Waters Park House Limited

Arguam House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection on 12 and 14 July 2018.

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.

Arguam House provides care for people who are living with Acquired Brain Injury and those with Neurological Disorders. It provides care and accommodation for up to 8 people. On the day of the inspection 8 people lived in the home. Arguam House is owned by Waters Park House Limited.

Waters Park Limited also owns another care home in the same area and the registered manager managed both of these services. The registered manager was also the provider. 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 was supported by a clinical lead, who also worked across both services. There was a house manager in place at Arguam House who took responsibility for the day to day running of the service.

During the last comprehensive inspection in June 2017 we found the areas of safe, effective and well led required improvement with breaches of Regulation. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective and well led to at least good.

At that inspection we found at that time that people did not always have risk assessments in place to guide staff how to mitigate risks associated with people's needs. Information received about new staff through recruitment procedures had not always been acted upon to ensure the staff member was suitable to work with vulnerable adults. People who were deemed not to have the capacity to make certain decisions had no assessments in place to show how this decision had been made.
People's rights were not always protected when they were restricted of their liberty. Quality assurance systems were not sufficiently effective to identify the gaps in quality found during this inspection.

This inspection was a comprehensive inspection that looked at all areas of the service again to check the service had addressed the concerns from June 2017. We found people's care at Arguam House had significantly improved in all areas. They have been judged to be Good overall.

Why the service is rated good:

We met and spoke to six people during our visit and observed the interaction between them and the staff

supporting them. People were able to tell us about the care and support they received.

People were now safe at the service. People were protected by safe recruitment procedures to help ensure staff were suitable to work with vulnerable people. Staff had completed safeguarding training and further updates were arranged. Staff had a good knowledge of what constituted abuse and how to report any concerns. Staff confirmed there were sufficient staff to meet people's needs.

People's risks were assessed, monitored and managed by staff to help ensure they remained safe. Risk assessments were completed to enable people to retain as much independence as possible. People were supported to maintain good health through regular access to health and social care professionals, such as speech and language therapists. People who required additional input, for example from Community Psychiatric Nurse's (CPN) had this clearly recorded into their care plans.

People's medicines were managed safely. Medicines were stored, given to people as prescribed and disposed of safely. Staff received appropriate training and understood the importance of safe administration and management of medicines.

People continued to receive care from staff who had the skills and knowledge required to effectively support them. Staff had completed safeguarding training. Staff without formal care qualifications completed the Care Certificate (a nationally recognised training course for staff new to care). Staff said the Care Certificate training looked at and discussed the Equality and Diversity policy of the company.

People were given the choice of meals, snacks and drinks they enjoyed while maintaining a healthy diet. People had input as much as they were able to in preparing some meals and drinks.

The provider and staff understood their role with regards to ensuring people's human and legal rights were respected. For example, the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) were understood by the registered manager. They knew how to make sure people, who did not have the mental capacity to make decisions for themselves, had their legal rights protected and worked with others in their best interest. People's safety and liberty were promoted.

People were supported to have maximum choice and control of their lives as much as they were able to. Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice. People's healthcare needs were met and their health was monitored by the staff team. People had access to a variety of healthcare professionals.

People were treated with kindness and compassion by the staff who valued them. The staff had built strong relationships with people. People's privacy was respected. People or their representatives, were involved in decisions about the care and support people received.

People's care and support was based on legislation and best practice guidelines, helping to ensure the best outcomes for people. People's legal rights were up held and consent to care was sought. Care records were person centred and held comprehensive details on how people liked their needs to be met, taking into account people's preferences and wishes. Staff understood people's needs and responded when needed. Information recorded included people's previous medical and social history and people's cultural, religious and spiritual needs.

People were mostly independent and arranged their own activities however others were arranged with staff involvement and we observed people enjoying the company of the staff. Some people had their end of life

wishes documented.

People lived in a service where the provider's values and vision were embedded into the service, staff and culture. Staff told us the house manager and provider were very approachable and made themselves available. Staff talked positively about their roles. The provider's governance framework, helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving.

People lived in a service which had been designed and adapted to meet their needs. The service was monitored by the provider to help ensure its ongoing quality and safety. People lived in an environment that was clean and hygienic.

People were able to make choices about their day to day lives. The provider had a complaints policy in place and the house manager confirmed any complaints received would be fully investigated and responded to.

The provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

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 now good because;

People were supported to live safely at the service with risks identified, assessed and mitigated.

There were sufficient staff to meet people's needs who were safely recruited.

People's medicines were safely managed and administered.

People were kept safe by clear systems to identify and report abuse.

People were protected by staff using safe infection control practices.

Lessons were learnt to improve the service overall.

Is the service effective?

Good

The service was now good because;

People were assessed in line with the Mental Capacity Act 2005 as required.

People's needs and choices were assessed and met within current guidance.

People were looked by after staff trained in and informed about their individual needs.

People had plenty to eat and drink with any needs monitored.

People's health needs were met by a range of health care staff as needed.

The building was adapted to people's physical needs.

Is the service caring?

Good

This service remains Good.

Is the service responsive?

Good

This service remains Good.

Is the service well-led?

Good

The service was now good because;

There were now systems in place to monitor the safety and quality of the service. The quality assurance system operated to help develop and drive improvement.

People lived in a service whereby the providers' caring values were embedded into the leadership, culture and staff practice.

People and staff spoke highly of the provider and management team of the service and company.

The house manager kept their ongoing practice and learning up to date to help develop the team and drive improvement.

People benefited from a management team who worked with external health and social care professionals in an open and transparent way.

There were systems in place to monitor the safety and quality of the service.

Relatives and professionals views on the service were sought and quality assurance systems ensured improvements were identified and addressed.

Arguam House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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.

The inspection was undertaken by one inspector on 12 and 14 July 2018 and was unannounced on day one.

Prior to the inspection we looked at other information we held about the service such as notifications and previous reports. The provider completed a Provider Information Return (PIR). This 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.

During the inspection we met and spent time with 6 people who lived at the service. People were able to tell us able the care and support they received. We were supported by the provider and house manager during our inspection.

We also looked around the premises. We also spoke to five members of staff. We looked at four records relating to the individual's care and the running of the home. These included care and support plans and records relating to medicine administration and financial records. We also looked at the quality monitoring of the service.

Good

Is the service safe?

Our findings

At the last inspection in June 2017 we rated this key question as requires improvement with two breaches of regulation. This was because people did not always have risk assessments in place to guide staff how to mitigate risks associated with people's needs. Also people were not protected by safe recruitment practices.

Following our inspection in June 2017, we found the provider had taken our concerns seriously and worked with the local authority, people, families and us to address this.

On this inspection, we found people's care was safe. All the areas we had been concerned about had been put right and processes were in place to keep people safe. We have rated this domain as Good.

People said; "I do feel safe here" and "I feel safe because the staff are looking after me."

People who lived at the service were safe because the provider had arrangements in place to help make sure people were protected from abuse and avoidable harm. Staff agreed that people were safe in the service.

People who had been identified as being at risk inside the service or when they went out had clear risk assessments in place. Risks had been assessed and steps taken to mitigate there impact on people. For example, the service liaised with the Community Psychiatric Nurse (CPN) to provide additional support for people when needed to help keep them safe. People had guidelines and protocols in place to provide the staff with information on supporting people appropriately. For example, one person had a speech and language assessment completed with guidelines on the consistency of food and fluid needed to help keep them safe. Care plans detailed the staffing levels required for each person to keep them safe inside and outside the service. For example, staffing arrangements were in place to help ensure people who needed it had two to one staffing when using the hoist or one to one staffing when accessing the community. This enabled people to participate in activities in the community safely. There was a contingency plan in place to cover staff sickness and any unforeseen circumstances. The house manager covered any staff absences to ensure there was enough staff on duty. This helped to keep people safe. Staff said; "There are enough staff on duty when needed. Today we have an extra staff member so people can go out."

People's risk of abuse was reduced because there were now suitable recruitment and selection processes for new staff. Required checks had been conducted prior to staff starting work at the home. For example, disclosure and barring service checks had been made to help ensure staff were safe to work with vulnerable adults. Any disclosure had been discussed, recorded and risk assessed to help keep people safe. Staff were only allowed to start work when satisfactory checks and employment references had been obtained.

The PIR confirmed this; "Extra forms are completed by the manager when recruiting new staff to ensure all paper work is completed with no employment gaps and if any concerns they are record and spoken to with the individual staff member. Risk assessments have been put in place for staff suffering from a medical condition or any highlighted advisories on a DBS."

