Speciality Care (Rest Homes) Limited

Arbour Street

Inspection report

53 Arbour Street
Southport
Merseyside
PR8 6SQ

Tel: 01704532441
Website: www.craegmoor.co.uk

Date of inspection visit:
25 October 2016

Date of publication:
15 November 2016

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

This was an unannounced inspection which took place 25 October 2016. The inspection was carried out by an adult social care inspector.

Arbour Street is a care home, providing care and support for up to three people with a learning disability. It is situated in a residential area of Southport. The house has two spacious lounges and separate dining room. The first floor has three bedrooms and a bathroom. The home is owned by Speciality Care [Rest Homes] Limited.

The service had 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 staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Training records confirmed staff had undertaken safeguarding training and this was on-going.

We reviewed the way medication was managed. We saw there were systems in place to monitor medication so that people received their medicines safely.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We found recruitment to be well managed and thorough.

We found there were enough staff on duty each day to keep people safe and to be able to access the community.

Care was organised so any risks were assessed and plans put in place to maximise people's independence whilst help ensure people's safety.

Arrangements were in place for checking the environment to ensure it was safe. We found the environment safe and well maintained.

Staff received a regular programme of training and support, through regular supervision and appraisals.

The principles of the Mental Capacity Act 2005 were followed for people who could not consent to care and treatment. We saw that an assessment of a person's mental capacity was made and decisions made in a person's best interest in consultation with health professionals and family members.

The registered manager had made appropriate referrals to the local authority applying for an authorisation

to support a person who may be deprived of their liberty under the Deprivation of Liberty Safeguards (DoLS). DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

Care records showed that people's health care needs were addressed and contact with external health care professionals was made when needed. We saw that the registered manager and staff liaised well with community services to support the person who lived in the home.

People's dietary needs were managed with reference to individual preferences.

People living in the home took part in a range of activities of their choice. They were supported to develop and maintain relationships.

Care and support plans were formulated and were current to meet people's needs. We saw that the people living in the home were involved in their care planning and decision making on a day to day basis.

Family members of people living at Arbour Street told us that staff had the skills and knowledge needed to ensure their relative received the right support. Relatives were satisfied with their family member living in the home and the quality of life they enjoyed.

We saw some examples in care planning documentation which showed evidence of people's input. One person who lived in the home confirmed they had sat with the registered manager to update their person centred plan. The use of photographs in the document enabled the person to understand its content.

There was a complaints procedure in place and a record was made of any complaints and these had been responded to. A copy of the complaints policy was displayed in the home. However it was next to where coats were hung up so was not clearly visible. The registered manager moved the policy after our inspection so that it could be seen.

The registered manager was able to evidence a series of quality assurance processes and audits carried out internally and externally by staff and from external agencies. These were effective in managing the home and ensuring it was a safe environment.

The registered manager provided effective and strong leadership for staff. An 'on call' system operated in the absence of the registered manager and during out of hours for advice and support.

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.

Risk assessments and support plans had been completed to help minimise harm.

People were given their medications safely and in accordance with their needs.

Staff understood how to recognise abuse and how to report concerns or allegations.

There were enough staff on duty at all times to ensure people were supported safely.

Is the service effective?

Good

The service was effective.

Staff said they were well supported through induction, supervision, appraisal and the home's training programme.

People received enough to eat and drink and chose their meals each day. They were encouraged to eat foods which met their dietary requirements.

People's physical and mental health needs were monitored and recorded.

Staff used the Mental Capacity Act 2005 to work creatively and in conjunction with health care professionals when making decisions about people's care so that their human rights were sustained.

Is the service caring?

Good

The service was caring.

We made observations of the people living at the home and saw they were relaxed and settled. We found the registered manager and staff to be open and caring and they spoke about people as individuals.

People had choices with regard to daily living activities and they could choose what to do each day.

Family members spoken with were highly satisfied with support offered and commented on the caring nature of the staff.

