MCCH

Arnold House

Inspection report

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Date of inspection visit:
09 October 2018

Date of publication:
16 November 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?	Requires Improvement

Summary of findings

Overall summary

This unannounced inspection took place on 09 October 2018. Arnold House is a care home for up to twenty adults with learning disabilities. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection there were 16 people using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. People using the service lived in their own rooms within four smaller flats with a communal kitchen, living room and a garden.

At the last inspection on 24 May 2016, the service was rated Good overall and Requires improvement in Well led because the provider had not supported staff by carrying out regular supervisions. At this inspection we found that the provider had made the required improvements and was compliant with regulations. However, we also found that improvements were required in that systems to monitor the quality and safety had not identified that fire risks assessments reviewed on a yearly basis to minimise the risk of fire were not carried out by an expert.

At this inspection there was a registered manager who had been registered with the Commission since April 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 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.

There were appropriate safeguarding procedures in place to protect people from the risk of abuse. Staff understood the different types of abuse and knew to who contact to report their concerns. Risks were assessed and identified and appropriate risk management plans were in place. Medicines were safely managed and people were protected from the risk of infection. There were systems in place for monitoring and investigating accidents and incidents. There were enough staff deployed to meet people's needs and the provider followed safer recruitment practices.

Staff completed an induction when they started work and were supported through a programme of regular training and supervisions to enable them to effectively carry out their roles. People's needs were assessed prior to moving into the home to ensure their needs could be met. 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. We saw staff asking for people's consent before offering support. People were supported to have enough to eat and drink and were offered a choice. People had access to healthcare professionals when required to maintain good health and the service worked with

them to ensure people received the support they needed. The environment had been adapted to meet people's needs.

People told us they were treated with kindness and that staff respected their privacy and dignity. People had been consulted as far as possible about their daily care and support needs. People were supported to be independent wherever possible. People were provided with information about the service when they joined in the form of a 'service user guide' so they were aware of the services and facilities on offer. The provider supported people when they moved between services through effective communication to ensure their care and support were coordinated well.

People's support plans were reviewed on a regular basis and were reflective of their individual care needs. There was a range of appropriate activities for people to partake in if they wished to. Information was available to people in a range of formats to meet their communication needs. Staff had completed equality and diversity training and said they would support people according to their individual diverse needs. People were aware of the home's complaints procedures and knew how to raise a complaint. Where appropriate people had their end of life care wishes recorded in care plans.

Regular staff and residents' meetings were held where feedback was sought from people. Staff were complimentary about the manager and the home. Resident and relatives' annual surveys had been carried out and people views taken into account.

The provider worked in partnership with the local authority and other external agencies to ensure people's needs were planned and met. The manager was knowledgeable about the requirements of a registered manager and their responsibilities about the Health and Social Care Act 2014. Notifications were submitted to the CQC as required. There was a clear ethos of providing good quality person centred care at the service. Staff said they enjoyed working at the service and they received good support from the registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicines were safely managed.

Risks in relation to people's health and behavioural needs were identified and assessed, and detailed guidance put in place to ensure safe care and treatment.

Staff were knowledgeable about safeguarding and any action they might need to take to protect people. The service worked effectively with the local authority to protect people from harm, abuse or neglect.

There were sufficient staff to support people safely and appropriate recruitment checks took place before staff started work.

Staff had training on infection control and understood how to reduce the risk of infection.

There was a system in place to record accidents and incidents. Learning from this was disseminated to staff.

Is the service effective?

Good

The service was effective.

Staff received sufficient training and supervisions to carry out their roles

People's needs were carefully assessed before they started to use the service.

Staff understood their responsibilities under MCA.

People's dietary needs were assessed and staff knew how to support people with eating and drinking.

People had access to relevant healthcare services when required and staff worked with health care professionals to develop personalised support plans.

The service worked to ensure people received consistency of care and communication when moving between services.

The environment had been adapted to meet people's needs.

Is the service caring?

Good

The service was very caring.

People told us and we observed that staff treated people with kindness. Staff clearly respected people's individuality and promoted their independence.

People were treated with dignity and their privacy was respected.

People were involved in decisions about their daily care and support needs and their relatives were fully involved where this was required.

People were provided with information about the service when they joined in the form of a 'service user guide' so they were aware of the services and facilities on offer.

