

# Arundel Care Services Limited

## Upperton Gardens

### Inspection report

44 Upperton Gardens  
Eastbourne

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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** 

### Overall summary

Upperton Gardens is located in Eastbourne. It has been established since 2007. It is registered to provide personal care and accommodation for up to six individuals with learning disabilities, autism and challenging behaviour between the ages of 18-65. Currently Upperton Gardens supports four male and two female people.

Upperton Gardens is a large, six bedroom Victorian house close to the town centre of Eastbourne.

Three bedrooms are situated on the first floor and three are on the top floor. Two bedrooms have en-suite facilities. The remaining four bedrooms share three bathrooms.

A registered manager was 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 manager was proud of the service and explained that the provider had developed the service to try to meet the needs of younger adults who enjoyed an active life.

# Summary of findings

Relatives told us, “It fits my relative’s needs, there is lots to do” and “This was the best. I just wish there were more places like this for young people.” A professional said, “They are always willing to listen and work with us”.

Staff were motivated and had been provided with appropriate training and support. Staff told us, “Staffing levels are good”. People were able to engage in a wide variety of activities within the service and outside, in both services provided for people with disabilities and none. There were enough staff to spend time with people and support them in ways that encouraged their independence and made them feel safe. A relative said, “I’m satisfied there’s enough staff. What’s more, they’ve had lovely people join over the years and they have stayed.”

Peoples’ support plans were detailed and contained sufficient information to effectively direct and inform staff of people’s needs. People and their relatives had been involved in the development of support plans to help ensure they reflected people wishes and interests. Relatives told us, “We have been involved in the planning. We have a meeting or are sent the information and can talk with them about the care [my relative] receives”. Risk assessments provided staff with clear guidance on how to support people appropriately and minimise identified risks.

Staff understood how to recognise abuse and to report their concerns. There were policies and procedures in place for managing risk. Risk assessments were centred around the needs of the person. People were encouraged to maintain as much independent as possible.

Medicines were stored and administered safely. Staff were trained in the administration of medicines and kept relevant records that were accurate and fit for purpose.

People were supported to have a balanced and nutritious diet. People were supported by staff to prepare drinks, snacks and meals where it was appropriate.

The service had worked effectively in partnership with other local services and health professionals in order to meet people support needs. Staff had developed supportive and caring relationships with people. Staff were highly motivated and throughout the inspection we observed staff actively engaging with and encouraging people to undertake activities.

Staff understood the aims of the home. They expressed confidence in the provider and manager’s leadership of the home. There was good communication between staff and everyone helped each other. Everyone we spoke with commented how Upperton Gardens was a service with values that were embedded into everyday practice. A professional who regularly visited the service told us, “In my opinion it is unusual to find a manager who is hands on, very knowledgeable about the clients, eager to take on new ideas and keen to set these ideas in place.”

# Summary of findings

## 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 was safe. Staffing levels met those required to meet people's identified care needs.

Recruitment procedures were robust and staff understood how to report any concerns they had.

Risks had been assessed in relation to each individual and staff had been provided with appropriate guidance on risk management. Medicines were managed in accordance with best practice.

Good



### Is the service effective?

The service was effective. Staff received effective training and received appropriate supervision. Training schedules were up to date.

The manager and staff had a good understanding of the Mental Capacity Act and appropriate applications had been made in relation to the Deprivation of Liberty Safeguards.

Good



### Is the service caring?

The service was caring. People got on well with their support staff. Staff provided support with kindness and showed insight to what good support looked like.

People's privacy was respected.

Staff supported people to maintain and develop relationships that were important to them.

Good



### Is the service responsive?

The service was responsive. People's support plans were detailed and contained sufficient information to enable staff to meet their needs.

There were a wide variety of activities available and facilitated by the service and people engaged regularly with activities they enjoyed.

Good



### Is the service well-led?

The service was well led. People spoke highly of the registered manager and commented they felt the home was well run.

Quality assurance systems were in place and working well. Accidents and incidents were appropriately documented and followed up for learning.

The service worked well with professionals and other local services to ensure people's support needs were met.

Good



# Upperton Gardens

## Detailed findings

### Background to this inspection

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We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The 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 carried out on 26 January 2015 and was unannounced. It was carried out by two inspectors.

Before the inspection 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 they do well and improvements they plan to make. It included information about notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted selected stakeholders including two health and social care professionals and the local GP surgery to obtain their views about the care provided.

