

PureCare Care Homes Limited

Arden House

Inspection report

73 Arden Street
Gillingham
Kent
ME7 1HS

Tel: 01634280703

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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

About the service

Arden House is registered to accommodate up to three people who are experiencing mental health difficulties. Arden House is a small terraced house in a residential area of Gillingham. At the time of the inspection there was one person living at the service.

People's experience of using this service and what we found

People told us they felt safe living at Arden House and that they trusted the staff. People said, "I feel safe and know that I can talk to the staff or the manager if I am worried about something".

The service was small, clean and homely. People had been able to personalise their home with pictures, ornaments and photos. People told us they enjoyed spending time in the garden in the nice weather. People were protected from the risks of abuse, harm and discrimination. Staff understood how to recognise signs of abuse and knew how to report any concerns.

Staff continued to be recruited safely. There were enough staff to meet people's needs and there were contingency plans to cover any emergency shortfalls. People made decisions about the level of support they received. They were supported to have maximum choice and control over their lives and staff supported them in the least restrictive ways possible. Policies and systems in the service supported this.

People chose what they wanted to do each day and where they wanted to spend their time. Their independence was encouraged. People's mental health, welfare and physical health were monitored. Staff knew people well and told us that they were able to observe very small changes in a person's demeanour which may indicate needing additional support with their mental health. Staff supported people with their medical appointments and helped them stay as healthy and well as possible.

The registered manager led a small team of staff who had worked at the service for a long time and provided consistency for people. Effective audits and checks were completed. When a shortfall was identified, action was taken to reduce the risk of it happening again.

Rating at last inspection

At the last inspection on 27 March 2018 the service was rated Requires Improvement overall. (Published 08 June 2018). We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to take appropriate action to mitigate risks to people's health and welfare. The provider had failed to manage medicines safely. We required the provider to take action to make improvements. The provider sent us an action plan detailing how they planned to address the breaches of Regulation. During this inspection we found the service had made and sustained the improvements and the breaches in Regulation had been met.

Why we inspected

This was a planned inspection based on the rating at the last inspection.

The service met the characteristics of Good in all areas and Good overall. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If concerning information is received, we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Arden House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Arden House is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was announced. We gave the service 48 hours' notice of the inspection visit because it is a small service for younger adults who are often out during the day. We wanted to be sure that they would be home to speak with us.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. This includes details about incidents the provider must notify us about, such as abuse. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with one person, one staff member and the registered manager. We

reviewed a range of records which included one person's care plan, recruitment, training and supervision records and records relating to the quality monitoring and management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to take appropriate actions to mitigate risks to people's health and welfare. The provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and welfare were assessed, monitored and reviewed to ensure they were supported to remain safe.
- Some people were at risk of self-harm. Staff told us how they noticed small changes in a person's mood which was an indicator of a decline in their mental health. Staff built positive, trusting relationships with people that helped them to anticipate and respond to risks and improve safety. Staff said, "We recognise the signs so that we can actually provide additional support when we need to".
- There was clear guidance, which staff followed, about how to minimise risks to people. For example, when a person liked to have a hot water bottle, there was guidance on reducing the risk of scalding, heat rash and burns by making sure the water was not boiling and there was a cover kept on the bottle. Staff spoke with us about monitoring the person using the bottle if their mental health had declined to make sure they were safe.
- Checks were completed on the environment, including the garden, to make sure there were no sharp objects in reach. Knives were securely stored and available for use with the support of staff.
- Maintenance checks, on things such as fire safety equipment, water temperatures and electrical appliances were completed.
- The registered manager continued to monitor any incidents and made any required referrals to health care professionals.

Using medicines safely

- People were supported to have their medicines safely and on time. Medicines were stored, administered and disposed of safely.
- People told us staff supported them to have their medicines when they needed them. They understood what their medicines were for and said staff kept the medicines locked away securely.
- Staff had completed appropriate training and their competency was assessed.
- Medicines records were completed, and these were checked to make sure they were accurate.
- Some people needed medicines on an 'as required' basis (PRN), such as pain relief. Staff followed

guidance about how and when these should be used and checked with the person to make sure the medicine was effective.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Arden House. People said, "Staff help me to stay safe".
- People were protected from abuse, harm and discrimination by staff who understood how to keep people safe.
- Staff completed regular training about safeguarding people and understood how to raise any concerns they had. Staff felt confident the registered manager would take any action needed.
- The registered manager reported to and liaised with the local authority safeguarding team to make sure people remained as safe as possible.