Staff we spoke with showed they had a good understanding of the people they supported and how they were able to meet their needs.

People were supported to be independent both in the home and the community.

Staff treated people with dignity and people were allowed their privacy by spending time in their bedroom.

Is the service responsive?

Good

The service was responsive.

Support plans were person centred and promoted independence. People were involved in the decisions about their care and support.

People had their needs assessed and staff understood what people's care needs were.

Staff supported people with their health and wellbeing when they needed to be referred to health care professionals.

A process for managing complaints was in place to ensure issues were addressed within the timescales given in the policy.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post who provided an effective lead for the home. They were not based at the home but spent time in the home on a regular basis.

The service operated a person centred culture. This meant people were supported to live a fulfilled life doing what they wanted to do.

There were systems in place to gather the views of people using the service so that the service could be developed with respect to their needs and wishes.

The service had a quality assurance system in place with various checks completed to demonstrate good practice within the home.	

Arbour Street

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 inspection took place on 25 October 2016 and was unannounced. The inspection was carried out by an adult social care inspector.

Prior to the inspection we accessed and reviewed the Provider Information Return (PIR) as we had requested this of the provider before the inspection. The PIR 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 also reviewed other information we held about the service.

We spoke with four staff including support staff, a senior support worker for the service and the registered manager. During the inspection we were able to interact with the three people who lived in the home. We carried out observations of staff and people living in the home. We also contacted a family member after the inspection to gather their views.

We looked at three care records for the people being supported, including medication records, two staff recruitment files and other records relevant to the quality monitoring of the service such as safety audits and quality audits.

Good

Is the service safe?

Our findings

During this inspection, we looked to see if there were systems in place to ensure the proper and safe handling of medicines. We found medicines were being managed safely.

People at the home had their medicines administered by the staff. People had a plan of care which set out their care and support needs for their medicines. We checked the medicine administration records (MARs) and found staff had signed to say they had administered the medicines. We found records were clear and we were easily able to track whether people had had their medicines.

We looked at the way external medicines [creams] were administered. Records we saw gave good detail regarding the cream and its use [where to apply and when].

A protocol was in place for staff to follow when administering medicines to be given 'when required' (PRN). These were clear and gave staff the required information regarding their use. An individual treatment plan had been written for one person who lived in the home for the use of PRN medication. This described when and how staff should administer the medication. We found the plan to be clearly written and easy for staff to follow.

All medicines were stored appropriately. Controlled drugs were stored at the home and we saw records that showed they were checked and administered by two staff members. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs legislation. A system was in place to ensure the all medicines were checked, counted and recorded to ensure the safe management of these drugs. There were no people having medicines given 'covertly' [without their knowledge in their best interest].

All staff administered medicines and completed practical competencies in administration of medication as well as standard training. Staff were regularly assessed for competency and good practice. We saw details of the training completed. We also saw that staff were reassessed following any drug administration errors and only deemed competent to continue administering medicines after a successful assessment from the senior support worker.

We saw that accidents and incidents were recorded. The registered manager regularly reviewed and analysed the incident forms. We found that a review of a recent incident had led to action being taken to keep the person and staff safe and protocols being introduced.

We looked at how staff were recruited and the processes undertaken to ensure staff were suitable to work with vulnerable people. We checked two staff files to evidence this. We found copies of appropriate applications and references and saw evidence that checks had been made to ensure staff were entitled to work in the UK and police checks that had been carried out. We found they had all received a clear Disclosure and Barring (DBS) check. This meant that staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults.

The care records we looked at showed that a range of risk assessments had been completed depending on the person's individual needs. These assessments were detailed and were completed to keep people safe in the home's environment and when out and about in the community. Behaviour management plans were in place to keep people and staff safe when they displayed behaviour that may challenge. These were comprehensive documents which had been completed with learning disability community nursing service. The plans identified specific triggers and described reactive strategies and actions staff would use when a person became anxious. One plan was very detailed to include the specific time when the person would require prescribed medication to assist their anxiety. Staff told us this assisted them (staff) to support the person safely.