During the inspection we met and spoke with all the people who used the service. Some people found it difficult to communicate effectively using spoken language. We used a variety of means to try to gain the views and experiences of people, including observation. We also spoke with three relatives or friends of people who lived in the home. We spoke with the registered manager and three support staff.

We observed the support people received. We spent time in the lounge, kitchen and dining area and we took time to observe how people and staff interacted. Some people with specific learning or physical disabilities were unable to speak with us. Therefore, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at four sets of personal records. They included individual support plans, needs and risk assessments. We examined other records including three staff files, quality monitoring and documents relating to the maintenance of the environment.

The last inspection was carried out on 18 September 2013 and no concerns were identified.

# Is the service safe?

## Our findings

People appeared comfortable in the company of staff and living at Upperton Gardens. Due to communication differences, not everyone could talk with us. Our observations throughout the day found that staff used appropriate techniques to keep people safe. For example, one staff member was seen using verbal prompts in a relaxed and friendly manner to divert an escalating potentially challenging behaviour. Relatives confirmed they felt safe leaving their loved one at Upperton Gardens. One relative told us, "My relative is safe. The whole place is secure and we don't have any concerns" and another said, "My relative is safe and enjoying it there". Professionals who regularly visited the service told us they felt people were safe.

Needs assessments indicated the required support people needed from staff. There were support staff and the registered manager on duty on the morning of our inspection. The staff rota showed the service had the number of staff on duty required to safely meet people's needs. We discussed staffing levels with the manager who said, "We always have the staff on shift to ensure people are supported to do their activities. We look after our staff so that they will look after our service users". Staff members told us, "Staffing levels are good". People were safe because there were sufficient staff available to meet support needs and additional staff were available to respond to any unplanned events that might occur.

The service had a settled, experienced staff team of thirteen support staff to support the 6 people in the service. The last person was recruited to the team in 2013. Staff resourcing arrangements were such that additional staff were seldom required at short notice but we heard how staff could be sourced immediately from within the team or the small group of bank staff. There was capacity to call on agency staff but this option was only used twice in 2014. The service was able to help ensure that people knew their staff and staff members were able to safely meet people's needs.

Staff recruitment practices were robust and protected people from the risk associated with the provision of support by unsuitable staff. The staff files we looked at

included application forms, records of interviews and a minimum of two references for each staff member. Appropriate Disclosure and Barring Service checks had been completed for all staff.

Staff told us that if they had any concerns about the safety of people at Upperton Gardens, including poor practice in the service, they would initially discuss these with the manager and if necessary would raise issues outside the organisation. Staff reported that relevant information and contact details were available from the office. We saw information that detailed the local procedures for the safeguarding of adults available in the office and the service's safeguarding policies accurately reflected local safeguarding procedures. Staff training records showed all staff had received formal safeguarding training. Training was regular and focussed on protecting people with complex needs, including learning disabilities, autism and the additional challenges posed by behaviour that challenged. People were protected from the risk of abuse as all staff had been appropriately vetted, had received formal training to enable them to identify signs of abuse and knew how these issues should be reported.

The support plans included detailed guidance for staff on how to assist people to manage when they became anxious or distressed. Where there were risks that people's behaviour may challenge others, the plans included clear detailed guidance on the stepped approaches to be used. These consisted of preventative strategies such as one member of staff taking the lead to talk to the person and give clear and simple instructions. All staff had received appropriate training in the important aspects of specialist support needed for people living at Upperton Gardens.

Support plans included detailed risk assessments specific to each individual. These risk assessments included clear guidance to staff on how people should be supported in order to keep them safe. Personal Emergency Evacuation Plans had been developed to provide staff with specific guidance on the support each individual would require in the event of an emergency evacuation of the service. These plans were detailed, personalised and based on information collected and known from experience about the individual.

Medicines were managed safely. All medicines were stored securely and there were appropriate facilities for the storage of medicines that required refrigeration, when it was required. Medicines Administration Record (MAR)

## Is the service safe?

charts were fully completed. Regular medication audits were conducted and there was an up to date homely remedies policy available to staff. Homely remedies are medications that are not formally prescribed such as non-prescription pain killers and cough medicine.

# Is the service effective?

## Our findings

Relatives and professionals felt confident in the support skills of staff. Staff were knowledgeable and reported they had received training that enabled them to meet people's support needs. Staff comments included, "We get enough training" and, "I've had enough training to date but if I want more they will get it for me". Training records demonstrated all staff had completed training as required by the service's policies. In addition, staff had also received training on a variety of topics relevant to the people they were supporting including; autism, equality and diversity and medication administration. One member of staff was undertaking professional training provided outside of the service and told us how they had received the manager's support to do it. This included altering their shift pattern to allow for attendance. All staff reported that they were well supported by the manager and organisation and records demonstrated formal staff supervision meetings had been held regularly. Staff members told us, "I like it here. And a big part of that is that I get regular supervision. It's my chance to talk about issues, learn and develop".

