

Community Homes of Intensive Care and Education Limited

Argyll House

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?

Outstanding 

Overall summary

We inspected Argyll House on the 27 October 2015. Argyll House is registered to provide accommodation for five people with learning disabilities who require personal care and support. This home was last inspected in October 2013 and was meeting all the standards inspected at that time.

There was a registered manager in post at the service. 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 benefited for a service that had a strong person centred culture where there was plenty of opportunities to access activities and experience new things. When people's needs changed the service responded. People views were seen as important and feedback was used to improve the service.

Summary of findings

The registered manager was described as outstanding and was supported within a culture where quality was expected. There was a clear vision within the home that inspired staff to want to do well and be part of the service. Clear systems were in place to monitor the quality and safety of the service. People's relatives felt able to raise concerns and had full confidence they would be heard. The service has an exemplary record in terms of compliance at previous inspections.

People were protected from the risk of harm and abuse by staff that understood their responsibilities in relation to safeguarding. Staffing levels were sufficient to meet people's needs. People's needs were assessed and risks associated with their needs were mitigated through clear guidance and staff that understood and followed that guidance. People's medicines were stored safely and people received their medicines when required.

Staff felt supported and had access to regular supervision and appraisal. There was also adequate training for staff and opportunities to develop professionally. People benefited from a service that understood and applied the principles of the Mental Capacity Act (MCA) 2005. MCA is the legal framework that protects people's right to make their own decisions. People had access to appropriate health professionals which was clearly planned and people also received a varied and healthy diet.

Staff were described as caring by people and their relatives. People were supported to maintain friendships with people they lived with and other people who were important to them. People's independence was supported and their privacy and dignity were respected. People had access to advocacy as and when required.

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's needs were assessed and clear guidance was in place to manage risks.

People received their medicines when required and their medicines were stored and managed safely.

People were protected from abuse by staff that understood their responsibilities in relation to safeguarding and systems to manage their finances.

Good



Is the service effective?

The service was effective.

Staff received ongoing support and guidance and had access to regular training and development programmes.

Staff understood and applied the key principles of the Mental Capacity Act 2005.

People enjoyed a healthy diet and had regular access to health professionals. This was supported by a clear health action plans that were in place.

Good



Is the service caring?

The service was caring.

Staff were described as caring and this was supported by our observations.

Friendships were encouraged and supported along with positive relationships between staff and the people they supported.

People's independence and right to take risk was respected and encouraged.

Good



Is the service responsive?

The service was responsive.

There was a clear person centred culture within the home that captured and understood people's preferences and ambitions through a clear 'living the life' framework the provider had designed.

When people's needs changed the service responded.

There was a complaints procedure in place that people knew how to use if required. Complaints were managed swiftly and in line with the documented procedure.

Good



Is the service well-led?

The service was well led.

The registered manager was described as outstanding and had a complete history of compliance with the service.

Outstanding



Summary of findings

Staff felt motivated to work hard and provide a high quality of care and support.

Quality and safety were monitored by effective systems in place across all aspects of the home.

There was a clear vision for the service that had been instrumental in people's development. We also saw the impact this vision had had on people's lives.

Argyll 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 checked 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 inspection took place on the 27 October 2015 and it was unannounced. The inspection team consisted of one inspector. This service was last inspected in October 2013 and was meeting all the standards required at that time.

Prior to our inspection we reviewed the information we held about the service. This included notifications, which is information about important events which the service is

required to send us by law. We also received the service provider inspection return (PIR) which is information the service provides with regard to what they are doing well and what they plan to improve.

At the time of the inspection there were five people being supported by the service. We spoke with two people who were using the service and three people's relatives. We spoke with three professionals who visit the service as part of their roles including two care managers and a training consultant. We also conducted a short observation framework for inspection. (SOFI). A SOFI is a method of observing the experiences of people who cannot communicate with us verbally. We spoke with the registered manager and five staff. We reviewed three people's care files, records relating to training, and the general management of the home. We also reviewed three staff files.

Is the service safe?

Our findings

People and their relatives felt the service was safe. Comments included: “I feel safe thank you”; “Oh yes, very safe, very reassured”; “It is definitely a safe service, no issues” and “Safety of people is a priority for sure”. Professionals we spoke with also felt the service was safe. Comments included, “It is a very safe service, I have never had concerns” and “Yes it’s safe, definitely”. The staff team had a good understanding of safeguarding, what constitutes abuse and what to do in the event of suspecting abuse. Safeguarding procedures were clearly displayed and Safeguarding alerts had been raised appropriately with the local authority safeguarding team. People were also protected from the risks of financial abuse as there were clear arrangements in place for the storage and management of finances. We saw that people’s finances were being clearly recorded and accurately accounted for.