Staffing and recruitment

- People continued to be supported by staff who had been safely recruited. A full employment history and references were obtained. Disclosure and Barring Service (DBS) criminal record checks were completed. The DBS helps employers make safer recruitment decisions.
- People told us there were enough staff. There was always at least one member of staff on duty in the service.
- The registered manager was available outside office hours for advice and guidance and staff told us they contacted them when they needed to.
- There were contingency plans to cover emergency shortfalls, such as sickness. Occasionally agency staff were used. The registered manager used the same agency staff to ensure consistency as the people using the service had become familiar with the staff.

Preventing and controlling infection

- The service was clean and tidy. Night staff completed domestic duties and used a checklist to make sure all areas of the service were well maintained.
- Regular checks were completed on the environment to make sure it remained clean.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- New staff completed an induction when they began working at the service. They shadowed experienced colleagues to get to know people, their routines and their preferences.
- New staff completed the Care Certificate. This is an identified set of standards that social care workers adhere to in their daily working life.
- Staff told us they completed training and refreshed their knowledge to keep up with best practice. Training topics included some which were specific to the support they provided, such as about personality disorders and autism.

Supporting people to eat and drink enough to maintain a balanced diet

- People were encouraged and supported to maintain a healthy and balanced diet. People were independent and able to make decisions about their meals and shopping for their food.
- People told us they chose what they wanted to eat and had their meals and snacks at a time that suited them. They said that staff supported them to prepare meals and regularly cooked meals from scratch.
- Staff knew people's preferences including any dietary or cultural requirements and encouraged them to eat healthily.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's mental, emotional and physical health were assessed prior to being supported by the service to make sure their needs would be met. Assessments included meeting any needs and lifestyle choices a person might have to ensure their rights under the Equality Act 2010 were fully respected, including needs relating to people's disability, sexuality and religion. People's needs, and preferences were reviewed and monitored.
- People told us staff supported them to attend appointments with health care professionals, such as psychiatrists and care programme approach (CPA) meetings, and this reassured them and reduced their anxieties.
- Staff knew people well and were observant in noticing changes in people's behaviours and mental health which may be a sign of a relapse. People told us they felt able to speak openly with them about their mental health and any concerns they may have about their well-being. They felt confident the staff would provide them with the right support.
- Staff were proactive in supporting people to make important health changes in their life, such as stopping smoking. One person told us they had stopped smoking and had been supported by staff to use an

electronic cigarette instead.

- When people moved between services the registered manager and staff worked with other health care professionals, such as the local authority, to make sure the transitions were as smooth as possible.

Adapting service, design, decoration to meet people's needs

- A health professional had recently provided feedback to the registered manager about the appearance of the service. They noted, 'I found the home to be inviting and homely'.
- People told us they had chosen the colour scheme for their rooms. One person told us, "I painted my room. I bought all the pictures". They proudly showed us their room which was full of the things that were important to them.
- Staff told us how they supported and empowered people to decorate their rooms in the way they preferred. They completed risk assessments and helped people when step ladders needed to be used during decorating.
- People spent time relaxing in their bedroom or in the communal areas. There was a small, tidy and secure garden which people told us they enjoyed sitting in.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the time of the inspection no-one was subject of an authorised DoLS. The registered manager understood how and when an application should be made.
- There was no-one at the service subject of a Community Treatment Order (CTO). A CTO allows a person who has been detained in hospital, under the Mental Health Act 1983, to leave hospital and get treatment in the community. The registered manager was aware of their responsibility to ensure staff were fully informed about any restrictions when this had been required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were kind, compassionate and caring. People told us staff were kind and took time to listen to them.
- People were relaxed in the company of staff and there was laughter, chat and banter throughout the inspection.
- A health care professional noted on a recent quality survey, 'The staff operated in a supportive, insightful, realistic and enabling manner. They demonstrated empathy with understanding'.
- Staff knew people, their preferences and their behaviours well. They spoke passionately and with empathy about the people they supported.
- Staff completed training about equality, diversity and human rights and were aware of the discrimination faced by people with mental health needs.

Supporting people to express their views and be involved in making decisions about their care

- People told us they made their own decisions about the level of support they received and discussed this with the registered manager and staff.
- People's support centred on them as an individual and their specific needs and preferences.
- Staff respected and understood people's views, preferences and wishes.
- Staff provided people with support and advice and helped them make decisions. For example, one person had told staff they wanted to attend counselling but felt too anxious to go to group therapy sessions. Staff kept working with the person's community psychiatric nurse and managed to secure a series of one to one counselling sessions. The person told us they felt relieved and pleased the staff had listened to them and helped them.

