Care Quality Commission

Arundel Domiciliary Care Services Limited

Arundel Domiciliary Care Services Limited

Inspection report

8A Station Parade
Tarring Road
Worthing
West Sussex
BN11 4SS

Tel: 01903504604
Website: www.arundelcareservices.co.uk

Date of inspection visit:
13 September 2016
16 September 2016

Date of publication:
11 October 2016

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 13 and 16 September 2016 and was announced.

Arundel Domiciliary Care Services is registered to provide personal care to people living with a learning disability and other complex needs, including autism and mental health. The service model is based on supported living with people receiving personal care and support from staff employed by the provider. People have their own service user/tenancy agreements. At the time of our inspection, the service was supporting 42 people across 14 locations in East and West Sussex and Surrey.

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.

People told us they felt safe and were protected from harm. Staff were trained to recognise the signs of potential abuse and knew what action to take. People's risks were identified, assessed and managed appropriately. People who were at risk of displaying challenging behaviour had their risks assessed and staff had clear guidance on how to manage challenging behaviour. There were sufficient numbers of staff available to support people safely and staff were available 24 hours a day within the supported living houses. A robust recruitment system was in place to ensure new staff had all the necessary checks completed before they were allowed to commence employment. Medicines were managed safely by trained staff.

Staff received all essential training to support people's needs effectively. New staff completed the Care Certificate, a universally recognised qualification. Staff were encouraged to pursue additional qualifications by the provider. Staff had at least four supervision meetings a year and attended team meetings. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and their responsibilities under this legislation. People had sufficient to eat and drink and had access to a range of healthcare professionals and services.

People were supported by kind and caring staff who knew them extremely well. People spoke highly of the staff who looked after them and said they were treated with dignity and respect. People were involved in all aspects of their care and were supported to express their views. Person-centred plans were in place in a range of accessible formats.

People were encouraged to pursue activities of interest to them, for example through education, and to have a social life. They were supported by staff in the community. Care plans included comprehensive, detailed information about people, their care needs and how they wished to be supported. People had monthly meetings with their keyworkers to discuss all aspects of their care. Where needed, behaviour support plans were in place and the senior management team worked closely with a range of healthcare professionals, at initial assessment and through continual monitoring of people's healthcare needs.

Complaints were investigated and managed appropriately in line with the provider's policy.

People were involved in developing the service and their feedback was obtained through service user questionnaires; relatives were also asked for their views about the service. Staff were asked about their conditions of work by the provider through a formal survey. The culture of the service was person-centred, inclusive and empowering. Good management and leadership was visible and endemic throughout the service. Staff felt supported and listened to and there was an open culture. High quality care was delivered and a range of audits identified any improvements that might be needed, together with actions that were required to be taken to drive continual improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were supported by trained staff who knew what action to take if they suspected abuse was taking place. People's risks had been identified and assessed and were managed appropriately by staff.

There were sufficient numbers of staff to support people's needs safely, in their home and out in the community. Safe recruitment systems were in place.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had received all essential training and had the necessary skills and experience to support people effectively. Regular supervision and team meetings took place.

Consent to care and treatment was sought in line with legislation and guidance. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and put this into practice.

People were supported to have sufficient to eat and drink. They had access to a range of healthcare professionals and services.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff who knew them well. People spoke highly of the care they received and of the staff who supported them.

People were supported to be involved in all aspects of their care and in their care plans. They were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People were encouraged and supported by staff to pursue educational and recreational activities that were of interest to them.

Care plans provided detailed information to staff on people's care needs and how they wished to be supported.

Complaints were managed in line with the provider's policy.

Is the service well-led?

Good

The service was well led.

People, their relatives and staff all spoke extremely positively about the service and felt it was well managed. They were asked for their views and feedback through a range of surveys and questionnaires.

A range of audits systems identified any areas for improvement and these were acted upon.

Care Quality Commission

Arundel Domiciliary Care Services Limited

Detailed findings

Background to this inspection

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

The inspection took place on 13 and 16 September 2016 and was announced. We gave 48 hours' notice of the inspection because the service is small and we needed to be sure that someone would be in. One inspector and an expert by experience undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience at this inspection had expertise in people living with a disability.