People who used the service were also offered training to help keep them safe. We spoke with one person who had been on Safeguarding training called ‘keep me safe’ and had also be on First Aid training. The registered Manager told us, “We try and involve service users in the training as much as we can”. People also had emergency support plans in place for what action to take in the event of an emergency such as fire and flood.

People had risk assessments in place to ensure risks in relation to their needs could be supported safely. For example, people with risks in relation to their behaviour that may present as challenging had risk assessments in place with clear guidance to ensure their safety around the house and in public. Risks relating to travelling in a car had also been assessed. A specific seating plan had been designed to ensure peoples safety whilst travelling. Staff we

spoke with understood this guidance and we also observed it being followed. Another person had Epilepsy and we saw a clear plan in place to support this person in the event of a seizure. The service had designed a person specific training programme for staff to access with regard to these specific risks. This training had been designed by the manager to replicate the exact symptoms and behaviours of the person with epilepsy. Staff had received training to ensure they could follow the guidance safely. Staff were assessed as competent through this training by unannounced spot check situations. Risk assessments were reviewed regularly and when required. For example we saw one risk assessment that had been updated due to new behaviours being presented.

Medicines were administered safely to people who required them in line with documented guidance. Medicines were stored safely and stock levels were regularly checked. We observed people receiving their medicines in line with the stated guidance by staff who were training to do so.

There were enough suitably qualified staff to meet people’s needs. The staffing deployment was based around the needs of people using the service. For example, people who were assessed as requiring one to one support received this. Additional staff were planned in at times where people had chosen to do activities. People benefited from a consistent and stable staff team who had all worked at the service for a number of years.

The service followed safe recruitment practices. We looked at five staff files that included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service to make sure people were suitable to work with vulnerable adults. Records were also seen which confirmed that staff members were entitled to work in the UK.

Is the service effective?

Our findings

People and their relatives felt the service was effective. Comments included, “Staff understand me, I trust them”, “My [relative] is very well understood, it’s a family home, they are all treated like family”. A professional we spoke with told us the service was effective, “People are well supported and staff have all the skills they need to do an excellent job”. A visiting professional when asked how they would rate the service for its effectiveness told us, “Well the evidence is in front of you, it’s outstanding”.

We reviewed care files for three people who lived at the home, along with information regarding other people who lived at the home relating to their progress since living at Argyll House. We saw how each person who lived at the home had benefited from effective support from skilled professionals. For example, one person when they moved to the home were having to use a wheel chair and protective equipment due to uncontrolled epilepsy. On the day of the inspection we observed this person to be moving freely around the home with close support from staff. This person had been supported to a point where their seizures had reduced significantly. One staff member said, “We know the risks but choose to management in a way that means [person] can lead as active life as possible, we are all very well prepared if a seizure happens”. Another person when moving to the home lacked confidence around other people and was also resistant to touch and trying new things. On the day of our inspection through creative and skilled support this person was leading an active life. They were attending football matches, going trampolining and also enjoying regular massage. This person had also been supported to attempt swimming and was going twice a week. One person’s care manager told us, “The change has been extraordinary, the staff have such a drive to make things happen and the skill and experience to follow through on it”.

Staff we spoke with felt supported. Comments included, “The support is great, we’re a close team and support each other” and “I get as much support as I need and also happy to offer it when needed”. Staff had access to regular supervision and appraisal. Supervision is a space for staff to discuss and improve their practise, raise issues and access the support required to fulfil their role in a formal space. An appraisal is an annual meeting where objectives for the year are discussed and performance for the previous year is

reviewed. These processes support staff to reflect on their work to benefit themselves and the people they support. We saw staff were supported to raise issues regarding the people they support as well as any issues that may be impacting on their role. Staff received clear feedback regarding the points they raised and issues were followed up at the next supervision meeting. One member of staff told us, “Supervision is excellent, really helpful in making me better at my job”. Another member of staff told us, “I look forward to supervision; the feedback you get is always helpful, I have learnt so much”.

