

Mrs A Morrison

Arundel House - Paignton

Inspection report

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Date of inspection visit:
15 September 2020
16 September 2020

Date of publication:
07 October 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Inspected but not rated

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Arundel House is a residential care home providing personal care for up to 12 adults who have learning difficulties and/or a physical disability. At the time of the inspection there were nine people living at the home.

The service has been developed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and coordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People were supported by staff who had relevant training, skills and experience to understand the needs of the people they were supporting. Since the last inspection the provider had introduced a fully comprehensive induction training programme that all new staff completed within the first week of their employment.

Improvements had been made to the provider's quality assurance system to effectively identify any shortfalls. There was a variety of audits completed to ensure the quality of the service provision was maintained.

We were assured the service were following safe infection prevention and control procedures to keep people safe.

There was an open and transparent person-centred culture within the service. Staff were clear about their responsibilities told us they felt well supported, appreciated and valued.

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

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff closely monitored people's health and supported them to access appropriate healthcare services. Staff followed professional advice and helped people to improve their health and wellbeing. People's dietary

needs were catered for and people told us they enjoyed the food.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 21 August 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We carried out an unannounced comprehensive inspection of this service on 14 and 17 June 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the governance and staffing training.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions 'Effective' and 'Well-led' which contain those requirements.

As part of this inspection we also looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Arundel House - Paignton on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service and take any necessary regulatory action, this may include carrying out another inspection of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We were assured the service were following safe infection prevention and control procedures to keep people safe.

Inspected but not rated

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Arundel House - Paignton

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by one inspector on day one supported by an Expert by Experience making telephone calls to relatives and an assistant inspector making phone calls to staff on day two. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Arundel House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. The registered manager was also the provider. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was to discuss the safety of people, staff and inspectors with reference to the Covid 19 pandemic and to ask for information to be sent to us to review away from the service, reducing the amount of time onsite.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority about the service about their views of the safety and quality of the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people about their experience of the care provided. We spoke with six staff including the registered manager, deputy manager and the administration manager.

We reviewed a range of records. This included three people's care records. We sampled staff files in relation to induction and training. We reviewed policies and procedures and quality assurance documents.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted and spoke with four relatives by telephone about their experience of the care provided.

Is the service safe?

Our findings

For the purpose of this inspection we only reviewed how well are people protected by the prevention and control of infection under this key question.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to ensure new staff received a robust induction and were sufficiently trained for their role. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient improvements had been made at this inspection and the provider was no longer in breach of regulation 18.

Staff support: induction, training, skills and experience

- Since the last inspection the provider had introduced a robust induction training programme that all new staff completed within the first week of their employment. New staff were supported by senior staff and had daily meetings to assess and reflect on their performance and identify any further areas for support.
- People were supported by staff who had relevant training, skills and experience and staff had a good knowledge and understanding of the needs of the people they were supporting. One staff member told us, "The training is good, I have had my induction training and infection control training. I am up to date with everything."
- The administrative manager told us how they had had to think creatively about training since the Covid 19 pandemic. The service responded to the challenges by training in house and developing training packs on 'hot topics' such as infection control. The service was also developing a plan on how to resume their planned schedule of training, including face to face training, in the future.
- Staff received regular one to one informal support and supervision from their managers to enable them to confidently and competently support people they cared for. Staff told us they felt supported, one said, "We have had supervisions and staff meetings regularly in the past but with Covid19 it has been difficult, but as I say, you can go to them (managers) at any time and it is a two-way street."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were given the opportunity to make choices and be involved in their day to day planning of their care. One person told us, "I have a care plan. I agree with it, it's quite useful."
 - Relatives told us they felt included and involved in their family members care and lives at Arundel House. One relative said, "Staff work with me to get things right for [person's name]."
- Another relative told us, "[Person's name] has a care plan, and an individual worker who really knows her and her moods. I think the staff are amazing."
- Care and support was planned and delivered in line with current legislation and good practice guidance. Assessments and care plans were comprehensive, detailed and reflected people's personal preferences and