Respecting and promoting people's privacy, dignity and independence

- People were empowered to lead as independent a life as possible. One person told us, "I go in and out when I want. I let [staff] know. Being able to drive gives me independence. They [staff] are always there when I need them". The registered manager commented, "[Person] enjoys running people here and there. It has given them a sense of purpose and worth. It has also given them more responsibility and a lot more independence".
- People's privacy was protected, and their dignity promoted. The provider had closed circuit television (CCTV) covering communal areas of the service. This enabled them to monitor people's safety and protect their privacy. People were aware of the CCTV and how and why it was used.

- People managed their own personal hygiene. However, staff monitored this as they were aware a decline in a person's personal hygiene may indicate a deterioration in their mental health.
- People chose when to spend time in their rooms and this private time was respected by staff.
- People told us how they were developing their daily living skills with the support of staff, for example, doing their laundry and cooking their meals. One person told us how staff had supported them to cook food they had not tried cooking before and this increased their confidence to try new things.
- A health care professional noted on recent feedback, 'The team provided a relaxed environment that encouraged individuals to develop independent skills'.
- People's records were stored securely to protect their confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support which was tailored to and responsive to their needs. Care plans were developed and written with each person and reflected their individuality.
- Care plans reflected people's mental, physical, emotional and social health needs. People had access to their care plans and told us they discussed them with staff.
- Care and support plans were reviewed regularly and updated when there was a change in a person's needs or preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood people's right to have information presented to them in an accessible manner, such as larger print documents, using pictures or the use of a computer tablet. At the time of the inspection people did not need information in a different format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to maintain and develop relationships with friends and family.
- People were encouraged to continue with their hobbies and interests. People were supported to look after their pets. For example, one person proudly showed us their rabbits and hamster. They told us these gave them a sense of responsibility and a reason to get up each day to care for them. They enjoyed spending time with their pets in the small garden when the weather was good. They told us how they had arranged for their pets to be looked after whilst they went on holiday.
- People told us staff supported them with their personal goals. For example, one person said how they would like to explore further education. Staff told us they had spoken with the person's care team about obtaining additional support and funding. They spoke about the person's anxieties being with large numbers of people and were identifying options for distance learning.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain, that they would speak to staff and felt confident to do so if needed. They did not have any complaints about the support they received.
- Information about how to complain was displayed on the noticeboard in the service.

- There had not been any complaints in the last 12 months.
- The registered manager told us that as they all worked closely, any minor grumbles were discussed at the time and resolved satisfactorily.

End of life care and support

- At the time of the inspection there was no-one being supported with end of life care.
- Staff had discussed with people what their choices or preferences would be in the event of them passing away and this had been recorded to ensure their wishes would be respected.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager promoted a positive and open culture which was inclusive and valued people and their individuality. They worked with staff each day to provide people with a good quality of care. People and their relatives were informed if there were any concerns and of any actions needed.
- Staff spoke passionately about the people they supported and showed a genuine empathy and understanding. They celebrated people's achievements with them.
- Information in people's care and support records were written in a sensitive, kind and inclusive way. For example, one monthly report noted, '[Person] is doing really well. They have formed good relationships with the staff and is a very caring person. [Person] should be proud of what they have achieved'.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager completed regular effective checks and audits on the day to day quality of service. When a shortfall was identified, measures were put in place to reduce the risk of it happening again.
- The registered manager understood their regulatory responsibilities. Notifications of significant events, such as safeguarding concerns, had been submitted to the Care Quality Commission in line with guidelines.
- When there had been reportable incidents, the registered manager had liaised with the local authority. Action was taken to prevent similar occurrences, and these were shared with staff and used as a learning opportunity.
- It is a legal requirement that a registered provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The provider had conspicuously displayed their rating on their website and in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was good communication throughout the staff team and between people and staff.
- Staff used a diary to make sure key information was recorded and handed over between shifts. This included any changes in a person's mood or if they had been feeling unwell. This enabled the next supporting staff to continue to monitor people.
- Staff recognised the importance of providing support in ways that promoted equality and diversity. They

completed training about respecting people's choices about their identities and lifestyle. This included information about the seven protected characteristics of the Equality Act 2010 that applied to people living there which included age, disability, gender, marital status, race, religion and sexual orientation.

- People were encouraged to be an active part of the local community. People spent time visiting local shops and meeting with friends and family.

Continuous learning and improving care; Working in partnership with others

- A health care professional had fed back to the registered manager about the staff and noted, 'The staff openly and appropriately talked with clients developing positive relationships. The staff shared any concerns with me and the client and celebrated progress'.

- The registered manager and staff worked with people and their health care professionals, such as psychiatrists and care managers to provide effective, joined-up care and support.

- The registered manager kept up to date with best practice, for example they attended care provider conferences.