Staff within the service had a good understating of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA is the legal framework for ensuring that people are not unlawfully having specific decisions made on their behalf. DoLS are in place to ensure that people’s freedom is not unlawfully restricted.. We saw the service had taken on board findings from other inspections in other homes and were in the process of ensuring appropriate assessments were in place for specific decisions. Whilst this work was ongoing a checklist had been introduced around people making decisions that was centred around the key principles of the Act. Staff told us the manager regularly spontaneously asked them the five key principles. Comments included, “We used to have loads of information around the home, even in the toilets, but we also get asked the five principles randomly, it’s made it fun and easy to remember” and “We have been getting asked the principles at random, I understand more now as to why”. The registered manager did this to ensure staff knew and understood these principles Staff we spoke could tell us how the principles benefitted people’s lives. Comments included, “It means they can carry on with their lives confident that we will respect their right to make choices” and “It means that people can make specific decisions for themselves and have full control over their life and will get the support they need if they don’t always understand the consequences”.

Staff we spoke with felt they received adequate training. Comments included, “The training is very regular here” and “We get loads and more if we are interested”. Staff undertook mandatory training such as fire safety, first aid, and health and safety. Staff told us they had received periodic renewals of mandatory training. Staff received specialised training around Epilepsy and Autism. Staff were encouraged to take professional qualifications. One staff member was close to completing their Level 3 qualification

Is the service effective?

in Health and Social care and another staff member had been put on a specific team leader course after requesting additional responsibility. We spoke to a professional visiting the service on the day who was responsible for the assessing of three staff. This professional told us, “It’s a service that values learning, I love coming here, it’s always a friendly and fun atmosphere”. We were also made aware of the provider internal development programmes for staff and managers. These programs were to encourage development and progression from inside the service. One member of staff commented, “It’s a great idea and means it doesn’t feel like I am stuck in one place”.

Peoples preferred methods of communication were understood and clearly documented. Where people had limited verbal communication they had their own individualised methods of communicating that staff understood and used. For example one person used picture cards and visual aids to support their communication. Another person had specific gestures that staff understood. A professional we spoke with told us, “What struck me when I was there was how well people who couldn’t communicate verbally were supported. Staff

responded to everything and knew what he wanted, it was excellent and [person] is clearly happy”. These comments supported our own observations. We saw people being supported with person specific Makaton as well as using sounds and gestures. Makaton uses signs and symbols to help people communicate.

People benefited from a varied and balanced diet. People were able to choose what they wanted to eat and drink. We saw each person choosing their own breakfast which could be cooked or cereal based depending on their preferences. There was a quick reference guide within the staff information folder with regard to people’s preferences. There was a risk assessment to identify whether people could communicate if their food was too hot. This protected people from the risks of burns .

People had access to appropriate professionals as and when required. People were supported to attend GP appointments and visits to the dentists. The service also accessed support of other professionals such as speech and language (SALT) and district nurses when required

Is the service caring?

Our findings

People and their relatives described the service as caring. Comments included, “The care is excellent, it’s like a big family”, “I think the quality of care is unbelievable, first class” and “The care is outstanding, no other words for it”.

Staff clearly appreciated the relationships they had with the people they supported. Comments included, “We do all we can to support the people that live here, they are extended family, they are people who need love, care and understanding” and “People are the reason we come to work every day, they are lovely individuals and all have their own qualities”.

We saw a number of caring interactions throughout the day between staff and the people they supported. For example, one person who was slightly anxious by our arrival was supported to settle and understand why we were there. Another person was wanting to listen to their music within the room being used. This person was spoken with patiently, made comfortable and we moved to another part of the home. People were also all smartly dressed in clothes they had chosen and supported to do their hair as they wanted it.

The caring culture within the home was clearly benefiting people and making a huge impact on their lives. We saw from one person’s care file they had experienced complex family issues. This experience had led to behavioural issues and difficulties relating to their diet. One staff member told us, “[Person] just didn’t want to join in, or have meals with us, we didn’t force them”. On the day of our inspection we saw this person was now comfortable with food and was very much part of the home. We observed the strong relationships they had with the care staff supporting them.

Positive relationships between people that lived in the service was encouraged. We saw that people got on well and were laughing and joking with each other. We observed people referring to the people they lived with as friends. The service also attended events at other services to maintain friendship with people. There were photographs around the home of people’s friends for people to see.

People were involved in decisions relating to their own care. We observed people being consulted throughout the day. Staff told us people were involved daily in what they wanted and needed. The registered managers told us, “We are talking with people about their needs every day, it’s ongoing, not just a monthly process; we offer advice, but respect what people choose”. People were supported to maintain and improve their independence. For example, we saw one person over a period of time had been supported to prepare and cook meals. Another person was supported on our arrival to make a cup of tea for people and they visibly enjoyed this responsibility. People were encouraged to get regular exercise.

People were informed about what care was available to them and who was available to support them. For example, how to raise concerns, access to advocacy and who their support team was. This was also done visually to ensure people’s own method of communication was considered.