Is the service responsive?

Good

The service was responsive.

Care plans reflected people's individual current needs and preferences and recognised and supported people's diverse needs.

There was a range of appropriate activities on for people to take part in if they chose to do so.

Information was available to people in a range of formats to meet their communication needs.

Staff had completed equality and diversity training and said they would support people according to their individual diverse needs.

There was a system to identify manage and learn from complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Fire risks assessments to minimise risk of fire were not reviewed on a yearly basis by a competent person.

There was a registered manager in place.

There were appropriate arrangements in place for monitoring the quality and safety of the service that people received.

Regular staff and residents' meetings were held and feedback was sought from people.

Resident and relatives' annual surveys had been carried out and people's views taken into account.

Staff were complimentary about the manager and the home.

There was a clear ethos of providing good quality person centred care at the service.

The provider worked in partnership with the local authority to ensure people's needs were planned and met.

Arnold 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 checked whether the provider was 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 09 October 2018 and was unannounced. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at the information we held about the service. This included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also asked the local authority commissioning the service for their views of the service and used this information to help inform our inspection planning.

During the inspection we spoke with eight people using the service, one relative, four members of care staff, two social care professionals, the registered manager and deputy manager. We reviewed records, including the care records of four people using the service, recruitment files and training records for five staff members. We also looked at records related to the management of the service such quality audits, accident and incident records, and policies and procedures.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person said, "Yes I do feel safe. There are plenty of staff about I like it here, it's a lovely home." Another person said, "Yes, I feel safe and the staff are nice."

People were protected against the risk of abuse. There were appropriate safeguarding procedures in place and staff knew who to contact if they had any concerns. Records confirmed that staff had completed safeguarding training and they were also aware of the organisation's whistleblowing policy and told us they would not hesitate to use it if required. One staff member said, "I would straight away tell my manager. I know they would take action, but if they didn't I would inform the CQC."

The registered manager followed safeguarding protocols and submitted safeguarding notifications when required to the local authority and CQC.

Medicines were managed safely. Medicines were appropriately and securely stored and could only be accessed by staff who had been trained and assessed as being competent in medicines administration. Medicine Administration Records (MAR) were clear and completed accurately. Medicines that had been prescribed to be taken 'as required' had information and individual protocols in people's medicine records to guide staff on their use and were recorded on MAR charts. This meant that people received their medicines as prescribed by health care professionals.

Risks to people were assessed, identified and managed safely. Risk assessments were carried out in relation to medicines, falls, nutrition, mobility, communication, finance, going out in the community and behavioural needs. Risk management plans included detailed guidance for staff on how to manage these risks safely. For example, where one person was at risk of falls and used a walking aid to mobilise in the community. The person had a risk management in place for falls that recorded the support they needed from staff, such as identifying uneven pavement and walking alongside them at all times. Risks were reviewed regularly and risk management plans were updated to ensure they remained relevant to people's current needs and conditions. People had individual emergency evacuation plans which detailed the level of support they required to evacuate the building safely.

People were protected against the risk of infection. There was an infection control policy in place and staff had received training in infection control. The home was clean throughout and there were no malodours. We observed staff wearing personal protective clothing (PPE) which included disposable gloves and aprons and washing their hands before supporting people with personal care. Staff spoke confidently about the action they would take minimise the risk of infection. One staff member said, "I always wash my hands and wear aprons and gloves when I am helping people."

There was a system in place to record accidents and incidents appropriately. This included the details of the incident or accident, and the action taken to help prevent a reoccurrence. For example, one person had been suffered a fall, they were assessed for injury and an ambulance called to take them to hospital. On their return we saw that the person's support plan and risk assessment and risk management plan had been

updated. We noted that learning from accidents and incidents was disseminated to staff during staff meetings.

There were enough staff deployed to meet people's needs in a timely manner. The registered manager told us that staffing levels were determined using a dependency tool based on the level of support people required. Staff rotas were planned in advance so staff knew what shifts they were working. The registered manager said that the home did not use agency staff. One person told us, "Yeah, there are enough staff." Another person said, "Yes, there are enough staff and they know me."

The provider followed safer recruitment practices to ensure that only suitable staff could work with people. The provider carried out the necessary recruitment checks before staff started work. Staff files we reviewed included completed application forms, details of employment history and qualifications. References had been sought and proof of identity had been reviewed and criminal record checks had been undertaken for each staff member. Checks were also carried out to ensure staff members were entitled to work in the UK.

