

Arundel Care Services Limited

# Upperton Gardens

## Inspection report

44 Upperton Gardens  
Eastbourne  
East Sussex  
BN21 2AQ

Tel: 01323439001

Website: [www.arundelcareservices.co.uk](http://www.arundelcareservices.co.uk)

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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 ●

# Summary of findings

## Overall summary

Upperton Gardens provides accommodation for up to six people with learning disabilities. In addition the service catered for people with challenging behaviour and those on the autistic spectrum.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People remained safe and happy at the service. People were protected from the risk of potential abuse. Staff had received training on safeguarding adults and knew how to identify abuse and the action to take to keep people safe.

People were involved in identifying and managing risks to their well-being. Risk assessments were detailed and had sufficient information for staff on how to support people safely and without restricting their freedom unnecessarily.

People received appropriate care because there were sufficient numbers of skilled staff deployed on each shift. Pre-employment checks were carried out to ensure the suitability of staff to support people safely.

People's care was provided by appropriately skilled and knowledgeable staff. Staff received the support, training and supervision they required to carry out their roles effectively. Staff had opportunities to develop and progress in their careers.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff understood and promoted people's rights in line with the requirements of the Mental Capacity Act 2005 (MCA). Staff had received training in MCA and had good knowledge of the principles and how to support people to make decisions about their day to day living. Deprivation of Liberty Safeguards applications were made to a supervisory body when needed to ensure any restrictive practices were authorised and appropriate.

People continued to receive care that was focussed on their individual needs. Care and support plans were individualised and contained sufficient guidance for staff on how to provide care to each person. People and their relatives were involved in the planning, developing and reviewing their care plans. Staff understood how to communicate with people to ensure they understood how to involve them in service provision.

People's privacy and dignity was upheld at the service. Staff delivered people's care in a kind and caring manner and treated people as individuals and with respect. People were comfortable around staff and the environment was warm and friendly.

People's views were sought and the service listened to their feedback. People and their relatives had access

to the complaints procedure and knew how to raise any concerns about the care provided. The registered manager reviewed and resolved complaints in line with the provider's procedure.

People and staff were positive about how the service was managed and the leadership of the registered manager. The registered manager was enthusiastic and passionate about the quality of care provided at the service and knew people and their needs well. Staff were valued at the service and shared the provider's vision and values to support people to live fulfilling lives.

Audits systems were used effectively to drive improvements at the service. Regular checks and monitoring of the service ensured people received care appropriate for their needs. Views of people, their relatives, healthcare professionals and staff were consistently sought and their feedback considered to develop the service.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Upperton Gardens

## Detailed findings

### Background to this inspection

We carried out this inspection of Upperton Gardens under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 2 June 2017 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law.

The provider had completed and returned a Provider Information Return (PIR). This is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During our inspection we spoke with three people who used the service and contacted two relatives via telephone during the visit. We also spoke with the registered manager and four support staff.

We looked at four people's care records and their medicines administration records. We viewed five records relating to staff including training, supervision, appraisals and duty rotas. We reviewed management records of the service including incident reports, safeguarding concerns, complaints, policies and procedures and audits to monitor quality of the service. We read feedback the service had received from people and their relatives.

We undertook general observations and formal observations of how staff interacted with people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection we received feedback from a healthcare professional and local authority who commissioned the service.

# Is the service safe?

## Our findings

People remained happy and safe at the service. One relative told us, "I know [person] is safe there, they have systems in place." People were protected from the risk of abuse. Staff received training in safeguarding adults and understood their responsibilities to identify and report any concerns of potential abuse. Safeguarding and whistleblowing procedures were available to staff and provided them with sufficient guidance on what action to take to keep people safe. The registered manager worked closely with the local authority safeguarding team and other healthcare professionals on incidents to help support people to keep safe.

People consistently received safe care and support at the service. Appropriate recruitment and selection procedures were followed to ensure staff were suitably vetted and qualified to meet people's needs. Staff satisfactorily completed their probationary period before being confirmed in post to support people independently.

A sufficient number of staff was deployed to support people safely and to meet their individual needs. The registered manager determined staffing levels by assessing people's needs and the support they required. People received the support they needed to attend activities at the service and in the community. Staff told us the service was sufficiently staffed and that they were able to support people in a relaxed manner without feeling rushed. The rotas were planned and annual and sickness absences covered by regular staff.

Risks to people were identified and managed appropriately to keep them safe and in a way that supported their freedom. Staff knew the risks to people which included epileptic seizures, choking, lack of road safety awareness and public safety. Individualised risk assessments detailed how staff were to minimise the likelihood of avoidable harm to people. Incidents and accidents were recorded, monitored and risk assessments updated to minimise the possibility of a recurrence. Each incident was discussed at staff meetings and supervisions to draw lessons on how to manage similar situations. Staff knew how to support people in the event of a fire and had sufficient information on how to evacuate the building safely. Personal emergency evacuation plans for each person were in place and updated regularly.

