Arundel Care Services Limited

Oxford House

Inspection report

7 Oxford Road
Worthing
West Sussex
BN11 1XG

Tel: 01903201635
Website: www.arundelcareservices.co.uk

Date of inspection visit:
13 August 2018

Date of publication:
29 August 2018

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Oxford House is a care home for six adults with a learning disability. The home is a large, Victorian, detached house close to Worthing town centre. Rooms are single occupancy, four having en-suite facilities and one person is accommodated in a detached bungalow in the grounds of Oxford House. Communal areas include a large kitchen, dining room and sitting room. People have access to a rear garden.

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

Staff described procedures that were in place to safeguard the people they supported. They fully understood the safeguarding policies and procedures and felt confident to raise a concern and thought they would be listened to.

Recruitment systems at the home continued to be safe and robust. There were sufficient trained and competent staff to meet people's individual assessed needs. All staff undertook an induction at the start of their employment and completed shadow shifts to fully understand their role and the people they supported. The staff were supported by the management team through on-going supervision and team meetings.

Medicines were ordered, stored, administered and disposed of in accordance with best practice guidelines. All staff had undertaken medicines training and had their competency assessed annually or when needed. The registered provider had medicines policies and procedures in place.

The design and layout of the building was hazard free and met the needs of people who lived there. All areas of the home were clean and in a good state of repair with equipment maintained.

People received care that was personalised and responsive to their needs. People's needs that related to age, disability, religion or other protected characteristics were considered throughout the assessment and care planning process.

People were supported with their nutrition and hydration needs. Clear guidance was available for staff to follow when people had specific dietary needs. People spoke positively about their mealtime experiences and told us they were always offered choice.

We observed kind and caring interactions between people and staff. People living in the home and a relative praised the caring nature of the care staff and registered manager. People were supported to increase their independence and maintain strong links with their families. People were involved in planning their care and supported to undertake activities of their choice.

The registered provider had a clear complaints policy and procedure that people and their relatives were familiar with and felt confident any concerns would be listened to.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered manager was accessible, supportive and had good leadership skills. Staff were aware of the values of the provider and understood their roles and responsibilities. Morale was good within the workforce.

The service had a quality assurance system and shortfalls were identified and addressed. There was a culture of listening to people and positively learning from events so similar incidents were not repeated. As a result, the quality of the service continued to develop.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

Oxford House

Detailed findings

Background to this inspection

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

This inspection took place on 13 August 2018 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the home, what the home does well and any improvements they plan to make. This information formed part of the inspection planning and was used during the inspection visit.

We checked the information we held about the registered provider and the home. This included statutory notifications sent to us by the registered manager about incidents and accidents that had occurred at the home. A notification is information about important events which occur at the home that they are required to send us by law.

We used a range of different methods to help us understand people's experiences. Some people who lived at the home had limited verbal communication. Therefore, we observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit.

We spoke with three people who used the service and one relative. We spoke with the registered manager, a senior support worker and two support workers.

To help us assess how people's care needs were being met, we looked at three care plan files, three staff recruitment files, three medication administration records (MARs), all the staff training records, complaints, policies and procedures and other records that related to the running of the home.

After the inspection we approached other stakeholders, for example the local authority and healthwatch to

receive their feedback on the quality of care received. The feedback we received is included in this report.

Good

Is the service safe?

Our findings

At our last inspection of 11 November 2015, the key question Safe was rated good. At this inspection we found Safe remained good.

People told us they felt safe living at the service and with staff. One person said, "Staff help me to keep safe. While I am cooking, they are with me to make sure I do not burn myself. In the recent hot weather, they helped me put suntan lotion on to protect my skin." Another person told us, "Staff worked with me to teach me how to keep myself safe when going out to the shops. It means I can go out by myself. But they check with me at my care plan meetings that I still know the risks. Such as when to cross the road."

A visiting relative told us, "[Person] is safe living here. The staff want to do as much as possible to help people here, they promote people's independence as safely as possible."

The provider had procedures in place to safeguard people from the risk of abuse. Staff had completed training in safeguarding adults from abuse and could recognise the signs of abuse and knew of actions to take to report any concerns of abuse. One staff member stated, "If I suspected abuse, I would immediately report it to the person in charge. They then report it to safeguarding. I would complete an incident form to record the information. I would make sure the person was safe. If I wasn't happy how the company dealt with the abuse, I would report it to safeguarding and you [CQC] myself."

