Arundel Care Services Limited

The Old Pepper Pot House

Inspection report

89 South Terrace
Littlehampton
West Sussex
BN17 5LJ

Tel: 01903716477
Website: www.arundelcareservices.co.uk

Date of inspection visit:
09 October 2018

Date of publication:
02 November 2018

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 inspection took place on 9 October 2018 and was unannounced.

The Old Pepper Pot House is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide accommodation and care for up to six people who may have a learning disability. At the time of the inspection there were five people living at the home who had a range of care needs including a learning disability.

The property is located on the sea front at Littlehampton. The building is a converted older style property with accommodation and facilities for people on four levels. A lower ground floor level has a self-contained apartment with a kitchen, living room, bedroom and bathroom for one person. Each person has their own bedroom. There are communal living areas such as a living room, dining room, kitchen and a garden.

At our last inspection 21 June 2016 we rated the service as Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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

Care staff had a good awareness of the principles of safeguarding people and were committed to ensuring people were safe at all times. Risks to people were comprehensively assessed and care plans included guidance on how to mitigate any risks. Sufficient numbers of well-trained staff were provided so people's needs were met. Checks were made to ensure newly appointed staff were suitable to work in a care setting. Medicines were safely managed. The premises were safe and well maintained. Incidents were reviewed to see if any changes in service provision was needed. The home was found to be clean and hygienic.

Staff were well trained and had access to a range of training courses. Staff demonstrated they had values of treating people equally irrespective of any disability.

People's nutritional needs were assessed and monitored. People were involved in devising the menu plan and in preparing meals with staff support. People's health care needs were monitored and arrangements made for people to receive health care checks and treatment. The provider worked well with other agencies so that physical and mental health care needs were met.

The registered manager and staff had a good awareness of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Where people did not have capacity to consent to care and treatment this was assessed and the provider worked with community learning disability services regarding any restrictions on people's liberty.

People were supported by compassionate and caring staff. Staff were observed to be skilled in communicating and supporting people who had a complex learning disability. People were consulted and involved in decisions about their care and support. Independence was promoted and people's privacy respected.

People received care which was responsive to their needs and preferences. Each person's needs were thoroughly assessed. Person centred care plans and staffing arrangements ensured each person received care and support which was specific to meeting their needs. This included support with emotional and behaviour needs. People were supported to attend a range of activities and outings to nearby facilities.

Arrangements were in place to aid people who communication needs. These included care plans and information being in pictorial format. The provider had a complaints procedure.

The service was well led. The registered manager was motivated to deliver good quality care and to support staff. There was system of comprehensive audits and checks regarding the quality and safety of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

The Old Pepper Pot House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 9 October 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we checked information that we held about the home and the service provider. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met four of the five people who lived at the home. People had communication needs. We were able to speak to people to get their views on the service but as people had communication needs we used observation and other people's views, such as a relative and a health care professional. We spoke with two staff and the registered manager. We also observed a staff handover meeting. We spoke with a relative of a person who lived at the home and to a community learning disability nurse who worked with a person who lived at the home.

We looked at the care plans and associated records for three people. We reviewed other records, including the provider's internal checks and audits, staff rotas, accidents, incidents and records of medicines administered to people. We looked at staff training records and staff supervision records.

Good

Is the service safe?

Our findings

There were systems in place to safeguard people from possible abuse. Staff were trained in safeguarding procedures and knew about the need to protect people who were in their care. Each person's vulnerability was assessed and recorded in their care plan.

Risks to people were thoroughly assessed and recorded. These included a system which assessed the likelihood and severity of any risk which gave a risk score. Care plans included measures to control and reduce the risk. Risks assessments included areas of personal care, going to community facilities, managing behaviour and risks regarding food and nutrition. For example, risks of dehydration and malnutrition were assessed and care plans had guidance on how to support people with this. Associated records were made to show food and fluid intake and there were procedures recorded should this need increase. The provider worked with community health services regarding the assessment and management of risks to people. Records showed any incidents or accidents were reviewed and changes made regarding the future management of people to prevent any reoccurrence. A relative said the staff helped ensure people were safely looked after.