Good

Is the service effective?

Our findings

People told us that staff were knowledgeable and understood their roles well. One person said, "Staff know me well and know what I need help with, like washing so they come help me." One relative said, "Staff know my relative can't communicate verbally, so they engage with them using different techniques."

Staff were supported to carry out their roles effectively. When new staff joined the home, they completed an induction which was based on the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. Records showed that staff completed a programme of training which included safeguarding, medicines, dementia, infection control, manual handling, personal safety, nutrition and first aid. The registered manager had identified staff who required refresher training courses in advance to ensure their training remained up to date. One staff member said, "Oh yes, I have done all of my training and it is all up to date." Another staff member said, "My training is up to date. I like the training, it gives me further knowledge and there is always something to learn."

Records showed that staff received regular supervisions. Areas discussed within supervisions included personal development, performance, safeguarding, infection control and health and safety. One staff member said, "I have regular supervisions and they are up to date. I talk to my manager about my work and my responsibilities and my manger talks to me by giving feedback"

Records showed assessments of people's needs were carried out prior to them moving into the home to ensure their needs could be met. These assessments, along with information from the local authority were used in producing individual support plans and risk assessments. This was to ensure that staff had the appropriate guidance to meet people's individual needs effectively. For example, the home used recognised tools such as behaviour passports to document people's behavioural triggers.

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. The application 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. The registered manager demonstrated a good understanding of the MCA and DoLS. They told us if they had any concerns regarding any person's ability to make decisions they would work with the person using the service, their relatives, if appropriate, and any relevant health care professionals to ensure appropriate capacity assessments were undertaken. If the person did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions for them in their 'best interests' in line with the Mental Capacity Act 2005. At the time of our inspection we noted that two DoLS applications had

been authorised by the supervising body (the local authority) to deprive people of their liberty for their protection. The authorisation paperwork was in place and kept under review and the conditions of the authorisations were being followed.

People's dietary and nutritional needs were met. People's dietary needs were assessed and care plans included guidance for staff on how to support them. For example, people with dysphagia, had detailed information about their condition and guidance for staff on how minimise the risk of choking by providing people with pureed foods and thickened liquids.

People were involved in planning shopping lists and weekly menus with the support of staff. People had access to the kitchen at all times. Staff encouraged people to make their own drinks and take part in preparing food. People were weighed on a weekly basis. When people were at risk of losing weight, they were referred to the dietitian who used this information to decide any action that may need to take, such as providing fortified food. We saw pictorials in relation to food choices were available and used by staff to support people to make a choice regarding meals, snacks, hot and cold drinks. We observed how people were supported at lunch time.

The atmosphere in the dining area was calm and relaxed and staff interacted with people in a positive manor. People were supported where required and ate at their own pace. Staff we spoke to were knowledgeable about people's dietary needs, preferences and choices. One staff member said, "One person really likes sausages, so it is always on their weekly menu." Another staff member said, "Although people plan weekly menus, they can change their mind on the day. For example, one person regularly asks for a salad when there is mashed potato on the menu. It's not a problem."

People had access to health care professionals when needed, this included the GP, dentist, optician and chiropodist. On person said, "Yes staff come with me to the dentist and opticians and a chiropodist comes in to cut my toenails." One relative said, "Earlier this year [my relative] was unwell and the doctor visited regularly." Each person support plan detailed information about their medical care needs and conditions. We saw health care appointments were documented and followed up, such people having to go for blood test following a GP visit. People were supported to ensure their needs were met appropriately when they used other services and staff worked across other organisations to deliver effective support to ensure people's needs were consistently met. For example, people had hospital health passports which outlined their health and communication needs to ensure continuity of care.

Staff told us that they promoted people's independence whenever possible by encouraging to help in meal preparation or set the table or to carry out aspects of their personal care such as eating and drinking and choosing their clothes for the day. One person said, "I choose what I'm wearing every day." One staff member said, "People are given the choice, but I do encourage them to be independent if they can. I encourage them to make a sandwich or a drink."