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 the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people and staff. We spent time looking at records including four care records, two staff files, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints and other records relating to the management of the service.

On inspection, we met with two people in supported living. We chatted with people and observed them as they engaged with their day-to-day tasks and activities. We spoke with the registered manager, behaviour support manager, a team leader and a support worker. After the inspection, we contacted two people using

the service to ask for their feedback by telephone. The Commission also sent out questionnaires to people and their relatives or friends to ask for their views about the service. Eleven questionnaires were sent out to people who used the service and six responses were received. Eleven questionnaires were sent to relatives and friends and two responses were received. Two community professionals also gave their feedback. We have included some of these responses within this report.

The service was last inspected on 26 November 2013 and there were no concerns.

Good

Is the service safe?

Our findings

We asked people whether they felt safe and protected from abuse or harm and 100% of people who responded to the Commission's questionnaire confirmed they felt safe. During our telephone interviews, one person said, "I feel perfectly safe". When asked in what way they felt safe, they replied, "The staff are very good at their job and they care for my needs". Staff had received training in safeguarding adults at risk and knew what action to take if they suspected abuse was taking place. One staff member explained, "I would immediately tell the senior on shift, unless it was about them, and ensure all facts are factual and non-opinionated as possible and that it was followed up". They went on to give examples of the different types of abuse such as sexual, financial or physical.

Risks to people and the service were managed safely and people's freedom was supported and respected. One person told us they were encouraged to be as independent as possible and said, "I've been going out to new social groups and social clubs". People's risks were identified, assessed and managed appropriately. In one person's care record, we saw a comprehensive range of risk assessments were in place for bowling, swimming, trampolining, administering medication, communication, diet and nutrition and daily living skills. Some people were at risk of displaying challenging behaviour and had behaviour support plans in place. The behaviour support plan was divided into different sections: 'Green' which described what events occurred prior to the incident with prevention strategies, 'Amber' which identified early warning signs and early intervention strategies, 'Red' for the crisis stage and management and finally, the recovery phase which included post-incident strategies and guidelines for any medicines that might need to be administered. The behaviour support plans were updated at least annually, or as needed following a person displaying challenging behaviour. Staff had clear guidance on how to manage difficult situations and behaviours. We were told that, after every incident, staff had a debrief and discussed what had occurred, through a follow-up meeting and staff supervision. Staff also had access to a counselling service, should they feel in need of additional emotional support.

There were sufficient numbers of staff at the various supported living houses to keep people safe and meet their needs. We asked staff about staffing levels and one staff member said, "Honestly yes, we do have a very tight team and try and avoid using agency staff. They do ask staff to do overtime and cover where possible". One person told us, "Sometimes they get agency staff if they haven't got any cover. Some are okay, but some can get frustrated because they have not dealt with people with our disability". We looked at a selection of staffing rotas across the service. Each house had a team leader who organised the staff and identified the tasks and support that people needed on a 24 hour basis. Staff were flexible and could work at different houses, but tended to concentrate on one service to provide a consistency of care for people. Staff worked at different times, the early shift between 7.30am and 3.00pm, late shift from 2.30pm to 10pm or a sleep-in/waking night shift between 10pm and 7.30am. Staffing levels were assessed based on people's care and support needs.

Safe recruitment systems were in place. The registered manager told us, "We're finding it hard to recruit and Brexit has impacted. Some European staff have returned home". They went on to describe the robust recruitment process that was in place and said, "We want to make sure we've got everything in place.

People [referring to potential new staff] are surprised at the level of the questions asked [at interview]". We checked staff files and found that necessary checks had been undertaken, for example, two references obtained, identity checks and an application made to the Disclosure and Barring Service (DBS). DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people.

Within their supported living homes, people's medicines were managed so they received them safely. People told us they received their medicines when they needed them and were offered medicine for pain relief if required. Each person had a 'medication profile' which listed the various medicines that had been prescribed for them, the dosage, frequency, why the medicine was taken, the way the medicine was taken and any possible side effects. This provided staff, who had been trained in the administration of medicines, with information about people's medicines and how to support them. In one of the houses we visited, the medicines were stored securely in the office. One person explained how they took their medicine and said, "It's kept in the office here, that's better really". One person administered their own medicines and a staff member said, "[Named person] self-administers and we prompt him". Their risk to self-administer their medicines had been appropriately risk assessed. Another staff member confirmed they had completed training in administering medicines to people and said, "We generally bring medicines to people, in the lounge or kitchen".

