

## Leonard Cheshire Disability

# Arnold House - Care Home Physical Disabilities

### Inspection report

66 The Ridgeway Enfield  
Middlesex EN2 8JA  
Tel: 020 8363 1660  
Website: [www.lcdisability.org](http://www.lcdisability.org)

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### Ratings

#### Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

This inspection took place on 15 September 2015 and was unannounced. At our last inspection in July 2013 the service was meeting all the standards we looked at.

Arnold House provides accommodation and support with personal care for up to 21 people with physical disabilities. On the day of the inspection there were 20 people residing at the home.

There was a registered manager 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 had no concerns about how they were being cared for at the home. They told us that the staff were kind and respectful and they were satisfied with the numbers of staff on duty so they did not have to wait very long for assistance.

# Summary of findings

The registered manager and staff at the home had identified and highlighted potential risks to people's safety and had thought about and recorded how these risks could be reduced.

We saw that risk assessments, audits and checks regarding the safety and security of the premises were taking place on a regular basis and were being reviewed and updated where necessary.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) Including the associated Deprivation of Liberty Safeguards (DoLS) and told us they would presume a person could make their own decisions about their care and treatment in the first instance. Staff told us it was not right to make choices for people when they could make choices for themselves.

Systems to audit medicines were not always accurate and it was difficult to account for all the medicines each person had been given and how much was left in stock.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians and any changes to people's needs were responded to appropriately and quickly.

People told us staff listened to them and respected their choices and decisions.

People using the service and staff were positive about the registered manager. They confirmed that they were asked about the quality of the service and had made comments about this. People felt the registered manager took their views into account in order to improve service delivery.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach was in relation to the management of medicines. You can see what action we told the provider to take at the back of the full version of the report.

# 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 not always safe. Systems in relation to medicines were not being accurately audited.

People told us they felt safe and we observed positive and kind interactions from staff.

Risks to people's safety and been discussed with them where possible and action had been taken to minimise any identified risks.

Requires improvement



### Is the service effective?

The service was effective. People were positive about the staff and staff had the knowledge and skills necessary to support people properly.

Staff understood the principles of the MCA including the associated Deprivation of Liberty Safeguards (DoLS) and told us they would always presume a person could make their own decisions about their care and treatment.

People told us they enjoyed the food and staff knew about any special diets people required either as a result of a clinical need or a personal preference.

People had access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Good



### Is the service caring?

The service was caring. We observed staff treating people with respect and as individuals with different needs and preferences.

People we spoke with said they always had a say in how their care was delivered and that staff respected their decisions.

Staff gave us examples of how they maintained and respected people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected.

Good



### Is the service responsive?

The service was responsive. Care plans included up to date information about all aspects of people's care and people's needs were being regularly reviewed.

The registered manager and staff responded appropriately to people's changing needs and staff had a good understanding of the current needs and preferences of people at the home.

People told us they were happy to raise any concerns they had with the staff and management of the home.

Good



# Summary of findings

## Is the service well-led?

The service was well-led. The service had quality assurance systems in place and people confirmed that they were asked about the quality of the service and had made comments about this.

Staff had a clear understanding about the visions and values of the service.

Good



# Arnold House - Care Home Physical Disabilities

## 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook this unannounced inspection of Arnold House on 15 September 2015. This inspection was carried out by two inspectors.

Before the inspection we reviewed the information we held about the service, which included notifications of significant events made to the Care Quality Commission since our last inspection.

During our inspection we observed how the staff interacted with people who used the service. We spoke with 12 people who used the service and three relatives. We spoke with seven care staff and the registered manager.

We looked at seven people's care plans and other documents relating to people's care including risk assessments and medicines records. We looked at other records held at the home including staff files, health and safety documents and quality audits and surveys. We also spoke with social care professionals who had recent contact with the service.

# Is the service safe?

## Our findings

People told us they were satisfied with the way that medicines were managed and that they received their medicines on time. They also told us that they received medicines for pain control when they needed it.

