

Aitch Care Homes (London) Limited

# Arundel House - Frinton-on-Sea

## Inspection report

34 Harold Road  
Frinton on Sea  
Essex  
CO13 9BE  
Tel: 01255 852046  
Website: [www.achuk.com](http://www.achuk.com)

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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

This was an unannounced inspection. Arundel House is a small care home. It provides accommodation and personal care and support for up to 10 people who may have mental health needs. There were four people who lived in the service when we visited.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

This inspection took place on 3 December 2014. Arundel House was last inspected 6 November 2013. There were no concerns found at this inspection.

# Summary of findings

Health and social care professionals we spoke with were all positive in their comments about the support provided to people at Arundel House.

The service was meeting the requirements of the DoLS. Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and associated Codes of Practice. The Act, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals.

The home had robust systems in place to keep people safe. We saw that staff followed these guidelines when they supported people, for example when people became anxious, they knew how to safely support and comfort people.

Staff were aware of people's individual risks and were able to tell us about the arrangements in place to manage these safely. There were sufficient numbers of care staff available to meet people's care needs and people received their medication as prescribed and on time.

There was a process in place to ensure that people's health care needs were assessed. This helped ensure that care was planned and delivered to meet people's needs safely and effectively. Staff knew people's needs well and how to meet these. People were provided with sufficient quantities to eat and drink and their nutritional needs were met.

People's privacy and dignity was respected at all times. Staff were seen to knock on people's bedroom doors and wait for a response before entering. We saw suitable ways were adopted to protect people's dignity when providing personal care.

People were offered a variety of chosen social activities and supported to follow their interests and hobbies. People were encouraged to take part in activities that interested them and were supported to maintain contacts with the local community so that they could enjoy social activities outside the service.

People and their relatives were involved in making decisions about their care and support. Care plans reflected people's care and support requirements accurately and people told us their healthcare needs were well managed.

Throughout the inspection we observed that staff interacted with people in a caring, respectful and professional manner. Where people were not always able to express their needs verbally we saw that staff were skilled at responding to people's non-verbal requests promptly and had a detailed understanding of people's individual care and support needs.

There were systems in place to manage concerns and complaints. No formal complaints had been received in the last year. Informal concerns received from people had been recorded and included the action taken in response.

There was an open culture and the manager and staff provided people with opportunities to express their concerns and did what they were able to reduce people's anxiety. People understood how to make a complaint and were confident that actions would be taken to address their concerns.

The provider had a robust recruitment process in place to protect people from the risk of avoidable harm. Records we looked at confirmed that staff were only employed within the home after all safety checks had been satisfactorily completed.

Checks had been completed for things such as gas and electrical safety in the home. This ensured that the service was a safe place for people, staff and visitors.

The provider had effective quality assurance systems in place to identify areas for improvement and appropriate action to address any identified concerns. Audits, completed by the provider and registered manager and subsequent actions had resulted in improvements in the service. Systems were in place to gain the views of people, their relatives and health or social care professionals. This feedback was used to make improvements and develop the service.

# 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.

People were kept safe because staff had a good understanding of what abuse was. There were processes in place to listen to and address people's concerns.

People had their prescribed medicines administered safely.

People were safe because staff were only employed by the service after all essential pre-employment checks had been satisfactorily completed. Staffing levels were flexible and organised according to people's individual needs.

Good



### Is the service effective?

The service was effective.

People were cared for by staff who knew them well. People had their nutritional needs met and where appropriate expert advice was sought.

The provider ensured that people's needs were met by staff with the right skills and knowledge. Staff had up to date training, supervision and opportunities for professional development.

People's preferences and opinions were respected and where appropriate advocacy support was provided.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to people in the home.

Good



### Is the service caring?

The service was caring.

Staff had a positive, supportive and enabling approach to the care they provided for people.

People were positive about the care they received and this was supported by our observations.

People were supported to see friends, relatives or their advocates whenever they wanted. Care was provided with compassion based upon people's known needs.

People's dignity was respected by staff.

Good



### Is the service responsive?

The service was responsive.

People had access to a wide range of personalised, meaningful activities which included access to the local community. People were encouraged to build and maintain links with the local community.

All of the people, relatives, friends and health care professionals we spoke with told us that they were asked by the provider about the quality of care provided at the home. The provider acted upon any information of concern when required.

Good



# Summary of findings

Although there had been no complaints within the last year, there were systems in place to respond to and manage these.

## Is the service well-led?

The service was well led.

All staff we spoke with were complimentary about the registered manager who they felt supported them at all times.