Good

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. In response to the Commission's questionnaire, one person stated, 'I'm very, very, very happy with the staff that work with me'. People said they received care and support from staff who had appropriate skills and knowledge and the majority of people said they would recommend the service to another person.

Staff received essential training in a range of areas including moving and handling, safeguarding, medicines, mental capacity, health and safety and equality and diversity. They also received training on positive behaviour support which focused on proactive methods to avoid triggers that may lead to a person to present behavioural challenges to get their needs met. We asked one person whether staff ever used physical restraint on them. They said, "Obviously when they need to for behaviour reasons for their own safety" and added that the last time they had been restrained was, "Two years ago". Training was refreshed as needed and certificates in staff files confirmed the training staff had completed. In addition to training from the provider, staff were also supported to study for additional qualifications, for example, a National Vocational Qualification (NVQ) in Health and Social Care. The registered manager told us they always tried to encourage staff to develop and that the majority of staff promotions were internal. They said, "We like to nurture the talent and develop their potential". A staff member said, "They are very good on their training" and told us about the training they had completed. They added that they had completed a very comprehensive induction when they commenced employment. New staff studied for the Care Certificate covering 15 standards of health and social care topics, through on-line learning. These courses are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard.

Staff had supervision meetings at least four times a year and records of staff supervision meetings were contained within staff files. Staff supervision meetings reviewed the staff member's work performance since the previous supervision and any actions required. Other items discussed included staffing, service user updates, training and development and items of a personal nature. Staff were encouraged to share any concerns they might have with regard to their work and/or personal issues that may affect their work. A staff member told us about their supervision meetings and said they were, "Fairly relaxed as it's an informal house". They added, "I do consider my colleagues as friends and we're all supportive of each other". Staff meetings also took place at the provider's supported living locations and records confirmed this. Staff meetings were an opportunity to look at any accidents or incidents that had occurred and staff used these as examples for reflective learning.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Records showed that a best interest meeting had been convened for one person to make a decision about having a blood test for their medication review. We checked whether the service was

working within the principles of the MCA. Where needed, assessments had been completed to identify whether people had capacity to make decisions, either independently or with support. In one person's care record, an assessment had been completed by a consultant psychiatrist. It stated, '[Named person] deemed not to have capacity, but will be revisited at next consultation'. An application had been made to the Court of Protection for another person, so that decisions could be made connected with property, affairs and personal welfare. No-one receiving a service had their liberty restricted; people were free to come and go, although in practice, people required the support of staff in order to access the community safely.

Staff were trained on the MCA and one staff member explained their understanding and said, "The person would be assessed and asked questions relating to consequence and their own actions, their ability to understand the world and people and their comprehension of everyday tasks". They told us about a best interest meeting they had attended which related to a decision about whether one person could have a house pet. People confirmed that their consent was sought with regard to their care and treatment.

People were supported to have sufficient to eat and drink and were encouraged to maintain a balanced diet. One person said, "Food's nice" and, "There's lots of food really I like", adding that they enjoyed baking cakes with the support of staff. Another person said, "We each have one cook night per week. We have a theme night when the staff cook Chinese or Italian. Staff are trying to get us on a more healthy diet". People were involved in shopping for food and in preparing their meals, with staff support.

People were supported to maintain good health and had access to a range of healthcare services and professionals. Care records contained health assessments for people which were reviewed annually. People were supported by staff to attend GP and hospital appointments with consultants, as well as visits to the dentist and community nurses. For example, one person received continuing support from the community diabetic nurse to monitor their blood sugar levels within safe limits. Another person described the healthcare support they received and said they visited the dentist, optician, neurologist and epilepsy nurse regularly. 'Care passports' were in place which included: 'Red – things you must know to keep me safe', 'Amber – things that are important to me' and 'Green – my likes and dislikes'.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. During a visit to one of the provider's supported living houses, we observed staff treated people as equals and provided support in an unobtrusive way. Staff treated people with respect and gave them freedom and space to express themselves without restriction. The atmosphere was one of warmth and homeliness. Staff knew people well and communicated with them in a friendly and humorous manner, giving gentle encouragement and support. One person said, "Staff seem very good" and added that they knew them well, their likes and dislikes and how they wished to be supported. During our telephone interviews, one person told us the staff were caring and said, "They always take good care of our wellbeing and they always consider the best way forward with social difficulties. They try to help us all". In response to the Commission's questionnaire, people who used the service were in 100% agreement that they were happy with the care and support they received from staff and that staff were kind and caring and treated them with respect and dignity.