People benefited from a service that respected the importance of equality and diversity. People’s cultural and religious needs were identified through their initial assessment and this information was clearly recorded in their support plans.

Is the service responsive?

Our findings

People's relatives described the service as responsive and person centred. Comments included, "They are a very responsive team, very on the ball", "They have responded to everything properly and do an excellent job", "They treat and respond to each person as an adult in their own right" and "You can see each person is responded to as their own person with complete respect". Professionals told us the service was responsive. Comments included, "They have always responded well to advice and guidance" and "I would definitely be happy to send a relative here, very skilled and very responsive".

People's needs were assessed when entering the service. These assessments were used to design person centred support plans with clear guidance for care staff to follow. People had positive behavioural support plans in place if they required support with managing how they communicate through their behaviour. People's support plans were informed by their personal histories along with their views on what they want for their future. This information was captured using the providers own framework called 'living the life'. This framework had been created based on consultation and research that involved a number of people who used the providers services. Staff who were using the framework described it as transformational. Comments included, "I think you are always apprehensive when new things come along, but this has been amazing", "The model has enabled us to focus on specific areas as a consistent approach from all of us, people have flourished" and "It's been crucial in supporting people to develop themselves and meet their own goals".

We saw that people enjoyed a variety of activities that interested them. Each person had their own personalised activity plan to enjoy. Activities included, cycling, swimming, day centres, going for walks and many more. One care worker told us, "They do so much, they are out all the time doing different things, we also like to support them to try new things". We saw the provider had arranged a talent show that enabled people using the services to enter. One care worker told us, "It's unbelievable how much people can do being at this service, there is a real effort to build confidence and make people feel part of a community". We spoke with one person who had recently won a prize at the talent show for their singing. They took enormous pleasure in showing us their medal and photos

of the event. One care worker told us, "It's done amazing things for [persons] confidence, different person". We also saw this person had been supported to attend an event specifically organised for people with learning disabilities by the local council called 'the special Olympics'. The person again enjoyed showing me their medal from being part of the area football team. On the day of the inspection we observed people enjoying a music session with a visiting musician and staff using their own skills to support people to exercise through doing boxing drills.

We saw when people's needs changed the service responded. People's care files showed action that had been taken when people's mood fluctuated or health deteriorated. For example, one person was prone to depression; we saw how the service accessed specialist advice to improve how responsive they could be to the person's needs. The registered manager told us, "[Person] just used to isolate himself, so we tried a number of things rather than just medication. It was music that has done the trick, he still has lows, but they do not last nearly as long".

People benefited from a service that saw feedback as important in improving the service. Satisfaction surveys were sent out to people, relatives and staff. The feedback from these surveys were analysed at provider level and then informed the business plan at service level. For example, one of the surveys identified the accessibility of the garden, especially for people in wheel chairs. We saw that the garden had been levelled and improved as a result. People attended service user meetings as a group and with their key worker. People who couldn't communicate benefitted from a stable staff team that understood them. Picture cards and images were also used to obtain as much feedback as possible from people. We saw these meetings had been used to bring variety to the activities within the home and also change the menu around people's preferences.

There was a clear complaints procedure in place and everyone we spoke with knew how to access it. We saw that people's concerns were recorded and managed effectively. We saw that there had been no complaints since the last inspection. One concern had been raised from neighbours in relation to the noise at times. We saw that efforts had been made to minimise the noise but the registered manger told us, "We have tried certain things like

Is the service responsive?

coming inside if noise is prolonged, but it's how people communicate especially when they are happy, so it's hard to want to stop that but we respect what the neighbours feel".



Is the service well-led?

Our findings

The service was managed by an experienced registered manager who had clear passion for hands on support. This passion was clear from speaking to the manager, observing the standards expected within the service and interactions with staff. This approach had ensured the service had been compliant at all of their inspections since registering. The management of the home was having an impact on all areas of people lives from their safety to their opportunity to live the life they chose. For example, the service was signed up to the social care commitment. The Social Care Commitment is the sector's promise to provide people who need care and support with high quality services. The registered manager was an 'I Care' ambassador for Skills for Care. Ambassadors are described according to Skills for Care as 'enthusiastic frontline care staff, who are willing to visit schools, colleges, job centres and other employment agencies to inspire others to work in adult social care'.

The Registered Manager had a clear vision for the service that put people at the centre of what they do. This involved a clear desire to offer people as many opportunities as possible to be independent and experience new things. For example the activities that people had access to and the level of thought and consideration given to what people may like to experience were a reflection of this approach. There was a respect and commitment for involving families and people with significant relationships to people that used the service. The registered manager told us, "We want people to experience the best things in life they can, anything is possible".