All medicines in use were kept locked in the medicine trolley, which was safely attached to the wall when not in use. No medicines were being administered covertly and some medicines were being self-administered by the people using the service if this was assessed as being safe for them to do. The amounts of medicines coming into the home were being recorded and each time a medicine was given this was also recorded on the person's individual medicine chart.

However, when we checked the records of the receipt and administration of tablets this did not match with the amount of tablets left in the medicine trolley. This meant that it was not possible to keep a check on the amount of medicines in stock at the home. We also saw that, in some cases, people's allergy status had not been recorded or updated. This issue had been highlighted at a recent pharmacy audit in July 2015 which had been carried out by the local pharmacy who provided medicines for the home.

**This was in breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We saw accurate records in relation to the receipt, administration and disposal of controlled drugs at the home.

People told us they felt safe and had no concerns about how they were being cared for at the home. One person commented, "I feel safe with staff and living here." Another person told us, "Staff look after me and I feel safe."

We observed staff interacting with people in a kind and friendly way. Staff had attended safeguarding training and could explain how they would recognise potential abuse. They said they would not only look out for physical signs of injury but also for any possible changes in the person's behaviour that might indicate they were distressed or unhappy. They understood that racism and homophobia were also types of abuse and they told us they would

always challenge anyone who was being abusive. Staff were aware that they could report any concerns to outside organisations such as the police, the Care Quality Commission or the local authority.

Care plans included relevant risk assessments including any mobility issues and risks identified to the individual. Where a risk had been identified the registered manager and staff had looked at ways to reduce the risk and recorded any required actions or suggestions. For example, where someone had been identified as being at risk from developing pressure ulcers, because of their limited mobility, the registered manager had made sure they had been assessed by a community nurse and had been provided with suitable pressure relieving equipment.

Care plans had been updated where changes in a person's care needs had been identified. Staff were able to give us examples of the risks people faced which matched the risks identified in their care plans.

The registered manager sought the advice of healthcare professionals such as community nurses in order to assess and prevent risks to individual's safety. For example, we saw that community nurses had been involved in assessing people for pressure relieving equipment where a risk of developing pressure ulcers had been identified.

Risk assessments, audits and checks for the safety and security of the premises were taking place on a regular basis and were being reviewed and updated where necessary and records confirmed this. This included the fire risk assessment for the home. The registered manager had made plans for foreseeable emergencies including fire evacuation plans for each person.

If people had an accident this was recorded and the information, including what happened and what measures were put in place to avoid a recurrence, was sent to head office for assessment and review.

Recruitment files contained the necessary documentation including references, proof of identity, criminal record checks and information about the experience and skills of the individual. The registered manager made sure that no staff were offered a post without first providing the required information to protect people from unsuitable staff being employed at the home. Staff confirmed they had not been

## Is the service safe?

allowed to start working at the home until these checks had been made. One person, who had been involved in staff recruitment, told us, “They involved me when interviewing carers, I interviewed loads and I enjoyed it.”

People using the service and staff told us they had no concerns about staffing levels at the home. One person told us, “Staffing levels are good.” Everyone had a call bell in their room which they used if they needed staff to support them. One person told us, “I used the call bell and staff came quickly.” Another person commented, “Sometimes I call emergency and you get four or five of them come in quickly.”

The staffing rota showed that there were seven care staff on duty on the day of the inspection who were supporting 20 people. The registered manager confirmed that staffing levels were adjusted to meet the current dependency needs of people and extra staff were deployed if people needed more support. We saw that the help and support people needed to keep safe had been recorded in their care plan and this level of help and support was being regularly reviewed.

Staff told us that they were busy but not rushed and they had enough time to meet the needs of the people they supported. We saw that staff had time to be with people and support them safely.

# Is the service effective?

## Our findings

People who used the service were positive about the staff and told us they had confidence in their abilities. People's comments included, "The staff are very helpful," "The staff look after me very well" and "They are very polite and spend time with me."

Staff were generally positive about the support they received in relation to supervision and training. However they told us that supervision and appraisals had not been happening on a regular basis. We spoke with the registered manager about this and she acknowledged there had been a problem with this and with some refresher training but that this situation had improved and all staff had been booked on refresher training and that supervisions and appraisals had now also been booked for all staff. Staff confirmed that things were improving. One staff member told us, "My training is all up to date now." Another staff member commented, "I'm catching up."