There was an equality and diversity policy in place and staff received training in this area. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

The service had effective systems to safeguard people's money. Records and receipts of financial transactions were maintained. Regular audits and checks were conducted to ensure accounts tallied. We observed staff reconcile accounts during changeover of shifts and the accounts were balanced.

Risks to people were managed to improve their health and well-being. The service conducted assessments to identify risks to people's physical and mental health; behaviours and activities that may cause harm to people. The provider worked closely with mental health professionals who were involved in assessing and drawing up risk management plans for people. Triggers to people's mental health conditions, signs of relapse and actions for staff to take were included in people's management plans. We reviewed management plans for people who displayed behaviour that could put them and others at risk. Their management plans included giving them reassurance and space when needed, talking to them about their concerns, engaging them in activities and reminding them of the consequences of the behaviour.

Each person living at the home had a personal emergency evacuation plan (PEEPS) that described the level of support and intervention they required to evacuate the building in the event of an emergency. These were regularly reviewed and updated.

The service maintained a safe environment for people. Risk assessments were conducted to identify hazards to the environment, such as, fire risk, gas safety, water and electricity safety. Records showed that health and safety systems were checked and serviced regularly and these were up to date. Staff conducted regular health and safety checks such as weekly fire alarm tests to ensure equipment were in good condition. Staff also practiced fire evacuation procedures regularly to ensure both people and staff knew of actions to take in the event of a fire.

Staffing levels were appropriate and people were supported according to their needs and preferences. Rotas for the week preceding the inspection showed staffing levels had been consistently maintained. As well as care staff the provider employed two maintenance workers.

When new staff were recruited they completed a number of pre-employment checks. This included Disclosure and Barring Service (DBS) checks and supplying suitable references. This meant people were protected from the risk of being supported by staff who were not suitable to work in the care sector.

Medicines were stored securely in a locked cabinet. There were arrangements in place for any medicines that needed to be stored at lower temperatures or have stricter controls in place in line with legislation. All staff had received training to enable them to administer medicine. Some people had prescribed medicines to use 'as required' to help them when they were anxious or distressed. There were protocols in place for staff to follow when administering these medicines. This helped ensure a consistent approach. Medicine Administration Records (MAR) were well organised and clear. We checked medicines in stock for one person and the amounts tallied with the records.

The premises were clean and well maintained. Cleaning equipment was available and any potentially hazardous products were securely stored. Cleaning schedules were in place so staff were aware of their responsibilities. People were encouraged to take part in cleaning tasks. Personal protective equipment (PPE) was available to all staff that worked at the home. This included gloves and aprons used by staff when undertaking personal care tasks. Staff understood the importance of regular hand washing and how infection was spread. Staff had completed infection control and food hygiene training.

The service maintained records of incidents and accidents. Staff knew how to report incidents and accidents. The registered manager reviewed these and considered ways to prevent them from happening again. We saw that a person's risk assessment and care plan had been updated following an incident. Handover and team meetings were used to discuss incidents and actions or lessons learned.

Good

Is the service effective?

Our findings

At our last inspection of 11 November 2015, the key question Effective was rated good. At this inspection we found Effective remained good.

People's care needs were assessed, planned for and delivered to achieve positive outcomes in line with best practice and current legislation. This took into account their physical, mental and social needs and records seen were regularly reviewed and updated.

Staff had the appropriate skills, knowledge and experience to deliver effective care and support. Staff had an induction when they started employment with the organisation which involved them completing the Care Certificate. The Care Certificate is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. There was also a period of shadowing more experienced staff. We spoke to one new staff member, who told us they felt well supported.

Staff told us and records confirmed, that they had the training they needed to carry out their role effectively. This included training associated with peoples specific and diverse needs such as epilepsy, dementia, communication and autism awareness. Records and discussions with staff showed that staff continued to receive supervision, competency observations and appraisal meetings. These provided staff with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

Staff told us they had monthly team meetings to discuss their roles, training, peoples individual needs, recruitment and changes in policy. Staff told us this was also an opportunity to suggest improvements to the registered manager. Records showed the discussions that had taken place, together with a review of actions agreed from previous meetings. This provided an opportunity for the team to work together to deliver effective care.