People's medicines were managed safely. People had risk assessments and clear protocols in place for the administration of medicines. There were safe medicines procedures in place and medicines administration records (MAR) had been fully signed and updated. Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of the safe administration and management of medicines. People prescribed medicines on an 'as required' basis had instructions to show staff when these medicines should be offered to people. Records showed that these medicines were not routinely given to people but were only administered in accordance with the instructions in place. These protocols helped keep people safe.

People were protected from discrimination, abuse and avoidable harm by staff who had the skills and knowledge to help ensure they kept people safe. The provider had safeguarding policies and procedures in place. Information displayed provided people and staff with contact details for reporting any issues of concern. Staff said they received updated safeguarding training and were fully aware of what steps they would take if they suspected abuse and they were able to identify different types of abuse. Staff were aware who to contact externally should they feel their concerns had not been dealt with appropriately. For example, the local authority. Staff were confident that any reported concerns would be taken seriously and investigated.

The house manager kept relevant agencies informed of incidents and significant events as they occurred. For example, if people had an incident of behaviour that may be seen as challenging. This was discussed with the appropriate service to help keep people safe.

People's finances were kept safe. People had appointees to manage their money where needed, including family members.

People lived in an environment which the provider continued to assess to ensure it was safe and secure. The fire system was checked regularly, weekly fire tests were carried out and people had personal evacuation procedures in place (PEEPs). People were protected from the spread of infections. Staff understood what action to take in order to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people. Staff had completed infection control training. This meant staff had the knowledge and skills in place to maintain safe infection control practices.

The provider worked hard to learn from mistakes and ensure people were safe. The registered manager and provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Good

Is the service effective?

Our findings

At the last inspection in June 2017 we rated this key question as requires improvement with two breaches of regulation. This was because people's capacity to make important decisions about their lives had not been fully assessed in accordance with the Mental Capacity Act 2005 (MCA). People who were deemed not to have the capacity to make certain decisions had no assessments in place to show how this decision had been made. People's rights were not always protected when they were restricted of their liberty.

Following our inspection in June 2017, we found the provider had taken our concerns seriously and worked with the local authority, people, families and us to address this.

On this inspection, we found the concerns we had from the previous inspection had been put right. We have assessed this domain as Good.

The registered provider, house manager and staff understood the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and how to apply these in practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Extra safeguards are needed if the restrictions and restraint used will deprive a person of their liberty. These are called the Deprivation of Liberty Safeguards.

The house manager confirmed they continually reviewed individuals to determine if a DoLS application was required. They confirmed some people were subject to a DoLS authorisation and some people's application was waiting approval. Staff were aware of people's legal status and when to involve others who had the legal responsibility to make decisions on people's behalf. The house manager said when it came to more complex decisions such as people leaving the premises without staff supporting them; they understood other professionals and appointees needed to be consulted. People had information on best interest meeting minutes on their file. This showed a full discussion on the people's wishes and this showed the service was acting in people's best interest and this helped to ensure actions were carried out in line with legislation to protect people's human rights.

The PIR returned sates; "All necessary DOLs have been applied for and consent has been given by the residents or their individual representative on individual care plans."

Staff had a good knowledge of people they supported and were competent in their roles which meant they could effectively meet people's needs. Staff told us, people were encouraged to make day to day decisions.

Feedback in the provider recent questionnaires from a professional included; "All the staff are incredibly supportive to the residents and visitors. Issues are dealt with promptly and effectively. All round, a very well run facility."

People were supported by well trained staff. Staff confirmed regular training was provided in subjects which were relevant to the people who lived at the home, for example mental health training and the Care Certificate (a nationally recognised training course for staff new to care). Staff completed an induction which also introduced them to the provider's ethos and policy and procedures. Staff were well supported. They received monitoring and supervision of their practice, and team meetings were held.

People's care file held information about people's communication needs. These showed how each person was able to communicate and how staff could effectively support individuals. People had a "Hospital Passport" which could be taken to hospital and detailed how each person communicated to assist hospital staff in understanding people. Staff demonstrated they knew how people communicated and encouraged choice whenever possible in their everyday lives. This showed they were looking at how the Accessible Information Standard would benefit the service and the people who lived in it. The PIR stated that the service was able to provide information to people in; "Signage, large print, Digital displays, pictures and easy read information."