Staff told us about recent training they had undertaken including safeguarding people, equality and diversity training, Mental Capacity Act (MCA 2005) training and moving and handling. They told us the training had given them more confidence in carrying out their roles and responsibilities.

Staff said the registered manager was open and approachable and they felt able to be open with her. Staff also told us they would always talk to the registered manager when they needed to and that they would not wait until their supervision.

Staff understood the principles of the MCA 2005 including the associated Deprivation of Liberty Safeguards (DoLS) and told us they would always presume a person could make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person's "best interests" which would involve looking at the person's past history, asking people close to the person as well as other professionals. Staff told us it was not right to make choices for people when they could make choices for themselves. Staff told us that everyone at the home could make day to day decisions about their care

We observed staff asking people for permission before carrying out any required tasks for them. We noted staff

waited for the person's consent before they went ahead. People told us that the staff did not do anything they did not want them to do. One person commented, "Ever since living here, everything has been my decision."

The registered manager and staff had a good understanding of the policy and procedure in relation to Deprivation of Liberty Safeguards (DoLS). These safeguards are put in place to protect people's liberty where the service may need to restrict people's movement both in and outside of the home. The registered manager told us that no one currently required this sort of safeguard at the home.

People told us they liked the food provided at the home. People's comments about the food included, "At breakfast I get all kinds of choices. I like toast," "Sometime I enjoy the food, sometimes I don't" and "I like the food, it is very filling. There is always a vegetarian option."

People confirmed that choices of menu were available to everyone and the menu was discussed with them. One person told us, "It's all ok and you get two choices. If you want something and ask the chef, he will do it for you."

There was chef employed at the home and he knew what people liked to eat which was detailed in their care plan and he were aware of any special diets people needed either as a clinical need or cultural preference.

Records showed people's weight was being monitored, discussed and action taken if any concerns were identified. People had been referred to appropriate health care professionals such as GPs and dieticians. We saw that care plans included information and treatment advice from these healthcare professionals.

People's records contained information from health professionals on how to support them safely, such as advice from speech and language therapists regarding healthy eating and advice on potential swallowing problems.

Each person's personal records contained documentation of health appointments, letters from specialists and records of visits. We saw that assistance from medical professionals was sought quickly when people's needs changed. People confirmed they had good access to health



## Is the service effective?

and social care professionals. Relatives also told us they were satisfied with the way the registered manager and staff dealt with people's access to healthcare and social care professionals.

# Is the service caring?

## Our findings

People told us they liked the staff and they were treated with dignity and respect. One person told us, “Staff are caring and friendly. I have good relationship with them.” Other comments about staff included, “Staff are polite and friendly” and “They are polite and spend time with me.” However one person commented, “Some staff are exceptionally good and some are not good in terms of care, manners and discipline.”

We observed staff interactions with people throughout the day. We saw that people were very relaxed with staff and it was clear that positive and supportive relationships had developed between everyone at the home.

We saw that most people had commented and had input in their care plans. Records showed and people said they always had a say in how their care was delivered and that staff respected their decisions. One person commented, “Staff involve me in planning and the support I receive.”

The organisation had an its own advocacy group which was facilitated by people who used the service in other homes. The function of this group was to represent and speak up

for other people using the service within the organisation. The registered manager told us that people could meet without any staff or management involvement to discuss any issues of concern. Information about this service was on display within the home.

People's needs relating to equality and diversity were recorded and acted upon. We saw that staff had discussed people's cultural and spiritual needs with them and recorded their wishes and preferences in their care plans. For example, how and where people wanted to follow their chosen faiths. Staff told us they had undertaken equality and diversity training and that this had given them a better understanding of people's cultural, spiritual and sexual identity.

People told us that staff respected their privacy and staff gave us examples of how they maintained and respected people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected. People's comments about this included, “Staff respect my privacy and background” and “Staff knock on my door and more importantly they wait for an reply before coming in.”

