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Arundel House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Arundel House is a residential care home providing accommodation and support for people who require personal care and are living with mental health needs. One person had a learning disability. It is a large Victorian property spread over 3 floors and has some outside space which is available for people to use. Most people shared communal bathrooms though some people had their own bathroom. There was a communal lounge and separate dining room. The service provides support for up to 15 people. At the time of our inspection there were 13 people using the service.

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

People were not always kept safe from risks associated with fire.

We were not assured the provider was promoting safety through the hygiene practices for the premises or ensuring infection outbreaks would be effectively prevented or managed.

Risks were not always identified and managed, meaning people were potentially at risk of harm. There was a lack of good governance and oversight of the service. Staff appeared to understand and meet people's needs and preferences, however, they had not received training about some people's needs, for example, epilepsy, and learning disability.

Medicines were managed safely despite a lack of audits.

The home facilitated visits from family members and relatives told us staff were welcoming, friendly and helpful.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, the policies and systems in the service were not always in place to support this practice.

People and relatives told us they thought the service was well led, and that they (or their relatives) felt people received safe care and were happy living there.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

We have made a recommendation about ongoing DBS (Disclosure and Barring Service) checks in staff

recruitment.

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

Rating at last inspection

The last rating for this service was good (published 31 December 2019).

Why we inspected

We received concerns in relation to people's safety and how well the service was managed. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. As a result of what we found during our site visit, we opened up the inspection to review the key question of effective as well.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

On our first day of inspection, we asked the provider to carry out some urgent actions to ensure people's safety, for example, removing broken glass from a person's bedroom and boarding the window safely. They took some action that day to start making improvements.

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

Enforcement

We have identified breaches in relation to the provision of safe care and treatment, adherence to the Mental Capacity Act, and the governance of the service at this inspection.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Arundel House

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by one inspector and one 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.

Service and service type

Arundel House is a 'care home' for people with mental health support needs. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Arundel House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 2 February 2023 and ended on 13 February 2023. We visited the location's service on 2 February 2023 and 8 February 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We contacted Healthwatch for any information they might hold about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all this information to plan our inspection.

During the inspection

We spoke with 6 people, and 6 relatives about their experience of the support provided. We received information from 5 health professionals involved with the service. We spoke with 8 members of staff, this included the providers and registered manager. We reviewed a range of records including 5 people's care plans, risk assessments and health records. We looked at a variety of records relating to the management of the service, including policies and procedures and 4 staff files in relation to recruitment and supervision.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Using medicines safely

- Risks were not always identified, assessed, and safely managed. Therefore, people were at risk of harm.
- For example, fire alarms tests, fire drills, smoke detector checks, and emergency lighting safety checks and maintenance were not being carried out. These were all requirements highlighted by the Fire Safety report from Devon & Somerset Fire & Rescue Service on 29 June 2022.
- Controlling legionella in the workplace is a legal requirement for care homes. There was a clear risk assessment and guidance in place, but the checks were not being carried out.
- The provider had not always identified risk associated with windows on the first floor. There was no risk assessment relating to windows opening more than the Health and Safety Executive (HSE) standard of 100mm. Window restrictors in some rooms were rusted. This had not been risk assessed or addressed to ensure they were secure and would protect people from harm.
- The provider had not taken appropriate action to make safe 2 broken window panes in a person's bedroom. Broken glass had not been fully removed (and was present on the outside window ledge); the gaps had not been properly boarded up; and the maintenance person had not been informed of the need to make safe and replace the glass.
- There were steep external steps leading from the kitchen via a door that was unlocked in the day. There were notices on the door stating the stairs were dangerous. The kitchen door was open, and residents could access it. During inspection we observed one person (who was unwell at the time) alone in the kitchen. The provider had not identified this as a potential risk that should be assessed and mitigated. Since inspection, the kitchen door is now locked to prevent people entering when they are unaccompanied.
- There was no risk assessment for fluid thickener being stored in an unlocked kitchen cupboard. The kitchen door was open, and residents could access it. This had not been identified as a potential risk that should be assessed and mitigated.
- People's care plans and risk assessments were not always up to date. For example, a smoking risk assessment had changed to reflect an increased risk for one person. Staff practice reflected the change made by the provider, but the risk assessment document had not been updated. This resulted in there being some discrepancy in what staff told us about the risk management. We asked the provider to address this immediately we received this information.
- Care plans and risk assessments had not been regularly reviewed. This meant there was sometimes contradictory information in the plans. The provider had not identified the risks associated with this which meant people might not receive safe consistent care.
- The provider did not carry out regular checks to make sure medicines were handled safely and people

received their medicine as prescribed. As a result they had not identified that staff did not always note the date medicines were opened.