The provider had sent a survey to people who used the service to ask for their feedback. In response to a question, 'Do staff know you as a person?' 83% strongly agreed with this statement and 17% agreed this was true. The vast majority of people also felt that staff supported them appropriately and listened to them. A member of the management team told us, "We do try and match staff to people" and gave us an example of a staff member who enjoyed sports, going out on long bike rides with one person who enjoyed this pursuit. A member of staff described the house where they worked and said, "We try and keep it as friendly and homely as possible".

People told us they were supported to express their views and to be actively involved in making decisions about their care, treatment and support. People met with their keyworkers, who co-ordinated all aspects of their care and support, to discuss and review their care. People were involved in drawing up person-centred care plans in an accessible format, for example, using Makaton, a system of symbols to aid communication or through photos and pictures. We saw that one person had their plan on a disc and a hard copy which they were annotating with captions and artwork. In this person's care record, with reference to their plan, it stated, 'She has the original on a disc and a hard copy which she is adding her artistic skills to. She may like to show you these if you ask her'. This person's plan included information about their family, staff who supported her, home life, friends, activities, likes and dislikes, communication and 'My dreams'. Some people also had 'Listen to me' workbooks which provided information to staff about their likes, dislikes, things in their life they wanted to stay the same and things in their life they wanted to change. Responses to the provider's survey showed that people felt included in planning their care and support and had time to spend with their keyworker. The behaviour support manager told us they had a caseload of people they worked with and who they met with outside the service to discuss their support needs on a 1:1 basis.

People were treated with dignity and respect and people we spoke with confirmed this. A member of staff told us, "We always ensure we knock before entering people's rooms. I always check with people before I go in". Relatives and friends who responded to the Commission's questionnaire unanimously agreed that staff treated their family member or friend with respect and dignity.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People were encouraged to pursue activities of interest to them and were supported by staff out in the community. For example, one person was enrolled on an agricultural course at a local college and another person told us they enjoyed visiting charity shops, making cards and baking cakes. They said, "Sometimes I make cakes, with help, like flapjacks". The behaviour support manager told us, "Transition is an aim, but not always realistic. For some, it's about reducing the support they receive at the service". They added that people's health and support needs were reviewed every six months and care plans confirmed this. People told us they were involved in reviewing their care plans with staff and that their families were also included. One person's care plan stated, 'When I am at home, I like to sit on the sofa and talk to staff and people who are around. I like to listen to the radio, dance, laugh and sing, go out for walks, feed the birds. I like to tell people what to do'. People's support needs were planned in line with their care agreement and, in addition, people had separate short-hold tenancy agreements.

Care plans included information about people's general health, medication, diet, fitness and weight, communication, self-image and personal appearance, social skills and daily living skills. The majority of people preferred to have a structured weekly activity programme and they were involved in identifying goals they hoped to achieve. For example, one person's ongoing goals were, 'To learn to write, read and numbers which she finds difficult. Her current objective is to find a boyfriend and job. [Named person] wants to move out to live with a friend'. People's progress against their goals were recorded, together with any outcomes. One person was incentivised to ensure they carried out daily personal care, which was a £5 daily allowance when they had completed their personal care satisfactorily. People met with their keyworkers to discuss all aspects of their lives, the care and support they received and keyworkers recorded these discussions in monthly reports. One monthly report showed discussions had taken place relating to community life, managing money, family and relations, choices and changes, living safely and risk taking, health and wellbeing, everyday tasks, communicating effectively and behaviour. People's behaviours were recorded on ABC Charts (Antecedent, Behaviour, Consequence) so staff could monitor any incidents and manage them appropriately. Keyworkers focused on how people were feeling, whether they were happy living in their home, how they got on with their housemates and staff and whether there were any activities or college courses they might be interested in pursuing. Action points were then recorded as needed. These monthly meetings enabled staff and managers to regularly monitor whether people were happy with their lives and to identify any improvements that might be needed to enhance their lives.