Staff understood their roles and responsibilities. The registered manager and staff team shared the values and goals of the service in meeting a high standard of care.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

**Good**



# Arundel House - Frinton-on-Sea

## 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.

We visited the service on 3 December 2014. The inspection team consisted of one inspector.

Before our inspection we reviewed the information we held about the service, which included the Provider Information Return (PIR). This is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make. We also reviewed other information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law. We also spoke with five external healthcare professionals to obtain their views about it.

On the day of our inspection we focused on speaking with people and their visitors, speaking with staff and observing how people were cared for. Most of the people had complex needs and were not able, or chose not to talk to us. We therefore used observation as our main tool to gather evidence of people's experiences of the service.

During our inspection we spoke with two people who lived in the service, one visitor, two senior support workers, one support worker and the registered manager.

We looked at two people's care records, three staff recruitment records, medication charts, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Following our inspection we contacted two relatives, as we did not meet any on the day of our visit.

# Is the service safe?

## Our findings

People told us they felt safe and secure. Each of the people we were able to speak with, told us they felt safe. Comments from one relative included, “We feel [relative] is completely safe and have no issues at all.”

Staff told us they had received training in the safeguarding adults from abuse. They also told us that they were confident and knew how to support people who could become anxious in a safe and dignified manner. Staff had sufficient guidance in the health and behavioural action plans, so they could provide support to people, when they needed it and reduce the risk of harm to others. For example one staff member described an event whereby one person had become anxious and the steps taken. These included calming the person by taking them back to their room and engaging them in some one to one time. We also saw staff were receptive to people’s non verbal communication and understood when they did not seem happy. One staff member told us, “We always know when there is something wrong with [person] as they [described mannerism]. “ This meant that people were supported to be as safe as possible because staff had an understanding of how to protect them.

Staff had received training in safeguarding adults from abuse and they knew what to do if they suspected abuse of any kind. Safeguarding referrals and alerts had been made where necessary and the service had cooperated fully with any investigations undertaken by the Local Authority. There had only been one safeguarding referral made since the last inspection and we saw clear records had been maintained with regard to this. People who used the service were also included in discussion sessions about different types of abuse and how to protect themselves. Information about safeguarding people from abuse was available in accessible formats such as large print/pictorial to ensure people understood their rights with regard to being kept safe.

All of the staff we spoke with knew people’s needs and how to manage risks to people’s safety. Care plans contained clear guidance for staff on how to ensure people were cared for in a way that meant they were kept safe. Risk assessments were included in people’s records which identified how the risks in their care and support were minimised.

The service demonstrated a culture aimed towards maintaining people’s independence for as long as possible. Care plans contained risk assessments in relation to risks identified such as going into the community, nutritional risk, falls and people’s anxieties and how these affect their wellbeing and safety of others. The risk assessments in relation to these specialist needs corresponded accurately to what we observed and discussed.

There were enough skilled staff to support people and meet their needs. During the day we observed staff providing care and one-to-one support at different times. Staff were not rushed when providing personal care and people’s care needs and their planned daily activities were attended to in a timely manner. Staffing levels had been determined by assessing people’s level of dependency and staffing hours had been allocated according to the individual needs of people. Staffing levels were kept under review and adjusted based on people’s changing needs. Staff told us that there were enough of them to meet people’s needs.

The provider had a safe system in place for the recruitment and selection of staff. Staff recruited had the right skills and experience to work at the service. Staff told us that they had been offered employment once all the relevant checks had been completed. This meant people could be confident that they were cared for by staff who were safe to support them.

People received their medicines safely and as prescribed from appropriately trained staff. Medication Administration Records (MAR) charts were accurate. People’s medication profiles included a current list of their prescribed medicines and guidance for staff about the use of these medicines. This included medicines that people needed on an ‘as required’ basis (usually referred to as PRN medication). This type of medication may be prescribed for conditions such as anxiety or specific health conditions that required emergency rescue medication.

Regular medication audits were completed to check that medicines were obtained, stored, administered and disposed of appropriately. Staff had received up to date medication training and had completed competency assessments to evidence they had the skills needed to administer medicines safely.

# Is the service effective?

## Our findings

People and their relatives told us the staff met their individual needs and that they were happy with the care provided.

The Providers Information Return (PIR) submitted prior to the inspection, stated that a full assessment was carried before a person moved into the service. The PIR confirmed that this included working with the individual to identify their needs and wishes and speaking to all professionals and relatives (where appropriate), involved in their support. This then enabled the service to gain a full understanding of the support that a person would need. The service enabled people to strive to reach their maximum potential whilst enjoying meaningful and fulfilled lifestyles. Person centred support plans were then developed with each person which involved consultation with all interested parties who were acting in the individual's best interest.