Upperton Gardens had a detailed three month induction procedure for new members of staff. This was designed to help ensure they had sufficient knowledge and understanding to enable them to meet people's support needs. In addition, all new members of staff were able to work towards the Common Induction Standards (CIS) training during their 12 week probationary period. The CIS is a national tool used to enable care workers to demonstrate their understanding of high quality support in a health and social care setting. The manager told us they were aware of the requirements of the new care certificate to replace the CIS for new staff. Staff received regular supervision. Supervisions were an opportunity for the manager and individual staff member to reflect on and discuss issues throughout their induction and one member of staff told us, "Staff will not work on their own until they feel confident". A relative told us, "The staff are very knowledgeable."

We discussed the requirements of the Mental Capacity Act 2005 (MCA) with the manager and staff. The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The legislation states it should be assumed that an adult has full capacity to make

a decision for themselves unless it can be shown that they lack capacity to affect their decision making at a specific time and regarding a specific decision. Only at this point would there be an indication for an assessment. The manager and staff we spoke with were clear in their understanding of the requirements of the MCA and were able to demonstrate this in relation to a best interest decision to pursue a course of treatment.

The service considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS is part of the Mental Capacity Act 2005 (MCA) and provides a process by which a provider must seek authorisation to restrict a person for the purposes of care and treatment. The manager was aware of the changes to the interpretation of the Deprivation of Liberty Safeguards as a result of court rulings. Where people did not have capacity to make decisions in relation to where they lived the manager had correctly identified that the controls in place at the service represented a deprivation of liberty. Though no one was currently subject to a DoLS, the service had made appropriate applications to the local authority for the authorisation of these deprivations of liberty.

People were supported by staff to prepare drinks, snacks and meals where it was appropriate. We observed people making drinks and snacks during the inspection and staff told us how people were encouraged to develop personal individual skills in all aspects of their lives. For example, one person followed a gluten free diet. We saw they had their own menu and were involved in shopping for their own ingredients. It wasn't unusual for three different meals to be prepared at the same mealtime. The manager told us that people were, "Eating a good diet which includes plenty of fresh produce like fruit and vegetables".

Records demonstrated people had been supported to attend clinics and access a variety of health care services. Where staff had raised concerns or identified additional care needs the service had sought timely assistance from external health and social care professionals. Staff were attentive to changes in people's well-being and quick to seek medical advice if they had concerns. There was a strong working relationship with GP's and people received regular check-ups. Professionals told us the service responded appropriately to any advice provided. One said,

## Is the service effective?

“Ideas and recommendations I had suggested on my first visit had been put in place by the time I returned with useful information about what worked and what they could change.”



# Is the service caring?

## Our findings

People were relaxed and comfortable with staff. During our visit we saw people enjoying a variety of activities which included listening to music and preparing lunch with support from staff. People could not necessarily tell us their emotion at a given time but everything we saw indicated that they enjoyed and felt comfortable living there. Relatives told us, "My relatives previous placement broke down but this is the best you can find. Everyone, but I particularly want to single out the manager, is open and honest and we are made to feel welcome" and "It was my relatives birthday and staff baked a cake and decorated it with his favourite characters. They put him first." Staff told us, "Working here is a nice experience" and "It's very satisfying when you get people to do things they've never done before". We saw that staff worked collaboratively with people to ensure their support needs were met. They supported people calmly, with compassion and provided appropriate encouragement.

The staff team worked well together and information was shared effectively via the communications book and the detailed staff handover meetings at each change of shift. We sat in on a handover where staff talked through how support had been allocated in the morning, the events of the shift and the remaining plans for the day. Staff talked knowledgeably and with insight about the wellbeing of each person, in turn. Staff said the handover meetings were "A good way of sharing information so everyone knows what's going on". Entries within the communications book were detailed, appropriate and demonstrated a respect for people who used the service.

Staff had a detailed understanding of people's needs and were proactive in ensuring people received good quality support that promoted independence. People were supported to complete tasks of daily living at their own pace with kindness, respect and compassion. One relative said, "My relative is well looked after, we have no concerns at all".