People continued to receive their medicines safely and in line with the provider's procedures. People had information about their medicines presented to them in a manner they understood such as pictorial format. Staff were trained and assessed as competent to manage people's medicines. Internal and external medicine audits were consistently carried out and Medication Administration Records (MAR) were checked regularly. MARs were accurately recorded and showed people received their prescribed medicines at the correct times and dose. Staff followed the provider's protocols on managing and administering of people's 'as required' medicines.

The premises were clean and staff understood how to minimise the risk of infection. Staff had received training in infection control and knew how to use personal protective equipment appropriately. Regular health and safety checks ensured staff followed the provider's procedures on infection control and that the premises remained free from odours and dirt.

# Is the service effective?

## Our findings

People continued to receive care from skilled and knowledgeable staff. One relative told us, "Staff are well trained. They do their job well and couldn't be happier with the care provided." Another relative said, "It's a difficult job that they [staff] do very well. A significant number of the staff have been there all that time." A healthcare professional said, "The staff team is very skilled, proactive and able to anticipate people's behaviours and understand how to support them." New staff received a comprehensive induction and completed the care certificate training aimed to equip health and social care support workers with the knowledge and skills needed to provide safe and compassionate care. Staff attended regular training and refresher courses to update their knowledge and skills. The provider ensured staff accessed specialist training to manage people's specific health conditions such as epilepsy. Staff were happy about the training which they said increased their confidence and ability to undertake their role effectively.

People continued to be supported by staff who received regular supervision and an appraisal to enable them to provide effective care. Personal development plans identified staff's training needs and the registered manager ensured they received the support they required.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the time of our inspection, there was one person with a DoLS authorisation in place. Records showed the person's care was provided in line with the authorisations to access the community. The registered manager maintained an up to date record of renewal dates for DoLS authorisations and had made applications to the local authority where appropriate.

People consented to care and treatment. Best interest processes were followed to support people who were unable to make decisions about their care in areas such as having a medical procedure or applications to restrict their freedom.

People enjoyed the food provided at the service and received the support they required to eat and drink. Staff involved people and their relatives in menu planning and ensured the meals reflected people's choices. People had their meals when and where they wanted in line with their preferences. People's dietary and nutritional needs were met. Staff involved healthcare professionals when they had concerns about a person's eating and weight management to obtain guidance. People took part in meal preparation where assessed as safe to do so and to support them to develop their independent living skills.

People's health needs were consistently identified and met. Staff contacted healthcare professionals when necessary to enable people to receive timely and effective care. Records showed each person had an annual health check and regular contact with their GP, chiropodist, optician and dentist. Each person had a personalised health action plans and records showed staff ensured people attended appointments to have their needs met.



People had access to all parts of the service. Staircases and passages were well lit and additional lighting had been put in place when needed for people with visual impairment. People were provided with pictorial aids, supported through the use of sign language and gadgets such as Ipads to help them to communicate effectively their needs.

## Is the service caring?

### Our findings

People continued to enjoy positive caring relationships with staff. A relative told us, "It's very much a home from home environment, not like an institution in any way. [Person] is happy there." There was a regular and consistent team of staff which enabled them to develop good relationships with people. People received one to one care where appropriate and were paired with staff whom they wished to pursue their interest. Staff showed a good knowledge of people's needs and their interests. Records showed each person had a communication plan with guidelines to help staff to understand people's needs.

The service continued to involve people in making decisions about their care and support. Health professionals, relatives and independent advocates where appropriate were involved to help people to make specific decisions about their care. Records showed people contributed to planning their care as much as possible and that their decisions were respected.

People were consistently treated with dignity and respect. Staff respected people's privacy. A member of staff told us, "We knock on people's doors before entering, close doors and curtains when giving personal care and do not disturb them when they want to spend time in their own rooms." We observed staff held handover meetings away from people and recorded daily observations records out of sight to protect people's privacy. Care records were securely stored and computers password protected to maintain people's information confidential. Staff understood the provider's policy on confidentiality and said they shared information with healthcare professionals on a need to know basis.

We observed interaction between people and staff were caring. Staff communicated in ways people understood and gave reassurance when needed. Staff were prompt to people's requests for support and showed patience when explaining things. People moved freely and spent time in their rooms as they chose.

Staff remained passionate about the care they provided to people and ensured they supported people with kindness and compassion. People were supported to maintain relationships that mattered to them. One relative told us, "They [staff] have always provided the transport both ways for home visits." Records showed staff helped people to arrange for visits to their families and friends and organised get together functions to promote their relationships.