Checks were made by suitably qualified persons of equipment such as the fire safety equipment, fire alarms, electrical wiring and electrical appliances. Fire alarms and emergency lighting were checked and the fire log book was well maintained. Hot water was controlled by specialist mixer valves so people were not at risk of being scalded by hot water. First floor windows had restrictors so people could not fall or jump out. Each person had a personal evacuation plan so staff knew how to support people to evacuate the premises in the event of an emergency. The staff were trained in fire safety. There were contingency plans in place in the event of a fire or need to evacuate the premises. Measures were in place regarding the risk of Legionnaire's disease.

The service provided sufficient staff to meet people's needs. Each person's staffing levels needs were assessed in conjunction with the funding authority. Staffing levels were provided to reflect whether people had two or one staff to support them at certain times. People said staff were available to support them. We observed staff were assigned to work with people as assessed. Appropriate night time staffing was provided based on the assessed needs of people.

We looked at the staff recruitment procedures. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting.

Medicines were safely managed. Records and medicines stocks showed medicines were administered to people as prescribed. Medicines were safely stored.

The home was found to be clean and hygienic. There were no offensive odours. Staff were trained in infection control and food hygiene.

Good

Is the service effective?

Our findings

Staff were supported with a range of training courses to equip them with the skills and knowledge to meet people's needs. These included training in first aid, behaviour support, dealing with behaviour which may be challenging, autism, the safe handling of medicines, health and safety, positive behaviour support, nutrition and moving and handling. The provider supported staff with training regarding procedures for dealing with behaviour which challenged. Staff described how they dealt with behaviour which challenged by recognising any triggers so preventative action could be taken by the use of distraction, calming people and using the least restrictive physical intervention if this was required.

Newly appointed staff received an induction to prepare them for their job and this involved an assessment of their competency to work effectively and safely with people. The induction included enrolment on the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers. Staff also had access to nationally recognised training such as the Diploma in Health and Social Care. Six staff were at level three in the Diploma in Health and Social Care and the registered manager was qualified at level 5 in management and leadership. Staff received regular supervision and said they felt supported in their work. People said the staff provided them with the support they needed. This was also the view of a relative we spoke with who said, "We are very happy with the staff. They provide the support needed." A health care professional said the staff team had a good skill base to provide effective care. we observed staff knew people's needs well and how to support them.

Equality and diversity training was provided to staff who demonstrated their commitment to promoting people's rights to a good standard of care, independence and treating people with respect.

People's nutritional needs were assessed including any risks such as dehydration or not eating enough. The provider liaised with services such as the dietitian team to assess people at risk of losing weight and the advice of dietitians was followed. People's weight was monitored and where appropriate their food and fluid intake along with any outputs. People were able to choose their meals and contribute to the menu plans. People were also supported to prepare meals with the staff when this was assessed as appropriate.

The provider and staff liaised well with health care services to ensure people physical and mental health needs were assessed and treated. These included dental treatment, ongoing assessments by mental health and learning disability health care professionals, eye sight checks and annual health checks. Each person had a health care file which showed their health care needs were monitored and treated when needed.

The building was suited to the needs of people. Bedrooms were spacious and airy and had been personalised by people with their own belongings.

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).

Mental capacity assessments had been completed. Each person at the home was either subject to a DoLS or an application for a DoLS was being processed by the local authority. Copies of DoLS were held with care records and included details of any restrictions to people's liberty. The registered manager liaised with the local authority regarding DoLS regarding any ongoing changes. Where changes had been made to the way a person was supervised this had been discussed at a meeting with the provider and local authority but no formal agreement was drawn up between the two parties. The registered manager acknowledged this should have been recorded and sought clarification from the local authority about this. A risk assessment had been completed by the provider about this.

Good

Is the service caring?

Our findings

People were treated with kindness and respect. We observed staff had positive working relationships with people. For example, one person asked to have staff support when they spoke to the inspector and the staff member assisted the person to communicate with us. People told us they liked the staff and one person told us how they laughed and joked with the staff. We observed staff were skilled in talking to people with complex needs. A relative told us the staff had a good relationship with their relative who lived at the home and said they observed much laughter and enjoyment of each other's company.

Staff demonstrated they had values of treating people equally irrespective of their disability. For example, one staff member said, "We provide person centred support. Rights are promoted and choices are listened to and reflected in the service." This same staff member said, "The team is caring and responsive. We are committed to the best interests of the guys so they are safe, happy and healthy."