Staff were able to explain in detail each person's care needs. The staff team had worked with the individuals consistently for a few years. Agency staff and unfamiliar support staff were not used. This helped ensure continuity of support and gave the person being supported a familiarity of staff who they knew. The registered manager had taken care to ensure staff working with the individuals who lived at Arbour Street were of a suitable nature and personality.

There were enough staff on duty at all times to ensure people were supported safely both in the home or when socialising in the community. The senior support worker completed the weekly staffing rota four weeks in advance which ensured people who lived in the service received support from familiar staff. Staff from the current staff team covered shifts for sickness and annual leave of colleagues.

Staff we spoke with told us they felt confident in recognising the signs of abuse and how to report concerns or allegations. They said they received safeguarding adults training, which was repeated each year to ensure staff kept their knowledge and skills up to date. Training records we saw showed this was correct.

Arrangements were in place for checking the environment to ensure it was safe. We saw that health and safety audits were completed by staff on a regular basis, which included checks of the water temperature, fire safety including the fire doors, emergency lights and alarm and window restrictors. Annual service agreements were in place for gas, electrical safety, legionella and fire alarm and equipment. We found the home to be clean and tidy. We were informed that the home had recently undergone a refurbishment.

The registered manager told us of a recent review they had carried out regarding the use of cleaning products and their safety. This was because people who lived in the home assisted staff in the cleaning of the home. They told us how they 'educated' people regarding the safety of products and which symbols to look out for when purchasing products form the supermarket. We spoke to one person in the home who was able to demonstrate their knowledge of the 'safe symbols' on cleaning products they used. The registered manager showed us the safety manual they had produced for all available products.

A personal emergency evacuation plan (PEEP) had been completed for each person living in the home to enable safe evacuation in the case of a fire. Fire alarm tests and evacuations took place regularly.

The home had a process in place to attend to repairs and redecoration quickly, to keep people who lived in the home safe and ensure the home was in a good condition. Any repairs that were discovered were reported to the maintenance person employed by the provider, who visited twice a week.

Good

Is the service effective?

Our findings

Arbour Street provided support to people with a learning disability. From talking with staff and family members, it was clear that people living at the home were supported to use their independent living skills both within the home, and in accessing the community. People had one to one staffing provided which enabled them to live fulfilled and independent lives. For example, to access community activities and socialise with friends. A family member told us, "The support staff are fantastic; the service is fantastic. They know what they are doing."

When we spoke with staff we demonstrated knowledge of people's personal care, health and social needs and how they liked to be supported in order to keep them safe and reduce their anxiety.

Staff we spoke with told us they enjoyed their job and found it 'very rewarding'. They said they felt supported to do their job and 'equipped' through relevant training courses they had attended.

We looked at the training and support in place for staff. We saw a copy of the induction for new staff and staff we spoke with told us how they kept their training up to date. Training was provided by E learning and some 'face to face' courses. Staff said they had time to complete E- Learning courses during work time and there was no expectation to complete them at home, in their own time.

We saw individual staff's training plan. This showed the training for staff in 'mandatory' subjects such as health and safety, first aid and basic life support, medication, safeguarding, infection control, mental capacity act and deprivation of liberty safeguards, food and kitchen safety and fire safety. In addition staff had undertaken training with respect to the needs of the people they supported, such as person centred support, autistic spectrum disorder, Asperger's syndrome and mental health awareness.

Staff we spoke with told us they received induction, an appraisal and regular support through supervision. We looked at staff personnel files. We saw that staff had received an appraisal in 2016 and had last received monthly supervision in September or October 2016. Supervisions are regular meetings between an employee and their manager to discuss any issues that may affect the staff member; this may include a discussion of on- going training needs. We saw evidence of staff induction. The induction the staff completed was the provider's own induction, as staff had commenced work prior to the introduction of the Care Certificate in 2015,which providers are now expected to use with new staff. The Care Certificate is the government's recommended blue print for staff induction.