Risk was not adequately assessed or monitored, and fire safety precautions were not always being applied. Although we were not aware of any harm experienced by people, this constitutes a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicine administration records indicated people received their medicines as prescribed. The member of staff with daily responsibility for medicines was knowledgeable and thorough. This helped to lessen the risk of the provider not having good oversight of medicines.
- Medicines were administered by staff who had received appropriate training and staff completed medicine administration records correctly.
- Staff were given clear information about the use of 'when required' medicines. Records confirmed people received their 'when required' medicines as prescribed.
- We observed one person receiving their medicines in textures in line with their speech and language therapy recommended diet

Preventing and controlling infection

- We were not assured the provider was promoting safety through the layout and hygiene practices of the premises. We were not assured the provider was making sure infection outbreaks would be effectively prevented or managed. For example, the surface of the laundry floor was ruptured over a significant area of the room. This had not been identified as an infection risk.
- Clean clothes were drying above laundry waiting to be washed. This had not been identified as a possible contamination risk.
- The handwashing sink in the laundry was unclean, as was the area around the sink which was also in a state of disrepair. Below it there were exposed rusting pipes, failing plasterwork and the area was unclean. This meant there was an increased risk of the spread of infectious diseases because of the difficulty in keeping the area clean.
- The laundry also housed 2 immersion heaters and associated pipe and electrical works. These were not divided off from the laundry and the area itself was unclean. This had not been identified as a potential infection risk.
- A panel had come away from the wall in one of the bathrooms, revealing missing and broken tiles. The provider had not ensured the area was easy to keep free from the risk of infection.
- The provider did not audit the cleaning schedule which meant potential infection risks had not been identified.

Infection prevention and control practices meant that people were not always kept safe from the risk of infectious diseases. Although we were not aware of any harm experienced by people, this constitutes a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- As a result of inspection, the provider introduced a system to ensure safety checks are undertaken regularly; is taking action to improve the condition of the premises in response to our concerns; and has arranged more staff training.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.
- Staff and people's relatives told us they felt people received safe care and were protected from the risk of infection. One relative told us, "I speak to my relative every day. ... [their relative] now feels safe and secure."

Staffing and recruitment

- Staff had not always been recruited safely. Historically, 2 staff had started work before the provider had received their DBS check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The same staff had not had their DBS checks renewed since starting work at the service. Whilst DBS checks do not technically become out of date, by not renewing the check the provider missed the opportunity to see if any criminal activity had taken place since appointment. The provider had not identified the risks associated with this practice.
- However, all remaining staff had been recruited safely and in line national regulations.

We recommend the provider review all DBS checks and consider if any need renewing.

- Although staffing had not always been easy during the pandemic, there were now enough staff to meet people's needs and provide safe care and support.

Systems and processes to safeguard people from the risk of abuse

- The service had systems and processes to safeguard people from the risk of abuse.
- Staff received safeguarding training and were able to identify what would be a safeguarding concern.
- Staff understood how to report, and who to (both inside and outside the organisation), if they had any concerns about a person's safety.
- Staff knew there was a safeguarding policy and that it was kept in the office should they want to refer to it.

Visiting in care homes

- The provider facilitated visits from family members and health and social care professionals.
- One relative told us, "They make it possible for me to visit, they are very accommodating."

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service did not always work within the principles of the MCA.
- The provider had not identified that when a person's needs changed, and they appeared to meet the criteria of being deprived of their liberty, a DoLS application needed to be considered.
- Some DoLS applications had been submitted in 2014 but not followed up or updated since. This meant they potentially did not reflect people's current needs.
- The provider told us one person lacked capacity for "most things" and that best interest decisions were made frequently on their behalf. The provider also told us there were no mental capacity assessments for anyone in the service. This was not in line with the principles of the MCA and meant people's rights to make their own decisions might not be protected.

The provider had failed to consider and implement current guidance on the principles of the Mental Capacity Act (2005). This is a breach of Regulation 11 (Consent to care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed staff ask people for consent before things were done for them. For example, knocking on a person's bedroom door and asking for permission before entering, and not entering if permission wasn't

granted.

- Staff received Mental Capacity Act training.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- People's support needs and preferences were assessed, and people had care plans and risk assessments. However, these documents were not always kept up to date.
- Staff told us they were kept up to date with changes in people's needs and preferences via the daily handovers, the communication book, and the workplace private online group. Staff knew and understood people's dietary requirements.
- People's food preferences were assessed, and the service supported people to meet their dietary requirements in a person-centred way. This meant that both medically required diets (for example pureed food due to assessed swallowing safety concerns) and lifestyle choices (for example gluten free or vegan food) were catered for.
- People were able to choose alternatives if they didn't feel like eating what they had previously chosen from the menu. People and their relatives told us the food at the service was good.