The support plans we viewed covered all aspects of the individual's life and the support they required to enjoy their chosen lifestyle, this included offering a wide range of opportunities to participate in educational, recreational and social activities both in the service and within the local community.

Staff told us that they were supported with regular supervision, which included guidance on things they were doing well. It also focussed on development in their role and any further training. They were able to attend staff meetings where they could discuss both matters that affected them and the care management and welfare of the people who lived in the service. Opportunities for staff to develop their knowledge and skills were also discussed and recorded. This showed that the management team supported staff in their professional development to promote and continually improve their support of people.

Staff had a good understanding of the issues which affected people who lived in the service.

We saw from the training monitoring records that staff were kept up to date with current training needs. This was confirmed by all the staff we spoke with. Staff were able to demonstrate to us through discussion, how they supported people in areas they had completed training in such as supporting people with their anxieties, health and safety and nutrition.

People's capacity was taken into consideration when supporting them and people's freedoms were protected. The registered manager and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Appropriate DoLS referrals had been completed where required to ensure that people's rights had been protected and their best interests safeguarded with dates set for a review of the safeguards in place.

We observed staff interactions with people during the day. We saw that when one person became anxious whilst waiting to go out, staff followed the guidance as described within that person's care plan. Staff immediately recognised the change in the person's body language and responded directly. Staff maintained intensive one-to-one interaction which helped reassure the person and they became less anxious.

Staff told us they strived to enable people to more effectively communicate their wishes and needs in order to promote choice and meaningful control over their own lives. For example, where needed people had been referred to the Speech and Language Therapist. One staff member described how they would offer two types of cereal in a bowl to people who had communication difficulties as a choice, and to ensure they had understood what was being asked. They would then give them a spoon and they identified their choice by placing the spoon in what they would like. They also used objects of reference to aid people to communicate, for example the car keys to indicate when they would like to go out and a cup for when they wanted something to drink. This showed that staff understood people's communication needs and were working with people to make their own choices and control over their lives.

People had enough to eat and drink and were supported with their nutritional needs. When people required assistance to eat, this was given sensitively and good practices were followed. For example, at lunch we saw a member of staff support someone who was unable to eat unsupervised due to a specific health condition. Staff told us that people all made their own choices when eating and could eat at preferred times. People were happy and interacted well with staff whilst enjoying their meal. We saw that where people had specialist diets a balanced diet was followed and people had plenty of snacks and drinks offered throughout the day.

## Is the service effective?

People's day to day health needs were being met and that they had access to healthcare professionals according to

their specific needs. The service had regular contact with GP support and healthcare professionals that provided support and assisted the staff in the maintenance of people's healthcare.



# Is the service caring?

## Our findings

In July 2014, the provider carried out an annual resident's and relative's survey as part of its quality monitoring process. Comments we read on these surveys included, "We have no concerns, we are very happy with everything at Arundel House, my [relative] is well cared for and very happy. They could not be in better hands."

People were supported by caring, compassionate staff. One person indicated by facial expression that they were happy with their care when asked if the staff supported them well. They pointed to their key worker and smiled. Relatives told us they were happy with the care and support received at the service. One Relative told us, "We have nothing but absolute admiration for the staff, they are amazing and we cannot praise them enough."

Staff demonstrated their understanding of what privacy and dignity meant in relation to supporting people with their personal care. Staff described how they supported people to maintain their dignity. For example, one person often expressed a wish for personal space and we saw that this was handled sensitively and appropriately.

We saw and heard staff interact with people in a caring and respectful way. Staff treated people with kindness and compassion. The atmosphere in the service was calm and relaxed. Staff addressed people by their preferred name, and chatted with them about everyday things and significant people in their lives. This showed that staff knew about what was important to the person.

We observed during our inspection that positive caring relationships had developed between people who used the service and staff. One person who could communicate with us a little, told us they knew who their keyworker was and how they supported them.

Staff sat with people when they spoke with them and involved in them in things they were doing.

One staff member told us each person had an achievement file and showed how they involved one person with small chores such as getting out their clothes for the next day. They were also included in helping with their own laundry. Staff told us how they respected people's wishes in how they spent their day and the individually assessed activities they liked to be involved in.

People were supported to maintain relationships with others. People were supported with achieving personal goals and working towards independent living where they were able. Some people also attended courses at college which included help with budgeting. The manager explained that this was dealt with in a caring way and with the full input from the person themselves and their family.

