietary needs; we saw that staff were knowledgeable about how to provide the person with an appropriate diet.

The support provided at Ardington House helped people and their families maintain positive relationships. Staff encouraged people to maintain and grow their independence and offered support and encouragement when needed. One person's relative told us, "[Person's name] has a fantastic time here, there are so many opportunities, they are a different person now, they have blossomed."

Staff understood the importance of respecting people's privacy and dignity when providing people's support. We saw that staff interacted with people in a respectful manner and staff were able to describe how they upheld people's dignity when supporting them with personal care. One member of staff said, "It's important to leave people to have their own time alone if they want, respect their personal space and dignity. I think about how I would feel."

Confidential information regarding people's care was stored securely and only shared with people's consent on a need to know basis. Staff understood the importance of confidentiality, one member of staff told us,

"Records [on computers] are password protected, other records are locked away, staff have to think about where they are when talking."

Good

Is the service responsive?

Our findings

People received care and support that was responsive to their needs and staff were committed to providing individualised support. One person's relative said, "[Person's name's] behaviour was very challenging at home, staff have worked with them modelling more appropriate responses and it has made a big difference."

Care plans and risk assessments were personalised and detailed the specific care each person required, including their preferences, likes and dislikes. For example, sections such as 'all about me' and detailed information regarding people's individual routines, were documented to guide staff on how best to support people. For example, how to support people to minimise their anxieties in situations they may find difficult. People's plans of care were regularly reviewed and updated to reflect any changes in their preferences or care needs. One person's relative said, "The support plan was updated not that long ago, we check it and tweak where needed."

The daily records showed the routines and daily activities that people had chosen and that staff supported. They clearly reflected how each person was supported, stated their mood and which choices had been made each day.

Activities were chosen on an individual basis and people were supported by staff to take part in the activities they enjoyed. People told us about a range of different activities they had enjoyed whilst staying at Ardington House, including going out for walks, going to the cinema and going to the pub. A member of staff said, "We match people that get on [well together] for activities, look at whether they have good relationships and similar interests, this helps to build social interaction and rapport."

Activities were also used to promote people's life skills. We saw one person chatting with staff about the things they enjoyed doing in the house, including helping to prepare the food for meals. We saw other people laying the table ready for the meal.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply 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 of NHS and publicly funded bodies to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS and was able to access information regarding the service in different formats to meet people's diverse needs. We saw that people's care plans described their communication needs in detail and referred to any aids that were required to support their understanding, for example objects of reference or pictorial information.

People and their relatives were encouraged to raise any concerns or complaints. The service had not received any complaints but people and their relatives said they knew who to speak to if they had any complaints. One person's relative said, "No complaints, if something goes wrong they take it seriously and put measures in place." We saw that there was a clear complaints policy and procedure in place.

As Ardington House is a short breaks service, it does not provide end of life care to people.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in September 2017 we found that the systems and processes in place to monitor the quality and safety of the service required strengthening. Also, the provider did not return a Provider Information Return (PIR) prior to the inspection. At this inspection we found that the provider and registered manager had made most of the improvements required to the governance of the service.

The registered manager and provider had worked together to strengthen the areas of concern identified at the last inspection. However, further work was needed to improve the management of ongoing staff training and to ensure a thorough understanding of the Mental Capacity Act 2005. We also found that action was needed to ensure that the processes in place to manage people's medicines were based on best practice.

Prior to the inspection we received a completed PIR, which outlined the improvements the provider had made to the service since the last inspection. This document also outlined the planned improvements for the future and we took account of this information when we carried out the inspection.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 provider and registered manager had developed a positive culture that was person centred, inclusive and open. People that used the service were clearly comfortable with the support they received and enjoyed staying at the service. One person's relative said, "We have a lot of experience of other care providers and these are the best." Another person's relative said, "[Person's name] enjoys it, they are really happy there and we are really pleased."

Regular monitoring, assessing the standards of the service and discussions with family and people who stayed at the service ensured the service continually developed. People's experiences of the service had been sought and we saw that surveys that had been completed provided positive feedback. People's relatives told us that they were invited to meetings, one person's relative said, "I go to a [relatives] group and they always ask if there is anything they can do better."

Staff had a clear understanding of the vision and values of the service. One member of staff said, "Everything is based around person centred planning and empowerment… people are very well looked after, it is all based around their needs." A senior support worker told us, "We pride ourselves on providing a certain type of service…being person centred is at the forefront of what we do, to develop people's well-being and access to the community."

Staff said the provider and registered manager worked in a positive and supportive way, fully including staff in the decision-making process. One member of staff said, "I feel we do get listened to, staff can meet with the directors and can raise what they want to." There were regular staff meetings to enable discussions

about any developments within the service to take place. Staff told us that a staff forum had recently been set up to enable staff to discuss all aspects of the service and how they thought things could be improved. We saw minutes of meetings which included discussions about; communication, legislation and health and safety.

There were quality assurance systems in place that monitored the quality of the service provided and the safety of the premises. Records showed that regular audits were completed by staff and the registered manager. These included audits on the environment, health and safety and medicines. Where concerns were identified these were dealt with effectively and promptly.

The provider and registered manager maintained links within the local community and had developed positive relationships with people's relatives. Staff provided regular transportation for people using the service to access community groups and activities.

Staff worked in partnership with other agencies in an open honest and transparent way. Safeguarding alerts were raised with the local authority when required. The provider shared information as appropriate with health and social care professionals; for example, social workers and health care professionals involved in people's care.

The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required.