People were supported to eat a nutritious diet and were encouraged to drink enough. People identified at risk of future health problems through poor food and drink choices had been referred to appropriate health care professionals. For example, dieticians and speech and language therapists. The advice sought was clearly recorded and staff supported people with suggestions of suitable food choices.

People were encouraged to remain healthy, for example people did activities to help maintain a healthier life, for example walking. People had their health monitored to help ensure they were seen by appropriate healthcare professionals to ensure their ongoing health and wellbeing. People's care records detailed that a variety of professionals were involved in their care including seeing the GP regularly for blood tests.

People lived in a service which had been designed and adapted to meet their needs. Specialist equipment was available for those who required it, for example hoists.

Good

Is the service caring?

Our findings

The staff continued to provide a caring service.

People who had lived at the service for a number of years and had built strong relationships with the staff who worked with them. People all appeared happy and comfortable with the staff working with them and there was a busy but calm atmosphere in the service. People, when asked if they were happy with the care they received, all said they were. One person said, "It feels like home. When I've been away it feels like I'm coming home." Another said; "When I hear voices the staff will always help me, they really care."

People were supported by staff who were both kind and caring, and we observed staff treated people with patience and compassion. People were chatting with staff about plans for the day and evening, and the conversations were positive. We heard and saw plenty of interactions and laughter. Staff were attentive to people's needs and understood when people needed reassurance, praise or guidance. Some staff who had not been working in the care profession for long said; "I enjoy coming to work here. Though it doesn't feel like work" and another said; "There is a good crew here. Good team work."

People had their needs reviewed regularly and people attended and contributed as much as possible. The staff from the service who knew people well, and people's personal representatives, for example family members or advocates and health care professionals also attended.

Staff knew people well and understood people's individual ways of communicating. Most people were able to fully express their views about the care and support they received. Staff clearly understood people and explained to us how people indicated if they were struggling with any issues they had. For example if they felt particularly anxious and needed extra support or guidance. Most people had their own mobile phones to contact friends and families.

People who required it had access to individual support and advocacy services. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People's independence was respected. For example, staff encouraged people to participate in household tasks including preparing snacks and drinks. Staff did not rush people, and offered support at each person's own individual pace. Staff were observed supporting people with their independence. Staff understood people's individual needs and how to meet those needs. They knew about people's lifestyle choices and how to help promote their independence.

People's privacy and dignity was promoted. Staff knocked on people's doors prior to entering their rooms. Staff used their knowledge of equality, diversity and human rights to help support people with their privacy and dignity in a person centred way. People were not discriminated in respect of their sexuality. People who requested time on their own had this respected. People's care plans were descriptive on people's needs and followed by staff. One person said; "They (the staff) know when I want time on my own."

The values of the organisation ensured the staff team demonstrated genuine care and affection for people. This was evidenced through our conversations with the staff. People received care from a regular staff team. This consistency helped meet people's behavioural needs and gave staff a better understanding of people's communication needs. It supported relationships to be developed with people so they felt they mattered.

Good

Is the service responsive?

Our findings

The service continued to be responsive.

People were supported by staff who were responsive to their needs. One person said how the staff team had responded when they became unwell and supported them with GP appointments and contacting their CPN for them.

People's care plans were person-centred, and detailed how they wanted their needs to be met in line with their wishes and preferences. People's care plans also detailed their social and medical history, as well as any cultural, religious and spiritual needs. Staff monitored and responded to changes in people's mental health, general health or behavioural needs. Staff said some people were able to make choices for themselves, however those not able to were encouraged to make as many choices as possible. The PIR stated; "All residents have individualised person centred care plans and risk assessments."

People's records were personalised to each person, held information to assist staff to provide care and support but also gave information on individual's likes and dislikes. Included in each person's care records were brief one page profiles, with information particularly about how to respond to people's care needs, for example people's diabetic needs and how people communicated and what they understood. This was used to help make sure new staff had information about how to support and communicate with people, and what was important to them. Staff, had a good knowledge of each person and were able to tell us how they responded to people and supported them in different situations.

People received individual, personalised care. People's communication needs were effectively assessed and met and staff told us how they adapted their approach to help ensure people received individualised support. Information was available to people about the service and their care arrangements in a format they could understand.