The care plans were person centred and individualised to show the care each person needed. Care plans included details about supporting people to manage behaviour, mood and anxiety. Details about personal care showed people were supported to be independent with staff support as well as how people's privacy was promoted. People were able to have a key to their bedroom door if they wished and if this was appropriate; one person had a key to their door. People were consulted and involved in decisions about their care. This included a monthly meeting with their key worker where they could discuss what they wanted to do and any concerns or issues they had. People confirmed to us they attended these meetings.

Good

Is the service responsive?

Our findings

People received care which was responsive to their individual needs and preferences. Personal care and daily living skills were thoroughly assessed. Care was then provided to people based on these needs. The deployment of staff was also responsive to people's individual needs. Details about the level of staff support needed was recorded to a good standard, such as when people were supported with personal care. The care plans reflected people's preferences in how they liked to be supported and what they liked to do. People had a personal behaviour support plan, which were also recorded to a good standard. Staff were supported by the expertise of a behaviour support manager in assessing these needs. A health care professional said the staff worked well with people who had complex needs and had achieved good outcomes for people.

We observed a staff handover meeting where the staff discussed people's changing needs and plans for the day. This showed staff communicated well and planned the day for people based on their changing needs.

People said they attended a range of activities which they enjoyed such as going to the cinema, going swimming or other excursions. A relative also said a variety of activities were provided included making use of community facilities. The care plans showed people were supported to develop independent living skills such as in managing finances, cooking and domestic routines. As well as being supported with personal care people were supported with social and recreational activities as well as education if this was appropriate. For example, people attended drama classes, art therapy and animation classes. People had an activities timetable which showed people attended a range of activities. Some people were supported by staff to have a holiday and the registered manager said it was the aim for each person to have a holiday where this was possible. There were records to show people contributed to decisions about their care, such as at monthly reviews with their staff keyworker. People were also able to raise any issues at their monthly meeting with their keyworker, which people confirmed.

We looked at how the service was meeting the requirements of the Accessible Information Standard (AIS) as required by the Health and Social Care Act 2012. This requires service providers to ensure those people with disability, impairment and/or sensory loss have information provided in an accessible format and are supported with communication. People's communication needs were assessed and care plans included details about people's communication needs. Care records and notices in the home included pictures so people could more easily understand what was recorded. The staff used technology to support people with communication with their relatives or for recreation. We also saw how staff used wall paintings and displays to aid communication with people.

The provider had a complaints procedure which was displayed in an easy read format. The provider confirmed there were no complaints in the 12 months preceding the inspection.

Good

Is the service well-led?

Our findings

The service was well-led. The registered manager was motivated and enthusiastic about providing good quality care. Staff said the registered manager was supportive and a good leader. For example, one staff member said, "The manager is brilliant and leads the home the right way." Another staff member said the provider looked after the staff and the buildings well. A health care professional said of the service, "I am extremely impressed with them. They have done an amazing job. The manager has built resilience and skills into the team which has had successful outcomes." We observed the registered manager knew people's needs well and was involved in directly supporting and communicating with people.

The service had a registered manager. 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. There was a system of delegation to three senior care staff who took a lead role in coordinating care. The registered manager and staff were supported by the provider's area manager and behaviour specialist. Staff were supported to develop their skills and knowledge by the provider.

Staff meetings took place so issues about staffing and any other concerns could be raised. Staff told us they felt supported and valued in their work. There were notices in the staff office of how staff could raise any concerns and staff said they felt able to do this.

The culture of the service was person centred care where people's rights to a good standard of care and for accessing community facilities were promoted.

There were strategies to engage people and their families in the running of the service. Monthly meetings were held where people could express their views. Surveys were used to gain the views of people and their families about the standard of the service. Staff were also consulted about the running of the service via the regular staff meetings and staff surveys. There were action plans to address any issues or trends which were raised.

Records were well maintained and the provider was aware of the need to protect information on both staff and people. There were guidelines for staff regarding the General Data Protection Regulation (GDPR), which was effective from 25 May 2018. These included details about maintaining records as set out in the legislation.

The quality and safety of the service was audited on a regular basis. These were comprehensive, covering 86 standards including health and safety, the safety of the premises, food safety and staff training. A score system was used in the audit process to rate the service and the most recent audit was 88 per cent of standard were met and there were action plans to make improvements.

The staff worked with other agencies to provide coordinated care to people.