Staff communicated well amongst themselves. They used a communication book to record notable events and dates. The senior support worker told us they met with staff each week to reflect on the past week and prepare for the following one. This helped ensure all staff were 'up to speed' on people's health and support needs.

We saw that people's key workers completed 'care and support diaries' each week. This documented what people had done including medical appointments, incidents/accidents, activities they had taken part in, any

health concerns, any issues with support and any visitors they had. We saw they were a clear and concise, useful record.

From the care records we looked at, local health care professionals, such as the person's GP, optician, chiropodist and dentist were regularly involved with the person. People were supported to attend health appointments, and a clear record of each meeting was recorded. Each person had a health action plan completed and a 'health passport' which contained information about their health and support needs. The health passport was kept in a plastic wallet, readily available to take with the person should they require medical treatment.

Care records we looked at recorded information about people's likes and dislikes for food and drinks. Staff supported people in the home to shop for food a couple of times a week, at the nearby supermarket. Meals were prepared individually or together depending on people's preferences and choices for that particular day.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked to see if the service was working within the legal framework of the Mental Capacity Act. We found that the provider had followed the requirements in the DoLS and had submitted applications to the relevant supervisory body for authority to do so. They were awaiting an outcome.

Where we found the person's liberty was being restricted we found the provider had completed a mental capacity assessment about the specific decision to be made and then met with relevant health care professionals and family members to make the decision in the person's 'best interest'.

Good

Is the service caring?

Our findings

We spoke with a relative of a person who lived at the home and they told us the staff treated their relative with respect. We observed that staff respected people having time on their own in their room, but regularly checked on their safety and knocked on bedroom doors before they entered.

We made some observations of how staff interacted with people. Staff were seen to have very positive relationships with people and encouraged a good communal atmosphere. The interactive skills displayed by the staff were positive and people's sense of wellbeing was evident when being supported.

The staff we spoke with had a good understanding of people's needs and how they communicated.

People who lived in the home were supported to live independent lives. We saw evidence they were involved in the day to day running of the home, for example doing their laundry, going food shopping, and in the decisions relating to activities they wanted to do. They were supported to keep in contact with family and friends.

Staff told us they were clear about their roles and responsibilities to promote people's independence. The care records clearly showed when a person needed staff support and what they were able to do themselves. We saw that this support plan had been completed with a person as they had signed the document to say they had. The use of photographs and pictures enabled people to understand the documents. One person we spoke with confirmed they had been involved in preparing and reviewing their person centred plan.

Family members were kept informed regularly of their welfare. A person told us, "I am very happy about how the staff keep me informed about [relative]." We saw evidence that one person's family members were involved in decision making when this was necessary. For others without family to support them the home had involved the local learning disability advocacy service, 'People First' and an Independent Mental Capacity Advocate (IMCA) when making decisions in a person's best interest.

We could see that people who lived in the home were listened to and staff acted on their views and opinions. Individual 'Your Voice' meetings were held on a regular basis with the people living at the home with their key worker. Surveys were also sent out to canvass opinions and get feedback. These were given out and collated; the feedback was very positive but with a significant number of 'Don't Know' responses for all questions. The registered manager told us that they were looking at using a different questionnaire as people had told them they did not understand some of the questions.

Good

Is the service responsive?

Our findings

We made some observations of how people's daily routines and preferences were supported. On the day of our inspection people got up and had their breakfast at the time they wanted to.

We saw that people who lived in the home were involved in planning their lives. They had regular meetings with their key worker, which was recorded in their personal care records. These meetings identified goals and targets the person wanted to achieve and dates when they had been met. Examples of this were goals for personal care and also for attending activities. This showed evidence that people's independence was supported.