Staff were able to communicate with people effectively using a variety of methods tailored to individual needs. We

observed staff using communication techniques as described in people's support plans. For example, a person used an assistive technology aid that empowered them to communicate. They were able to access the aid themselves; indeed they led what was loaded onto it in terms of the words, phrases and messages selected as most useful to them. Staff were directed to consider using it when they needed help understanding that person. We also saw people using pictures to aid communication and help enable people to make meaningful choices. We learned how some people had difficulty with existing picture aid communication systems and how these had been adapted to meet individual need. For example, a person with additional visual impairment had had the existing aids expanded and adapted so that they could make better sense of the symbol.

People used a variety of methods including social media to help enable people to maintain relationships that were important to them. Relatives told us they were able to contact the service so that they could speak with their relative and care staff.

We saw staff used a variety of techniques to empower people to make meaningful choices on a day to day basis these included offering choices between options and providing information using short simple sentences. Care plans included specific information for staff on how to support each individual to make choices. Records showed staff had worked with people individually to enable them to provide feedback on their experiences of care.

Staff respected people's privacy and worked to their pace. People were encouraged to consider others need for privacy. A person kept a key to their bedroom door and chose to use it to secure their personal space. We saw how a person relaxed on a sofa, a member of staff covered her with a soft blanket and later gently reminded them that they she was due to attend a sensory session away from the service. Staff took time to allow the information to be absorbed and to get ready at their own pace. Staff told us how they supported people to maintain their privacy and independence. Support records showed people were able to spend time alone when they wished.

# Is the service responsive?

## Our findings

Support plans contained sufficient information about each person's individual support needs to enable staff to work with them effectively. Each support intervention was clearly explained in terms of the aims of the service and to achievements relating to the individual. Staff had been provided with detailed guidance on how each person preferred to be supported. For example, one support plan showed how one person liked to eat earlier in the afternoon than others. They were supported to make their own choices and to prepare their food. In this way all people were positively encouraged to regard the kitchen as an important part of their home.

Support plans included details of people's normal daily routines, likes and interests, risk assessments and information on people's preferred methods of communication. They were stored securely, acknowledging the sometimes sensitive nature of the information held. We compared the information in the support plans with what we saw and heard and found the information was up to date and accurately reflected the information within the support plan.

Support plans had been reviewed and updated regularly to help ensure they accurately reflected people's current needs. The manager told us, "The support plans are written by staff who know people well and reflects what we do". Relatives were aware and involved with the support planning process and told us, "We have been involved in the planning. We have a meeting or are sent the information and can talk with them about the care my relative receives."

People engaged with a wide variety of activities including shopping, discos and visits to local leisure amenities. Staff told us, "We aim to go out every day; we are led by what the person wants to do. Even if it is a visit to the park, café or shops the activity needs to be planned and thought about in the context of how that person is feeling that day". People were supported to attend external day services and we heard how support was provided so that the individual was able to achieve their aims and goals. A relative told us, "It fits my relative's needs, there is lots to do." Professionals said, "They have a good selection of activities for the people there".

Some of the young people moved to Upperton Gardens as a small group from college. Support staff understood their specific care needs and had experience of providing them with support. For this group and for others moving into the home at a later date we heard that the transitions of new people into the service had been well managed.

People were able to choose how they spent their own time. During our visit we saw some people chose to spend time on their own listening to music while others enjoyed spending time in the company of their support staff. The support plans we looked at included very detailed information for staff on how people communicated their choices and decisions. For example, we saw one plan which set out how a person with autism liked to approach their bath time. It set out in detail the sequence that the individual liked to follow to get the most pleasure from the experience. Both inspectors commented that they felt they could work with the individuals with confidence based on the level and depth of good quality information given in people's plans.

Individual bedrooms reflected people's personalities. Some rooms were bright and crammed with personal items significant and special to that person. Other rooms were more minimalist in décor and contained items which helped that person to make best use of their personal space. For example, a TV was located behind a safety perspex screen to protect it from damage. The summer house was adapted to be used as a sensory space complete with lights and music to create a relaxing or stimulating environment, dependant on the experience that the person wanted. The same space had been adapted to be used as an overflow for a large model train track which had outgrown one person's own room. A lot of thought and effort had been put into considering and meeting people's support needs using the available environment.

The service had developed a questionnaire to enable relatives and family members to give formal feedback. This was positive from relatives and the provider also received positive feedback from healthcare professionals. One example included the ongoing support of a person who had made decisions about taking their medicines. The service had responded appropriately where feedback had identified issues in relation to the provision of support.