promoted their independence, choice and inclusion. People's protected characteristics were considered so that they were safeguarded from discrimination.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy and balanced diet.
- People and their relatives told us they enjoyed the food and chose what they wanted to eat. One person said, "Food is very good. I have a balanced diet and staff know I don't like eggs." A relative commented, "The food is homemade, like being in a hotel. There is a choice of pudding. He [their relative] loves the food. Staff keep an eye on his weight, and he goes on a diet occasionally if needed."
- People had their weight monitored with their permission and were referred to their GP or dietician if there were any significant weight loss or gain or any issues regarding them being able to eat safely.
- Staff and carers followed the advice of health care professionals when supporting people with eating and drinking.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access a wide variety of health and social care services.
- Staff described how they had worked with multidisciplinary health and social care professionals, including the behaviour support team, diet and nutrition team, renal team and diabetes specialists to achieve positive outcomes for people.
- Records in people's care files confirmed there was effective joint working and communication with other agencies to meet people's individual needs.

Adapting service, design, decoration to meet people's needs

- People were supported in an environment suitable for their needs and which promoted independence. The service had a warm, welcoming atmosphere that reflected the bright, comfortable communal areas.
- People's bedrooms were personalised to their taste, to ensure people felt comfortable to enjoy their own personal, private space. A relative told us, "[Name of person] has his own space, he sees it as his flat." Another said, "[Relative's name] room will be decorated as soon as possible. She likes the colour red. We can decorate the room as we want, curtains, bedding, carpet, everything." One person told us about their room, "I have my own room, with a TV and personal stuff."
- Since the last inspection the patio area had been developed into a pleasant space for people to enjoy and included more seating to help facilitate social distancing between people and their visitors.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's consent to their care and support was always obtained.
- Mental capacity assessments had been completed, where needed, for specific decisions.
- The service was working within the principles of the MCA and restrictions on people's liberty had been authorised.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we found the provider's quality assurance systems were not fully effective to ensure staff had been provided with the necessary training to meet people's needs. This was a breach of Regulation 17 of the Health and social care Act 2008 (Regulated Activity) Regulations 2014.

At this inspection enough improvement had been made and the provider was now not in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Concerns raised at the last inspection had been addressed and improvements had been made to the provider's quality assurance system to effectively identify any shortfalls. There was a variety of audits completed to ensure the quality of the service provision was maintained.
- There were strong visible, leadership and management role models who provided consistent, supportive guidance for staff.
- Staff were clear about their responsibilities and told us they felt well supported, appreciated and valued. One staff member said, "The management are great. I can just walk into the office and talk to them. If they are in the office, it's an open-door policy and they will always stop what they are doing and talk to us. They are a part of the working team, so they do not isolate themselves. You are not just fobbed off, they carry things forward and come back to us."
- People and relatives spoke highly of the management team and told us they were approachable. One relative told us how much they trusted the management at Arundel House, "I have an excellent relationship with [Manager's name]. I ask for their advice on decision making and I am guided by them a lot." Another relative added, "[Manager's name] runs a tight ship. I am always welcomed and brought into the heart of the place. It's like a big family for [person's name]."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive person-centred culture in the home. We found people were happy with the support they received and felt comfortable and relaxed in their surroundings.
- All staff shared the positive culture and vision to support people's health, wellbeing and independence. We saw people had choice and control and were involved in decisions made about their care.
- There was an effective team approach from staff which enabled people to receive the best levels of care and support. Comments from staff included, "We are all doing 110% to keep residents happy" and "The staff

are very caring, my co-workers are people who care about the clients and I think we have good communication between us and that is extremely important for us and the clients."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and management team worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.
- The registered manager has understood the need to notify CQC about important events that had occurred and had met their regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team regularly sought the views of people.
- People and staff were empowered to voice their opinions, and the management team always responded to comments put forward.
- People had been given the opportunity to share their thoughts through informal chats and meetings.
- Annual quality assurance questionnaires were sent out to obtain the views of people, relatives and health professionals of the service provided. Results from these questionnaires were analysed and any areas of weakness or concern was identified and used to develop a service improvement plan.

Working in partnership with others

- The provider was transparent, open and collaborative with external agencies.
- The service was actively working in partnership with people, staff and visitors reducing risks associated with the catching and or transmission of Covid 19. For example, hand gel, and face masks were readily available, and all visitors had to complete a risk assessment in relation to their health as well as any potential exposure to coronavirus prior to visiting the service.
- The management team told us how they regularly communicated with external professionals with regards to people using the service and new packages of care.