People's nutritional needs were met. The service provided food, drinks, fresh fruits and snacks so people could help themselves as they wished. People told us they had enough to eat and drink. Staff supported people to prepare their meals. People were also encouraged and given the support they needed to cook for themselves as part of promoting their independence.

People had access to health and social care professionals when they needed them. Records showed regular attendance at appointments that included GP, chiropodist, dentist and optician. Feedback from these appointments was clearly documented and any recommendations or guidance was included. We saw that staff were proactive in seeking input from advocacy services. Advocates help people to make decisions that are right for them and in line with their personal preferences and choices.

The design and layout of the premises and garden was appropriate to meet people's needs. People were involved with the decoration of the premises. Three people told us about choosing the colour of their bedroom and how they wished for their bedrooms to be furnished.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found DoLS applications had been made to the local authority and authorised where appropriate.

People's care records identified their capacity to make decisions. Staff had been trained in the MCA and DoLS and demonstrated they understood MCA and how this applied to the people they supported. Three people told us staff listened to them and respected their decisions.

Good

Is the service caring?

Our findings

At our last inspection of 11 November 2015, the key question Caring was rated good. Records and our observations found people remained happy living at the service, they continued to be complimentary of the staff and management team and people told us felt cared for. Therefore, at this inspection we found Caring remained good.

People told us the staff treated them with respect and kindness. One person told us, "The staff look after us. They really help us with everything, cooking, cleaning and personal care. They help me when I am upset. They really care." Another person told us, "The staff are very caring. Very kind. They are always there for me. I like living here."

One relative shared with us their positive experiences of how people were cared for in the service. One relative said, "Staffing is at its best, than it's ever been. They have been here for a long time. There are a few new ones, but there are always more experienced ones with them. The staff are approachable, understanding and caring. There is not one person [staff] I am not happy with. Very caring. When I visit, they want to see me and they do share information with me. I definitely feel involved in [person's] life. I am invited to attend all health appointments. I am invited to regular meetings. It's a lovely home."

We observed an informal and friendly atmosphere at the home. We observed staff and people engage in lively conversation and enjoy 'banter'. We observed that newly employed staff had built friendly relationships with the people living at the home and knew their care needs and preferences.

People were relaxed in the presence of staff and the management team. Staff knew people well including their preferences for care and their personal histories. Staff used effective communication skills to offer people choices. This included consideration to the language used and the amount of information given to enable people to understand and process information. This contributed to the positive atmosphere in the service and wellbeing of people.

People's independence was encouraged and respected. Staff shared examples of how they promoted dignity and independence when caring for people. For example, supporting people to undertake tasks that they could manage themselves and offering assistance only when it was required. Staff were seen supporting people to cook, vacuum, make hot drinks and prepare for a bank visit to withdraw money, consistently supporting people to do as much as possible for themselves whilst ensuring people were safe throughout. People's records provided guidance to staff on the areas of care that they could attend to independently and how this should be promoted and respected.

The home encouraged people to express their views as much as they were able. People were provided with opportunities to talk to staff including their key workers and the manager about how they felt on a daily basis. A keyworker is a staff member who helps a person achieve their goals, helps create opportunities such as activities and may advocate on behalf of the person with their care plan.

To ensure that all staff were aware of people's views and opinions, they were recorded in people's care plans, together with the things that were important to them. Care plans also detailed people's cultural and religious preferences. People were supported to practice a faith should they choose to do so. Without exception, staff told us that it was important to promote people's independence, to offer choices and to challenge people where needed to help give people a normal life.

People were cared for in a way that upheld their dignity and maintained their privacy. We saw that staff knocked on people's doors and waited for a response before entering. Staff we spoke with described how they would maintain people's dignity when assisting them with personal care. This included ensuring doors and curtains were closed.

There were no restrictions about when people could have their relatives or friends visit. We saw that people's visitors were made to feel welcome by staff. Staff spent time talking with peoples' relatives and relatives would approach staff if they wanted to speak about the person they were visiting.

Good

Is the service responsive?

Our findings

At our last inspection of 11 November 2015, the key question Responsive was rated good. We found staff continued to be attentive and responsive to people's needs and concerns as they were during the previous inspection. Therefore, at this inspection we found Responsive remained good.

People told us their choices were respected and acted on in line with their wishes. One person described their experience of living in the service, "It is great living here. I have a busy life. I go out every day doing the things I want to do." Another person told us, "I am going pitch and putt today, to the bank and then doing my personal shopping. I go to a theme park every year, we are planning it now."