Staff we spoke with understood and shared the registered manager's vision. Comments included, "People are treated amazingly well, we are always thinking of ways to make life as meaningful as possible" and "People come first for sure, we are all passionate about supporting be to be happy and experience new things". Relatives reinforced that this vision was being put into practise. Comments included, "The service has an excellent approach, they are excellent at making sure people lead an active life" and "The culture is full of energy and passion for people and giving them an excellent quality of life". Professionals we spoke with also agreed. Comments included, "The service has a lovely feel about it, lovely culture, and you can see the effort that goes into making people happy".

Following the inspection we were sent some information regarding the framework that is used to support and develop staff. We saw how this framework was used to embed the providers overall vision and support staff in line with the organisational values. Staff supervision and appraisal was aligned to these values. One staff member told us, "I am very clear on what's expected, I have bought into the approach and feel very committed to it, best place I have worked with the best manager by far".

The service was described by people's relatives and professionals as well led, with most describing the leadership as outstanding. Comments included, "The manager is outstanding, no doubt, the whole team are", "The manager is brilliant, the way they interact with their team is respectful and also motivational", "The manager is fantastic, organised and communicates well". Staff also spoke very highly of the manager. Comments included, "They just connect with each of us in the way that works, for me they are outstanding", "They [Registered manager] makes me want to be better, I want to impress and do my best, that's how I know the management is outstanding".

The manager had created a culture in the service that valued the input and role of family members and other people who may have a significant relationship with those who use the service. One staff member told us, "It must be hard for families to not have their relatives at home, we think the letters help that". Each person was encouraged with their support workers to do a weekly letter to people they wanted to that showed what they had been doing that month. Feedback was welcomed on that information from families. One relative told us, "Its lovely to receive that, it shows that peoples families are important to the service, it also gives us ideas to pass back to the service". We were given an example of how one person's relationships with their family had improved since sharing their information. One member of staff told us, "its really helped connect them and not feel so alone here, its such a positive change".

The Registered Manager also ensured a culture of support for staff to create a high quality culture. The registered manager told us, "If staff feel valued and supported then they will provide better support for people, you support better when you are supported". Staff we spoke with told us, "The expected standards are very clear, but it's done in a way that makes you want to do better, I look forward to team meetings" and "I feel safe to make mistakes here and



Is the service well-led?

motivated to do well, I want to make the manager proud". The registered manager herself also felt supported. There had recently been a change in line manager for the service but both the new line manager and previous? made an effort to support the registered manager at feedback. The commitment to quality was shared at all levels of the management structure. The registered manager told us, "I get all the support I need, managers are very approachable, they all have their own focus but it all helps".

Staff who were not meeting the services standards were supported to improve through effective supervision and ongoing support. We saw an example of a member of staff who needed additional support through their probationary period to understand their roles and responsibilities. This member of staff was now described as a key member of the team and thriving. The registered manager told us, "It's only fair to understand what is causing problems for people and taking responsibility as a manager and organisation for that, whilst making sure the staff member does the same".

There were clear roles of accountability within the home. Staff we spoke with were clear on roles and felt they were given enough responsibility. Staff had key roles of responsibility such as doing health and safety checks and medicine audits. These were all followed up by the manager and her deputy to ensure they had been carried out. We saw the manager had a clear checklist at their desk to ensure that all areas that requires monitoring had been checked and staff told us, "You know that if you forget, you will get a very quick reminder, very high standards, but that's good".

There was a system in place to monitor the quality and safety of the service. We saw a number of internal checks and audits conducted daily, weekly and monthly that covered all areas of the home from the safety of the building to the quality of support files and peoples experience at mealtimes. The manager kept a clear overview of these audits so gaps could be quickly identified and themes could be clearly picked up. For example, audits of care files had noticed care reviews were not always dated and updates needed to be clear. Action was taken to ensure that improvements had been made. Quality audits done by senior managers constantly identified the service was running well. The service had a system of Expert auditors. These were service users from other services that visited and offered their own views on the service. We noticed that this service had not had one of these audits this year but were informed they were on the waiting list for one.

The service had formed links with the local community. For example we were shown how the service arranged for work experience placement for children from a local specialist school. This enabled them to be part of the home and experience the activities and build relationships with the people that used the service. There were a number of comments made by the manager and staff regarding the positive impact this had on people. Comments included, "It benefited the children as they had their eyes open to how diverse our culture can be, but also our service users made real friendships" and "It was the first time we had ever done anything like that, but it was a positive experience for everyone".