The service met people's needs by suitable adaptation and design of the premises, which included appropriately adapted bathrooms and large communal areas to ensure people had enough space to mobilise in wheelchairs adequately. We noted bedroom doors and corridors were painted different colours, this enabled people to easily orientate themselves in easily identifying their own bedrooms. People's bedrooms were personalised and decorated with their own furniture, pictures and photos.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were caring and kind. One person said, "Yes, staff are caring, they do look after me." A relative said, "Staff are caring, they look out and notice when [my relative] is sleepy and help assist them to their bed."

We observed that staff treated people with kindness, dignity and respect. The atmosphere was calm and friendly and we saw staff took their time and gave people encouragement whilst supporting them. Staff addressed people by their preferred names and showed compassion and understanding. For example, when one person was agitated, a staff member used distraction techniques by reassuring them, talking to them calmly and offering to do an activity with them.

We saw staff sitting and engaging with people on a one to one basis. They spoke to people about what was important to them. For example, one person wanted to talk about a zip on their pocket and staff took their time speaking to them about it. One person started debating football teams and everyone in the lounge with staff encouragement joined in. We observed one person struggling to orientate themselves. A staff member reassured them and gave them a photo album to help remind them what was important to them.

People's privacy and dignity were respected. We saw staff knocking on people's doors and waiting for permission before entering and ensuring doors were closed behind them. Staff told us they closed curtains and covered people with towels when assisting them with personal care. One person said, "Yes staff do respect my privacy, they knock on my door before they come in." People's personal information was kept confidential by being stored in locked cabinets in the office and electronically stored on the provider's computer system. Only authorised staff had access to people's care files and electronic records.

Staff were knowledgeable about people's individual likes, dislikes and preferences such as their hobbies, foods they liked and the time they liked to get up or go to bed. One person said, "Staff know I that I get myself up 'go to bed half past nine." A staff member said, "There is one person who loves sports, any sports and we ensure that they watch the programmes they want to."

Staff told us that people's relatives visited them regularly and were encouraged to do so in order to maintain relationships that were important to them. Staff said that relatives and friends were welcome at any time and there were no restrictions on visits to the home. People were provided with information about the service when they joined in the form of a 'service user guide,' which included the complaints procedure. This guide outlined the standard of care to expect and the services and facilities provided at the home.

Good

Is the service responsive?

Our findings

People and their relatives were involved in planning their care and support needs. People's needs were assessed and support plans had been planned and developed based on an assessment of their needs. These assessments had been carried out by the provider together with the local authority where they had commissioned the service. Support plans also included details of the support people required and covered areas such as communication, medicines, mobility, nutrition, their preferred daily routine, including activities and maintaining a safe environment within and outside of the home. This also included the number of staff people needed to support them on a daily basis and the equipment they required, such as mobilising aids. Care plans contained information about people's desired outcomes from using the service, such as maintaining their independence. Support plans included information about people's life histories, hobbies, choices and preferences as well as information about the things that were important to them. For example, their families and celebrating special occasions. One person said, "My wife is involved in planning my care needs, we make decisions together." Another person said, "Yes, I am involved, I have regular meetings."

From April 2016 publicly funded organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand, so that they can communicate effectively. The provider had assessed people's communication needs and the information was provided in a format which met their needs. We saw that the provider had met this requirement as information was provided to people in a variety of formats that met their personal needs. For example, support plans, care passports, surveys and the complaints policy were available in a pictorial format as well as in large font. Information displayed around the home for people was also in accessible formats which met people's needs.

People's diverse needs were identified and plans put in place to address these needs where support was required. For example, in relation to people's disability needs, specialist equipment was provided where needed to ensure a safe environment. People's spiritual needs were respected and they were supported to attend places of worship. One staff member said, "We have people who regularly attend a place of worship to practise their faith and a spiritual representative also visits the home for those who don't want to go out."

People were participated in a variety of activities within and outside of the home that been personalised for their individual needs and preferences. This included attending day centres, football, going out within the local community, arts and crafts, board games, watching television or listening to music. Staff told us that although people had a personalised weekly activity planner, however, they often changed their minds. We also saw that the provider had planned cinema and theatre trips.

One staff member said, "One person wanted to play dominoes today so I supported them in doing this." Our observations confirmed this. On person said, "I enjoy painting and drawing." A visiting social care professional said, "People are well supported and staff are very interactive. There is always something going on, people are involved in art classes, music, BBQs, and birthday celebrations."