The behaviour support manager explained their role and that they worked with the management team to assess new referrals and placements. They explained, "We work with staff teams to place people" and that they worked alongside staff in drawing up behaviour support plans which included positive support plans. They described how important it was that people should engage positively with their keyworkers and the significance of effective liaison between a range of health and social care professionals. In response to the Commission's questionnaire, a social care professional stated, 'I have worked closely with the staff and management at Arundel Domiciliary Care Services Limited. They focus on supporting their clients to gain their independence and support their participation in community and social events. The staff are

knowledgeable and forward thinking regarding the care they provide'.

Complaints were taken seriously and investigated appropriately. People told us they knew how to make a complaint if they needed to. An accessible complaints policy was in place which stated that the provider would try to deal with any complaint within five days, although, 'Sometimes it might take longer. We will let you know the outcome'. Three complaints had been logged for 2016. One referred to a complaint about noise which had been received from a neighbour of one of the houses. Their complaint had been dealt with to their satisfaction. The complainant had responded back to the provider and stated, 'The noise issue has improved tremendously. I cannot remember the name of the person that replied back, but I just wish to thank you for the swift and effective response to the problem'.

Good

Is the service well-led?

Our findings

The service promoted a positive culture that was person-centred, open, inclusive and empowering. In the provider's statement relating to values and ethos, it stated, 'The main aim of the organisation is to provide high quality support to service users that enables them to have their voices heard, for them to be as independent as possible and for them to live their lives as they wish. Service user inclusion is an integral value of our service. Our service users have to be at the centre of our service and their views, opinions, comments and suggestions must be heard and listened to'. From our discussions with staff, conversations with people and observations at inspection, it was clear that the provider was working in line with their values and ethos.

People were involved in developing the service and they told us that residents' meetings were held. One person told us that these were about, "What we like and want to do". Another person said they discussed, "Just the atmosphere and staff listen". People were involved in meeting and interviewing new staff if they wished. The registered manager explained that one person spent an hour chatting with potential new staff. They added, "If it's not upsetting to people, then they are involved". People spoke positively about the service they received. One person said, "I like it here. I moved in January. It's quite nice here. I do like it". People were also asked for their feedback and views about the service through service user questionnaires. The questionnaires were set out in an accessible format and 20 people responded to the last survey which was completed in 2015. People were asked for their views about the place they lived, staff, whether they had sufficient to eat and drink, whether their families and friends could visit and whether they could go out as much as they wanted, to pursue activities, including college, and have a social life.

An 'Annual Quality Improvement Survey 2015' was responded to by 22 relatives. They were asked for their views about the service, for example, with regard to people's homes, nutrition needs and whether they were well supported by staff. Responses were extremely positive. Staff were also surveyed and asked about their conditions of work, whether they felt fairly treated and valued and about training. Results were positive and compared with results from the 2014 survey to identify any areas that had improved or required improvement.

The service demonstrated good management and leadership and this was visible to staff and endemic throughout the service. The registered manager told us, "We were very clear from the outset that it was going to be a very open organisation. Staff see us and talk to us. It's important that the service users know who we are and they do. People come to the office and come and seek us out". They went on to say, "It's a friendly, family environment. Everybody mucks in. You have a title, but some of us help out in the houses". The registered manager told us they always tried to praise staff and thank them for what they do. A member of staff said they felt listened to by management and said, "I've found a degree of respect in the service that I haven't found with other services". When asked about the senior management team they told us they were, "Very welcoming and I feel appreciated. [Named team leader] always offers praise and addresses issues when needed. We want to have a nice place to work".

The service demonstrated that high quality care was delivered. A range of audit systems was in place to

measure the quality of care and the service provided overall. We looked at audits relating to medicines, staff, people's nutritional needs, care plans and finances, staff training, incident and accident reporting, complaints and concerns. Plans were put in place to identify what action was needed and by whom. Service reviews were completed by the provider at least four times a year. A member of the senior management team told us, "The service has grown significantly. We have successfully supported some incredibly challenging people and hopefully we've improved people's lives".