A healthcare professional told us, two key workers had been allocated to a person with a forensic history and shared with us, 'They had established a good rapport with [person]. The [person's] needs had been well understood by the service in terms of how [person] may place self at risk and also how to work with [person] on positive risk taking in the course of their daily living activities.' A healthcare professional also shared with us, 'The service was responsive to a relapse prevention plan sent on from the hospital unit regarding [person].'

People received support tailored to meet their individual needs and achieve positive outcomes. One person told us, "The staff are helping me become independent so I can live in my own flat. I am learning to cook and manage my money. I can now go out on my own."

Each person had a support plan which detailed how their individual needs and goals would be achieved. Support plans were developed jointly with the support team. The plan focused on improving people's physical and mental health well-being; reducing isolation and maximising people's independence.

As part of people's daily planning, they were supported to develop life skills such as maintaining personal hygiene, cooking, budgeting, finance management, safety awareness, literacy and numeracy. The provider encouraged 'Active Support' implemented by the care team which was aimed at improving people's well-being, skills for daily living and gaining skills to live with minimal support. The staff worked with people to implement the agreed level of support for people. One person was supported to manage their finances and was saving up for a holiday. This experience was improving the person's mood. Another person, was being supported to self-administer their medicines, improve their cooking and finance management skills to promote their independence for a possible future independent living service.

People's care records were personalised to include information about them, such as their hobbies, interests, preferences and life history. This included instructions for staff in the care plans on how best to support people, and took account of their needs, choices and preferences. This information enabled staff to get to know people quickly and to care for them in line with their wishes. Care plans were detailed and were kept under regular review. They were kept secure.

The registered manager told us they were committed to meeting people's needs with regards to their age,

disability, gender, race, religion or sexual orientation. These areas were covered in their care plans. Staff understood the importance of respecting people's diversity.

There had been several compliments received about the service within the last 12 months. Themes included 'The environment at Oxford House was very warm, relaxed and welcoming,' and 'There is excellent care and a person centred approach.'

People were happy with the service they received and told us that they knew how to make a complaint should they need to. The complaints process was visible within the service. There was an easy read version available for those who needed it.

Where people were at the end of their life there were systems in place to support people to have a comfortable, dignified and pain free death. Staff were able to tell us about people's end of life care and how they supported their wishes. In addition, people's records, where people had chosen to discuss it, detailed their end of life wishes. This included if they wanted to be resuscitated and advance care planning where people had chosen to do these.

Good

Is the service well-led?

Our findings

At our last inspection of 11 November 2015, the key question Well-Led was rated good. At this inspection we found Well-Led remained good.

The home had a registered manager who had been registered with the Care Quality Commission since November 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered person's'. 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 promoted a caring, positive, transparent and inclusive culture within the service. They actively sought the feedback of people, relatives and staff. We saw evidence to support that people's views were used to influence what happened in the service. For example, in response to feedback on 'resident meetings' about the food, a review of the menus with input from people who used the service was underway.

People and relatives told us they felt able to talk to the manager about anything they wished. There was visible leadership and management support available to staff. Staff told us they knew who to go to for guidance and direction and they felt well supported. The registered manager was available during the day to give support and direction to staff. An on-call duty system was in place to ensure staff had out of hours support when needed.

Staff we spoke with were positive about the culture of the service and told us that they felt they could approach the management team if they had any problems and that their concerns would be listened to. They had one to one supervision meetings and there were regular staff meetings. This enabled staff to exchange ideas and be offered direction by the management team.

There was a regular programme of audits. We saw that these identified shortfalls which needed to be addressed and where shortfalls were identified, records demonstrated that these were acted upon promptly. For example, changing the medication competency records to ensure they were more robust to prevent mistakes. Daily cleaning records had not always been completed, the registered manager had addressed this by updating the daily shift handover record. To include the cleaning schedules, so they were not missed.

The manager collated information relating to the running of the service which they shared with the provider through regular reporting. This covered everything from admissions, safeguarding, maintenance of the building, to incidents and accidents and care reviews. This information provided oversight of what was happening within the service and contributed towards plans for the continual improvement of the service.

The service worked well with other organisations to ensure people received a consistent service. This included those who commissioned the service, safeguarding and other professionals involved in people's

care.