The service had not received any formal complaints since the last inspection. However, there were appropriate

## Is the service responsive?

procedures in place to support and enable people who used the service or their relatives to make complaints if they wished to do so. Information about the services complaints procedures was available in an easy to read format and had also been provided to people's relatives. They commented that they felt able to raise any concerns.

We saw people were encouraged to engage with services and people in the local community. The service had its own vehicle to help ensure people would be able to access local

facilities and continue their external activities. The service worked effectively with other organisations to help ensure people's health needs were met. We saw people had been supported to access services from a variety of health providers including GP's, speech and language therapists and other health and social care specialists. Professionals told us, "I found the provider extremely helpful, always professional, very keen to take on new ideas".

# Is the service well-led?

## Our findings

People spoke highly of the manager and commented they felt the home was well run. The manager was assisted by a capable team of staff who demonstrated professionalism, skill and insight. These key attributes were fostered by effective leadership. The relative of one person told us, "The management and staff are so attentive to the needs of residents. I can't fault them" Another said, "I'm so grateful they are able to cope with my relatives needs and that he's happy there. A lot of that is down to the manager and staff. The manager I feel is very good and I can talk to them at any time. We look for the same outcomes for my relative."

The arrangements for the management of the service were effective. The manager worked a combination of days, including occasional weekends, to ensure they fulfilled their management duties with work 'on the floor'. Staff told us, "I feel well supported by a manager who is approachable and very much involved in all aspects of the place." Professionals who regularly visited the service told us, "In my opinion it is unusual to find a manager who is hands on, very knowledgeable about the clients, eager to take on new ideas and keen to set these ideas in place."

The manager spoke fondly of people and demonstrated a detailed understanding of the support needs of the people who used the service. For example, we were provided with a detailed briefing on how people may react to meeting us for the first time. The information provided was wholly accurate and enabled us to manage our interactions effectively and safely.

We saw that the manager received appropriate peer support from the providers other managers as well as their line manager. The provider visited the service regularly and was actively involved in the recruitment of a new deputy manager for the home.

Staff were highly motivated and told us, "We want to be the best". Throughout the inspection we observed staff actively engaging and encouraging people to be as independent as possible. The manager expressed justifiable pride and confidence in the service and said, "It's people's lives, it's about valuing them". A relative told us, "This was the best. I just wish there were more places like this for young people."

Incidents and accidents were appropriately documented and investigated by the manager. Information displayed

around the service provided clear guidance on procedures in relation to the reporting and investigation of both incidents and accidents. Systems for the recording of incidents were available to ensure staff were able to complete these records while incidents were still fresh in their memories. The services procedures and policy documentation were up to date, reflected current best practice and staff knew how to access this information. Learning was taken from incidents and accidents. The manager audited all occurrences and signed or commented on the steps taken in response to each record.

Upperton Gardens worked well with others to ensure people's needs were met. The service had sought support from health professionals appropriately and had developed effective relationships with other local services. The active nature of the people living at the service meant that people were constantly out and about in the community. To meet the demands of behaviours that may challenge others, the service had devised an incident card. Designed to be handed to people and offer reassurance, it gave the contact details of the manager and invited the public to contact to discuss what they had experienced. There was scaffolding up at the front of the building. We learned that the contract for the work undertaken had been decided partly from talking with neighbours and taking recommendations from others in the community.

The manager completed a number of regular audits to assess the quality of care provided. These included quarterly compliance audits in relation to relevant legislation, health and safety audits, infection control audits and fire risk assessment reviews. We saw that where any issues had been identified by audits or brought to the attention of the manager by staff these issues were dealt with and resolved promptly. For example on the day of our inspection maintenance staff visited the service to investigate the possibility of undertaking additional maintenance work which had been requested only recently.

The service had a clear vision, these were reflected in the policies and procedures of the provider. Each Person Centred Plan (PCP) reflected the significance attached to every individuals achievements. People were valued as individuals and received active, positive and structured support. People's needs were central to the delivery of the day to day running of the service. Staff were very clear in

## Is the service well-led?

reflecting the vision and philosophy that underpinned the service. One told us, “I know that how I approach my work can have a big impact on the people I support. That’s why I think my values and those of the service fit so well.”

The staff told us they enjoyed their role and were well supported by the manager. Staff comments included, “We have staff meetings regularly to see how everyone is. We all

get to have a say.” On call arrangements were in place and worked well, staff told us that an identified on call member of staff was “Always available, you don’t feel isolated.” The manager recognised and valued the dedicated work of the staff team and commented, “We have a good, settled team where everyone is on the same page when it comes to the values and outcomes we are working towards for people.”