The service had an effective system in place to manage complaints. The service had a complaints policy in place and system to log and investigate complaints. People and their relatives knew how to raise a complaint if they needed to. The home had not received any complaints; however, the area manager said that if they did they would investigate them in line with the complaints policy and disseminate learning to staff. One person sad, "If I had a complaint I would tell one of the staff, but I have no complaints." Another person said, "I don't have any complaints."

People were supported with end of life care when required. The home did not currently support people who were considered to be at the end of their lives. The registered manager told us that if they did then they were aware of best practice guidelines and would consult with relevant individuals and family members where appropriate to identify record and meet people's end of life preferences and wishes.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection on 24 May 2016, the service was rated Good overall and Requires improvement in Well led because the provider had not supported staff by carrying out regular supervisions. At this inspection we found that the provider had made the required improvements and was compliant with regulations However, at this inspection we found that improvements were needed as risk assessments to minimise risk of fire were not reviewed on a yearly basis by a competent person. Guidance from the London Fire Brigade states that there should be a 'comprehensive fire risk assessment that details the fire safety provisions that are in the property. This is usually carried out by a professional fire risk assessor and might identify additional measures that should be carried out as appropriate. There needs to be a written record of the assessment and if the provider does not have the expertise to do the fire risk assessment, then a specialist should be appointed.'

A professional fire risk assessor carried out a fire risk assessment in 2014. Subsequently, the registered manger had been required to review the fire risk assessment on an annual basis. The registered manager was not an expert in fire safety and had not received any additional training in relation to reviewing fire risk assessments. We saw that the written fire risk assessment the registered manager had carried out from 2015 to 2018, did not identify exactly what areas they had reviewed as the format of the review form did not allow for this information to be documented. We also noted that once the review had been completed by the registered manager, it was necessary for the form to be signed by a senior operations manager. However, the review carried out by the registered manager on 10 September 2018 had not been signed by the senior operations manager as required. We also noted that in September 2018, a change had taken place within the home in that a smoking room within the home had been removed and a smoking shelter had been installed within the grounds of the home that required review due to the change.

We brought this to the registered manager's attention who told us that they had raised this issue with the provider on several occasions but had been asked to continue to carry out the reviews themselves. Following the inspection, the registered manager informed us that the provider commissioned a professional fire risk assessor to carry out a new fire risk assessment in November 2018 to confirm optimum fire safety. We will check this at our next inspection.

There were effective systems in place to monitor the quality and safety of the service. Regular audits were carried out at the service to identify any shortfalls. These included medicines, health and safety, activities and recording of fridge and freezer temperatures. We looked at these audits that had been carried out for October 2018 and found that there were no issues that had been identified.

The service had a registered manager who had been in place for some time and was supported by a deputy manager in running the service. People spoke positively about the service and the registered manager. One person said, "The registered manager is approachable, I can just go and see her." A relative said, "We are happy with the service, it is a good service if we were not happy we would not leave [our relative] here." A staff member said, "The registered manager is smashing, very supportive and we are a good team." A social care professional said, "'The registered manager is very approachable has an open-door policy, their

communication and rapport with staff and people is very good." The registered manager was a finalist for a staff award in recognition of their support of the organisation's values.

The registered manager understood the legal responsibilities of their registration with CQC and the requirement to keep us informed of important events through notifications when required. Staff told us that the service delivered its vision which was to provide an environment where everyone is valued for who they are and can live the life they choose.

Staff communicated effectively with each other. They attended handover meetings and completed handover sheets at the end of every shift so that they were kept up to date with any changes to people's care and welfare needs. We saw that regular staff meetings took place. Meetings were minuted and areas discussed included people using the service, safeguarding, infection control, medicines and accidents and incidents. These meetings were also used to disseminate learning and best practice so staff understood what was expected of them at all levels. One staff member said, "I go to staff meetings, it's a chance for us to get together, voice any concerns and get updates."

The service carried out regular annual residents, and relatives' surveys to obtain feedback about the service. The last survey carried out in July 2017 received positive feedback. One person said, "Staff really look after me." A relative said, "I like the fact that they have information in pictorial formats, there is nothing to improve."

The registered manager told us they worked in partnership with other agencies, including local authority commissioners and healthcare professionals who were involved in supporting people. We contacted staff from a commissioning local authority who confirmed that they were happy about the care and support people received.