People who lived in the home had a weekly activity plan. Staff facilitated group activities with friends who lived in other homes the provider owned, as well as taking part in activities in their local community with staff. Examples of these activities included shopping, going bowling, to the cinema and swimming and attending local football matches, the local church and going walking. The registered manager had recently found a programme of activities to 'get healthy', in the local area. This was a 12 week course and people would be trying out lots of new activities. A family member we spoke with said, "I am amazed how much (relative) does."

We looked at the care record files. We found that care plans and records were individualised to people's preferences and reflected their identified needs. They were very detailed and there was evidence that plans had been discussed with the person. Personal information regarding their likes and dislikes and their daily routines had been recorded. This helped the person receive the personalised support they needed.

During our inspection we saw that care/support plans and risk assessments had been completed and were regularly reviewed and up dated. This helped to ensure people received the correct care and support. On-going review of care plans and risk assessments had led to referrals to other services such as the Learning Disability Consultant Psychiatrist, in order to ensure people received the most appropriate care.

Arrangements were in place for daily communication between support staff through a handover at the beginning of each shift. A communication book was used to record dates for health and other important appointments, or things that needed to be done for the person.

We observed a complaints procedure was in place. The procedure was displayed on notice board in the hall way of the home. We found it was hidden by coats hung up nearby. We brought this to the registered manager's attention, after the inspection. They informed us they had addressed this straightaway and relocated the notice "to ensure that it remains visible." An easy read version of the procedure was displayed in the activity room, to enable people who lived in the home understand who to contact. We saw that complaints had been investigated and responded to by the registered manager of the home within the timescales stated in the complaints policy.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. The registered manager was not based at the home and had managerial responsibility for two other services within the organisation. This meant their time was shared between three homes however there were senior care staff on duty in their absence. There was a senior support worker who had day to day responsibility for the home as well as supervisory responsibility for the staff. The senior support worker reported directly to the registered manager. There was a deputy manager to support the house staff in the absence of the registered manager. There was an 'On Call' system in operation for staff during evenings and weekends, for advice and support. The rota for the 'on call' was clearly displayed in the staff office in the home. Staff we spoke with told us that the system worked well, when they needed to contact a manager.

The registered manager was new in post. We saw they had already built up good relationships with the people who lived in the home. The registered manager told us that as a way of getting to know the needs of the people who lived in the home and their relatives they (the manager) had carried out the most recent review of people's 'person centred plan' with them, as well as chairing review meetings. They said this had been a very worthwhile experience and had been the best way to get to know people.

The registered manager told us they met with staff each month for team meetings and was in touch with staff at the house regularly. Minutes of the meeting were available for staff who were unable to attend. The registered manager was based at the home one day a week when the senior support worker was not available. This helped ensure the registered manager was kept up to date about people in the home and any staffing issues. Staff told us they found the new manager 'very supportive and available any time'. One staff told us, "They (registered manager) got the house redecorated after we had been asking for a while with the previous managers."

We enquired about the quality assurance systems in place to monitor performance and to drive continuous improvement. We found that the registered manager had made improvement in the service during the short time they had been in post. They told us they wanted the home to be 'good enough for them to want to live in it'. The home had recently been refurbished and decorated to a high standard, with mirrors and pictures (suitable for people with autism) on communal walls. They had consulted with people to get suitable pictures, which were absent before the redecoration.

We found evidence that regular internal and external audits and checks were completed in the home. Monthly checks of medication stock and medication administration records and monthly health and safety audits were carried out. The registered manager was sent copies of these audits, as well as copies each month of the staff who had received supervision and minutes of the 'Your Voice' meetings with people who lived in the home. This demonstrated the registered manager had a complete picture of both the people in the home and staff, and was up to date with any issues that had arisen.

A safety, quality and compliance audit had recently been conducted and was carried out every three months to help ensure standards were kept. The report showed that there were no concerns raised about the home.