The manager told us that where some people did not have family or friends to support them, arrangements had been made for them to receive support from advocates. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

# Is the service responsive?

## Our findings

People and their relatives had been given the appropriate information and opportunity to see if the home was right for them prior to moving in and could respond and meet their needs appropriately. Relatives also told us they had had the opportunity to be involved in their relatives care planning. One person's relative said, "We are always kept informed at every level about [relative's] care. We have seen such a dramatic change in [relative] since they came to Arundel House. We think it is an amazing place."

People's care plans showed that they received personalised care that was responsive to their needs. Care plans included information about the care and support provided to people. This included support with their personal care needs and mobility. Care plans also included risks associated with their anxieties and going out. For example we observed that when one person became anxious whilst waiting to go out, staff followed the guidance as described within that person's care plan. The change in the person's body language was identified and responded to directly, and the support worker maintained some intensive one-to-one interaction which helped reassure the person.

Staff we spoke with were aware of people's life histories and were knowledgeable about their likes and dislikes and the type of activities they enjoyed. We saw that all the people accessed the community individually, and at different times throughout the day. There was good staff availability to enable the outings to take place. People could choose to participate in a range of social events and

follow their own individual interests. People were seen to go out daily on regular outings, attended college courses or accompany family members on meals out. There were pictures displayed along the hallway of past events that had taken place. The manager told us, "Individual social planners are in place for everyone. They can choose exactly what they wish to do. We do structure activities as a group and they also choose individually to do something else if preferred. We can always accommodate everyone." Another staff member said, "If they don't want to go to an activity that is planned that is fine too. It is left up to them as it is their wish and you usually find they will choose to do something else. We do encourage them to join in the house meetings and discuss things they would like to do."

The service had a robust complaints process in place and people were able to express their views. The service was responsive to people's comments and concerns. People and their relatives told us the manager always listened to their views and addressed any concerns immediately. A relative told us, "[Manager] is very good and always communicates well with us and if we ever have a concern we just let them know and it is dealt with. We don't have any concerns usually as they are all a great staff team."

Records of complaints received previously showed that they were acted upon promptly and were used to improve the service. Staff were aware of the actions that they should take if anyone wanted to make a complaint. There was a complaint procedure in place which was displayed prominently in the service.

# Is the service well-led?

## Our findings

People and staff were involved in the management and development of the service with a manager that was approachable and encouraged an inclusive, person centred culture to promote good care.

People told us they had no concerns with the management and staff. We received many positive comments about the manager from staff and relatives who told us that they were approachable, fair and communicated well with them.

Meeting minutes from November 2014 showed people were encouraged to feedback about the quality of the service and to share ideas and suggestions for improvements. This showed us that people's views and experiences were taken into account and acted on.

From our discussions with staff it was clear that they were familiar with the people and their relatives. The manager was visible at all times and acted as an inclusive member of the team if staff required assistance at times. Relatives told us, "I know the manager very well now and would not hesitate to speak to her and any of the other staff if I had concerns."

Staff told us they felt able to raise concerns with their manager and felt listened to by both manager and colleagues. One staff member told us, "I think she is helpful and listens." They gave some examples whereby some changes needed to be made and said they felt the manager had accommodated them in the best way possible.

Staff felt able to suggest ideas for improvement. Staff had access to regular staff meetings, supervision and annual appraisals. Staff and resident meeting minutes reviewed demonstrated that staff had been consulted regarding health and safety issues and any proposed changes. The manager and staff told us that they all worked well as a

team and that their work involved supporting people to be as independent as possible and respecting people's choices about how they spend their day. One staff member told us, "We are a very good staff team and we all know what we are doing. We work well together."

Relatives and visitors told us they had expressed their views about the service through one to one feedback directly and through individual reviews of their relative's care. We looked at the responses and analysis from the last annual satisfaction survey in July 2014 which provided people with an opportunity to comment on the way the service was run. We saw that action plans to address any issues raised were in place and either completed or in progress. This meant that the service continually improved their delivery of care for people.

Systems were in place to manage and report accidents and incidents. People received safe quality care as staff understood how to report accidents, incidents and any safeguarding concerns. Records of three incidents documented showed that staff followed the provider's policy and written procedures and liaised with relevant agencies where required.

The manager told us that the provider monitored trends such as the number of falls and any medication errors. Issues identified and the response of the manager protected people from identified risks and reduced the likelihood of re-occurrence. Effective quality assurance systems were in place to identify areas for improvement and appropriate action to address any identified concerns. Audits, completed by the provider and registered manager and subsequent actions had resulted in improvements in the service. Systems were in place to gain the views of people, their relatives and health or social care professionals. This feedback was used to make improvements and develop the service.