The provider had a complaints procedure displayed in the service for people and visitors to access. One person said they would talk to the house manager or staff if they were not happy with their care or support. The house manager understood the actions they would need to take to resolve any issues raised. They explained they would act in an open and transparent manner, apologise and use the complaint as an opportunity to learn. Staff told us that due to some people's limited communication that they knew people well and had worked closely with them, therefore would monitor any changes in people's behaviour. People had advocates appointed to ensure people who were unable to effectively communicate, had their voices heard.

People's end of life wishes were discussed with them and, where possible, documented as part of their care plan.

People took part in a wide range of social activities. People's family and friends were encouraged to visit or some people were supported to visit relatives in their own home. One person who had family oversees had

regular pictures sent to them and with staff support were able to enjoy them. Staff recognised the importance of people's relationships with their family/friends and promoted and supported these contacts when appropriate.

Good

Is the service well-led?

Our findings

At the last inspection in June 2017 we rated this key question as requires improvement with a breach of regulation. This was because although information was used to aid learning and drive improvement across the service, there was no planned, recorded approach to which records were checked and what standards they were expected to meet. This meant the gaps in records identified during the last inspection, such as information missing from recruitment checks and mental capacity assessments not being in place, had not been highlighted by internal quality assurance activities.

Following our last inspection in June 2017, action had been taken to address shortfalls. We found the provider and registered manager had taken our concerns seriously and worked with the local authority, people, families and us to address this.

At this inspection, we found the concerns of the last inspection had been addressed.

We identified that the provider had reviewed their governance and leadership and had systematically approached all the concerns we had in our last inspection and had put new and updated systems in place. This demonstrated a willingness to learn from concerns and ensure that this service can sustain the changes that have been made. There were visits from a clinical lead from within the company staff and any areas for improvement were identified and reviewed at the next visit.

There was 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.

Since the last inspection, the provider and house manager had put in place effective quality assurance systems which ensured standards were maintained and constantly looked at for ways to improve practice. For example, any incidents which occurred in the home were audited and the house manager took action such as contacting other professionals and making sure people received additional support if needed. Other audits developed since the last inspection included checking of the management of medicines, infection control, and the safety of the environment and care plans. Audits were reflected on with staff to ensure continued improvement and the ability to respond to changes in need. For example, whether there were sufficient staff to meet people's needs.

People and staff all spoke very highly of the house manager who was responsible for the day to day running of the service. The registered manager, who was also the provider, took an active role within the running of the home and had good knowledge of the staff and the people who lived there. They were supported by a clinical lead.

Comments about the house manager included; "Approachable if you have any concerns" and "Incredibly approachable." People said; "I can talk to her (house manager) at any time" and "Brilliant here and (named

house manager) can go to her anytime."

People were provided with information and were involved in the running of the home as much as possible. The provider said they encouraged the staff to talk to, listen and observe if people had concerns. People lived in a service whereby the provider's caring values were embedded into the leadership, culture and staff practice.

The provider's PIR returned recorded; "Arguam House continually review/monitors the needs of their individual residents ensuring that their needs are met. All residents have person centred care plans/care. All staff treated residents with dignity and respect. All residents are supported in making decisions including positive risk taking." These visions were clearly embedded into the culture and practice within the service. They were also incorporated into staff training, and all staff received a copy of the core values of the service. As a consequence of this, people looked happy, content and well cared for.

The provider, house manager and management team were respected by the staff team and people living in the service. They were open, transparent and person-centred. The house manager was committed to the company and the service they ran, the staff but most of all the people. They told us how recruitment was an essential part of maintaining the culture of the service. People benefited from a house manager who kept their practice up to date with regular training, and who worked with external agencies in an open and transparent way, whilst fostering and developing positive relationships.

Staff, were hardworking and very motivated. They shared the philosophy of the management team. Handovers, appraisals, supervisions and staff meetings were seen as an opportunity to look at current practice. Staff spoke positively about the management of the company.

Staff spoke of their fondness for the people they cared for and stated they were happy working for the company, but mostly with the people they supported. The provider visited regularly and monitored the culture, quality and safety of the service by meeting with the people and staff, to ensure they were happy with the service.

People lived in a service which was continuously and positively adapting to changes in practice and legislation. For example, the registered manager was aware of, and had started to implement the Care Quality Commission's (CQC's) changes to the Key Lines of Enquiry (KLOEs), and was looking at how the Accessible Information Standard would benefit the service and the people who lived in it. This was to ensure the service fully meet people's information and communication needs, in line with the Health and Social Care Act 2012.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.