# Is the service responsive?

## Our findings

People told us that the service was responsive to their needs and preferences. One person told us, “Staff know what I need and the help I need, staff know that.” Another person commented, “Staff know me well.”

Staff responded appropriately to people’s changing needs. For example, we saw that, where someone’s general health had deteriorated over time, their increased care needs had been regularly updated in their care plan. Staff told us that the registered manager kept them updated about any changes in needs of the people using the service.

The registered manager said that everyone had been assessed before moving into the home to ensure the person was suitable for the service and their needs could be met. People and their relatives confirmed they had been involved in these assessments and had been admitted on a trial basis to make sure they were happy with the service before deciding to move in on a permanent basis.

Care records contained detailed guidance for staff about how to meet people’s needs. These plans covered all aspects of the person’s personal, social and health care needs and reflected the care given. Staff had a good understanding of the current needs and preferences of people at the home. These plans were in the process of being reviewed by staff with input from the individual.

People could take part in recreational activities in the home and we saw people were involved in activities throughout the day. These activities included quizzes and bingo

sessions. Outside trips were organised and the service had its own mini bus. People told us they liked to sit and chat with each other and did not raise any concerns about how they kept occupied and engaged throughout the day.

People’s comments about activities included, “We have an activities lady. We go out on outings, yesterday I went shopping,” “We do bingo twice a week, a quiz on Monday. After dinner, we do paintings and play games,” “There are activities every day. I like quizzes. Every time someone has a birthday we have parties and sometimes I DJ” and “I like doing flower arranging and cooking.” People were able to have a say in what activities took place and this was recorded in meeting minutes we saw.

People told us they had no complaints about the service but felt able to talk to staff or the management if they did. One person told us they were “comfortable” making a complaint. Minutes of meetings showed that everyone was reminded how they could make a complaint.

Relatives told us they did not have any complaints about the home but that they would complain if they needed to. They told us they had confidence that the registered manager would be open to and respond appropriately to concerns or complaints they might have.

Records showed that there had been six complaints in the last year. These had all been appropriately investigated and dealt with by the registered manager who recorded the outcome of any complaint including the complainant’s satisfaction with this outcome.

# Is the service well-led?

## Our findings

People and their relatives were very positive about the registered manager and told us that their views were taken into account in order to improve service delivery. One person told us, “I can give feedback and they do something about it.” Another person commented, “I do not see her much but if anyone has any problems they can go to her, I do not have any problems”. Another person told us that the registered manager “comes and visit and spends time with me”.

People and their relatives we spoke with confirmed that they were regularly asked for their views about the quality of the service. There were regular meetings with staff and people using the service. People generally thought these were very positive and one person told us, “We can bring up any topic we like. At the start of the meeting we get feedback from the last meeting and how they followed it up. I needed maintenance at my room and I raised this in the meeting and it was done.”

Quality assurance surveys were sent out each year to people using the service and their relatives. After the responses had been received by the organisation, the provider sent out the results of the surveys along with an action plan outlining any improvements to be made. We saw the results of the most recent quality assurance survey which included very positive views about the service.

Staff were also positive about the registered manager and the support and advice they received from them. They told

us that there was an open culture at the home and they did not worry about raising any concerns. One staff member told us, “It’s a good team. We know the service users very well and they trust us.” Staff were given quality assurance surveys to complete so they could comment on the running of the service and have input into any suggestions for improvement.

Staff told us that the visions and values of the service included treating people as individuals and ensuring people had as much independence as possible. Staff told us about a few people at the home who were working towards living on their own in the community. We asked staff how the home’s visions and values were shared with them. Staff told us this was discussed in handovers and in team meetings.

The registered manager had implemented systems to audit health and safety within the home and was regularly reviewing any identified risks to people’s safety. We saw that the registered manager had systems to ensure all repairs were carried out in good time and that equipment was regularly maintained.

Although records showed that the incidents of people falling at the home were infrequent, we saw that the registered manager carried out a falls analysis each time to try and reduce the risk of further falls and accidents. We also saw that people were involved in these risk reduction strategies.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person had failed to ensure the consistent, proper and safe management of medicines at the service. This was because systems for monitoring and auditing medicines were not always effective.</p> |