Staff support: induction, training, skills and experience

- Staff were supported, went through a mandatory induction programme and received some training to develop their skills.
- Staff received training relevant to their roles. However, the lack of oversight of training meant the provider had not ensured staff received enough relevant training about people's specific needs, for example, epilepsy, learning disability. This meant people might not always receive effective care and support. During inspection the provider arranged more training for staff in order to address this issue.
- Although there was no audit of supervision, staff told us they had received supervision and could also talk to the registered manager when they needed to in between supervision sessions. Staff told us they felt supported by the registered manager. We saw evidence support had been provided for a staff member following an upsetting incident at the service.
- New staff completed a mandatory induction which included safeguarding training. Many of the staff had level 2 and above NVQ certificates. These certificates give workers the essential skills and competency necessary to work with adults. Staff were also encouraged to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- One person told us they felt staff had the skills required to look after people. They told us, "I think they must have [the skills] when you see them dishing out the pills, they do it very well."

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

- Some areas of the building were in need of decoration and/or repair. For example, the stone steps up to the front door, the stones at the side of the steps, and the metal handrail up the steps were in poor condition. During inspection the provider committed to upgrading these.
- The premises had safe outside space and we observed people making use of it during inspection.
- Relatives told us the home was warm and staff were welcoming. One relative told us, "[Person's name] has their own room and feels safe and loves it a lot." Two people told us they were happy with their rooms and the fact they could have their own possessions there.

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

- People had access to healthcare agencies and support including dentists, GPs and psychiatrists.
- Staff supported people to regularly attend appointments where required, for example, because of the medicines they were taking.
- One person had been supported to learn how to manage their own health condition and was, therefore, able to carry out their own health monitoring.
- One relative told us, "My relative has chiropody in the home and sees other professionals."

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider and registered manager did not always understand their role, quality performance and regulatory requirements.
- Governance processes were not effective to ensure concerns could be identified and used to improve quality and safety of the service.
- The lack of audits in the service meant that risks were not always identified and monitored.
- Records were not always well-maintained, so that information was not always accurate and up to date, for example, people's risk assessments and assessed care needs.
- There were no systems in place to identify changes in relevant legislation, for example, changes to HSE standards.
- The provider had not ensured the Provider Information Return (PIR) (requested 3 March 2021) had been completed and returned to CQC. This is information helps CQC stay aware of what is happening in the service.
- The registered manager did not know the values of the service. This meant it was not possible to ensure staff understood and applied the values to ensure people received good quality care.
- The registered manager did not know what policies existed in the service. For example, they weren't sure if there was a falls policy, and hadn't identified the need for a Mental Capacity Act policy.
- Potential risks around staff recruitment and training had not been identified by the provider.
- In response to the Fire Safety report by Devon and Somerset Fire and Rescue Service dated 29 June 2022, the provider had not created an action plan to prioritise actions, and detail how each action had been completed. The provider had not ensured they took all the required actions.

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

- Residents meetings were not taking place, nor were resident's surveys being carried out by the provider to collect people's views. Surveys of professionals' views were not taking place.
- The Statement of Purpose did not include people with learning disabilities. The service had not notified CQC of their intention to support people with learning disabilities, to ensure their needs were met within the guidelines of Right Support, Right Care, Right Culture.

Quality assurance and governance processes were not always effective to ensure there was good oversight

and understanding of what was happening in the service. This is a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider understood the requirement to submit Statutory Notifications to CQC. These are notifications of certain changes, events and incidents that affect their service or the people who use it.
- There was a registered manager in place at the service. The service's CQC rating was displayed near the entrance of the home and on their website. A PIR was sent to CQC on 9 February 2023.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives told us they felt the home was a good place for their loved one. One person told us, "It's the best place for my relative, they [the staff] are very good under difficult circumstances." Another person told us, "The services are really personal, they are really great."
- A health professional told us staff at the home approached people, "With dignity and respect." They said staff were skilled in supporting the people who lived at Arundel House to do well.
- One person told us, "You can ask the staff at any time if you want to have a chat with them."
- The provider and one person told us people were supported to express their spiritual needs and could go to church if they wanted to.
- The provider understood their legal responsibilities in relation to duty of candour.

Working in partnership with others

- Staff worked in partnership with other healthcare professionals. This was reflected in people's risk assessments and care plans.
- Health professionals told us their teams had long standing good working relationships with the home, that the provider was open and in communication with local teams as and when necessary and was responsive to professionals' input.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had failed to consider and implement current guidance on the principles of the Mental Capacity Act (2005). This is a breach of Regulation 11 (Consent to care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risk was not adequately assessed or monitored and fire safety precautions were not always being applied. Although we were not aware of any harm experienced by people, this constitutes a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Infection prevention and control practices meant that people were not always kept safe from the risk of infectious diseases. Although we were not aware of any harm experienced by people, this constitutes a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p>

Quality assurance and governance processes were not always effective to ensure there was good oversight and understanding of what was happening in the service. This is a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.