## Is the service responsive?

### Our findings

People were provided with individualised care which consistently met their needs. Assessments carried out before a person started to use the service were detailed and had their input and relatives' where appropriate. Care plans were developed from this information and included details of each person's health needs, communication methods, background, routines, preferences and goals and the support they required. Care plans were in easy read format, pictorial format and written in a language people understood. A relative told us, "I've been very involved in support plan reviews." Regular reviews and updates of care plans ensured they remained relevant and appropriate to the care each person required. Healthcare professionals were involved in the reviews and their input included in people's support plans.

People continued to receive care that was responsive to their needs. A relative told us, "[Staff] have known [person] a long time and so knows how to work with [her/him] in different situations." Staff knew how to respond to people's needs as they applied positive behavioural support techniques when a person showed behaviours that challenged the service and others. Care plans identified skills building courses for each person according to their needs. People were supported to develop their daily living skills such as attending college for cookery lessons, sports, leisure and sensory activities. Staff had sufficient and clear guidance on how they were to provide care suitable to each person's needs. People's communications needs were detailed and how staff were to promote effective interaction with them and reduce social isolation. Staff provided people's care in line with their routines as this was an important aspect of their daily living.

People took part in activities of their choice which helped them to achieve their potential whilst they enjoyed themselves. A relative told us, "Staff are very proactive with ideas and planning [of activities]. People were supported to pursue their hobbies according to their abilities and to explore new interests to enable them to maximise their potential and to live a fulfilling life as much as possible. Each person had an activity plan designed around their individual needs. Activities people attended included horse riding, bowling, sensory feeling, swimming, trampolining, walks, picnics and going away for holidays.

People and their relatives knew how to raise a complaint about care provided at the service and were confident issues raised would be resolved. One relative told us, "It's a professional service that can be depended on. I could approach [registered manager] about any issue and know it would be dealt with. But I haven't had any reason to complain and [person] is happy and well looked after." Information about how to make a complaint was available to people in a format they understood. Staff discussed concerns in one to one meetings about any concerns they might have. The registered manager had one to one chats with people on a regular basis to find out about their experience of the service. The registered manager had a plan of action about how and the timescales of when to respond to any concerns raised.

## Is the service well-led?

### Our findings

The service continued to have 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.

The registered manager understood and met the requirements of their registration. Notifications were made to CQC as required to allow us to make any follow up when needed. There was an open and transparent culture at the service in line with requirements of the duty of candour. Staff were able to challenge their practice and discuss openly any concerns and learn from mistakes.

The registered manager and the staff team knew each person well which ensured care provided met their individual needs. A relative told us, "I feel very much reassured that [person] is there." Another relative said, "The home does what it should be doing, and does it well." People and their relatives remained positive about how the service was managed and the care provided.

People's care continued to be provided in line with the provider's vision of person centred care based on empowering people and promoting their involvement in planning their care. The registered manager was passionate about providing individualised care and ensured staff understood and practiced the vision and values of the service. Staff were confident and understood their roles and responsibilities in supporting people to live an independent life as possible. People and their relatives told us the registered manager maintained a visible presence at the service and was approachable and knowledgeable about people's needs and the support they required. Staff told us they worked well as a team and were all focussed on supporting people to achieve the best out of their potential.

People had their views consistently sought and acted on to improve service delivery. A relative told us, "I speak to [the registered manager] every two to three weeks. She is very open to suggestions and wants to know [person] and us are satisfied with what the home provides." The registered manager had an open door which enabled people and their relatives to drop in for meetings and contact by telephone and emails to discuss ideas to develop the service. Regular visits to the service by senior management provided additional opportunities for people and staff to talk about changes they would like to see introduced. The provider carried out regular satisfaction survey's to understand and improve people's experience at the service. The 2016 annual survey showed people and their relatives were happy and highly complimentary about their care provided.

Consistent quality audits and checks on the support provided ensured people received safe and compassionate care. The registered manager consistently carried out regular audits on medicines management, care planning, risk assessments and the safety of the premises to drive improvement. The provider had an oversight on the audits and worked with the registered manager to put an action plan when needed to resolve any shortfalls identified. Audit records of the last six months we saw were up to date and there were no concerns identified. The registered manager told us the provider was highly supportive and

that they had access to all the resources they needed to develop the service.

Staff continued to receive the support they required from the registered manager and the registered provider through various learning and development programmes. The registered manager told us, "I am very proud of my staff as they are dependable, skilled, hardworking and totally committed to supporting people achieve their best." Information about people's needs was appropriately shared in staff meetings, handover sessions and communication book to enable people to receive consistent care.

People continued to benefit from the close community links through involvement with local colleges, shops and recreational services. The service had positive partnership working with other organisations. Records showed people received coordinated support amongst the various healthcare professionals involved in their care which enhanced their well-being. The registered manager attended 'Manager's forums' and shared learning acquired from the meetings with staff to enable them to follow best practice and current guidance.