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# Arundel House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Arundel House residential care home providing personal care and support to people living with Mental health needs. There were 15 people living at Arundel at the time of the inspection. The service can support up to 18 people.

Arundel House is a large Victorian property with accommodation over three floors. The building has been adapted to meet people's needs such as having stair lifts, grab rails and walk in shower room.

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

People said they were well treated by a staff team who understood their needs and respected their wishes. Comments included "I feel safe yeah, very safe, a lot safer than in the flat it was damp there" (this was previous accommodation).

People's care and support was well planned. This was because a preadmission assessment was completed looking at all aspects of a person's care. The service worked in conjunction with other professional to ensure the best outcomes for people. This included mental health workers, GPs and consultants.

Staff were vigilant in respect of monitoring people's healthcare needs. This was both in respect of the physical and emotional well-being. Staff advocated for people to get the right support and treatment when needed. For example, one person had an issue with their foot. Staff they were unable to get them a GP appointment so took the person to the emergency department of the hospital. This was the right decision as the person needed urgent treatment and an operation. One healthcare professional confirmed staff were highly responsive to people's needs and wishes. They said the service worked in a way which promoted their independence but also monitored when a person was unwell and may need more support with their mental health.

There were sufficient staff with the right skills to meet people's needs. Staff had the right training and support to do their job effectively. Recruitment practices were robust to ensure only staff who were suitable to work with people who may be vulnerable were employed.

People dignity, choice and privacy was fully respected. Staff knew people, their needs wishes and preferred routines well. There were clearly good bonds between staff and the people who lived at Arundel House. Staff were kind, compassionate and spoke about the achievements of people.

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

People were supported to maintain a healthy diet with choice and variety of meals being offered.

There were systems and audits to ensure records, care and the environment was well maintained.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection- The last rating for this service was Good (published xx).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# 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 Care Act 2014.

#### Inspection team

The inspection was completed 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'. People in care homes receive accommodation and nursing or 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.

The service had a manager registered with the Care Quality Commission, but they have left and not fully completed the process for applying to deregister.. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There is a new manager who is in the process of registering.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with the manager, assistant manager, provider and four care staff

We also spoke with nine people living at the service and one visiting healthcare professional. We reviewed a range of records including three care plans and daily records, medicine records and audits in relation to maintaining a safe environment.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We asked for copies of their electrical wiring and gas safety certificates as these were not available at the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- The medication administration record sheets for medicines were fully completed. At the end of each medicine round a second member of staff checked the records to make sure the person administering had not missed any or forgotten to sign for them. This ensured a robust and safe system
- Medicines were seen to be stored safely.
- Staff completed annual training and had their competencies checked to ensure they followed the home's procedures for administration of medicines.

### Assessing risk, safety monitoring and management

- The manager had completed emergency evacuation plans for each person and a fire risk assessment had been completed. These were not signed or dated and following feedback the manager agreed they would sign, date and say when the next review was needed.
- The risks to each person had been assessed. Care records contained information about individual risks.
- People living with long term health conditions had care plans related to these conditions. Plans guided staff on what actions were needed to keep people safe. Staff understood and were able to describe how to support each person in line with the care plan.
- Where people's mental health was at risk of deteriorating, plans contained details of what staff should watch out for, what triggers may affect people and what they needed to do to best support people. These were in line with their Mental health assessments and treatment plans.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Arundel House. One said, "I do feel safe, exceptional staff. I've been to other places to compare."
- Staff had been trained and were aware of their responsibilities to protect people. Staff said they were confident in reporting concerns to senior staff, who would take appropriate action to address concerns.
- There were clear policies and protocols in place to assist staff to raise any concerns or alerts.

### Staffing and recruitment

- There were sufficient staff for the number and needs of people currently living at the service. The service did not use a dependency tool, but kept staffing under review and when assessing new people coming into the service ensured their needs were in line with the staffing levels. If required, additional one to one support would be discussed and agreed with the funding authority.
- People said their needs were being met in a timely way and that there were enough staff on shift.
- People said they were well supported by staff and their needs were being met in a timely way. One said,

"The staff are all very good, they support us when we need help."

- Staff were recruited safely as the necessary pre-employment checks were carried out prior to the new staff member working in the service.

Preventing and controlling infection

- The home employed a cleaner to ensure regular cleaning and prevention of cross infection. When they were unavailable, care staff took on cleaning duties to ensure the hygiene standards were maintained.
- Staff had access to personal protective equipment such as gloves and aprons to use to help prevent the spread of any possible infection.
- There were policies and regular training to update staff on best practice for infection control.

Learning lessons when things go wrong

- Where incidents had occurred, action had been taken to minimise the risks of reoccurrence, and any learning was shared across the staff team. For example, one person's mobility had recently decreased and they had been having falls. They were monitored regularly to ensure they were using their walking aid.
- Incidents and accidents were audited to identify any trends and reduce further risk

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to them being provided with a service, to ensure the service was right for them and their needs and choices could be met. The assessments were completed with relatives and significant others if appropriate. This information was used for the development of the care plan.
- Care files contained details of people's mental health assessments and the homes' own care plans referred to these where needed, for example peoples' well-being and recovery plans.

Staff support: induction, training, skills and experience

- Staff said they were well supported to do their job with regular training in all aspects of health and safety.
- The local nurse educator had been running sessions on particular health conditions which staff said was really helpful.
- New staff completed an induction process which included spending time with more experienced staff before being placed on shift as part of the shift numbers. Staff who were new to care were expected to complete the Care certificate. This was a national training tool to help staff new to care fully understand the role.
- Staff said they were well supported by the manager and did have one to one supervision. The manager said, due to staff shortages this had not been completed as frequently as they wished but as it was a small and well-established staff team, they were confident any issues were discussed at the time they arose and the team worked together for a solution.

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

- People were positive about the meals provided. One said "Mostly I do like the food. I have not got a very big appetite so tend to have small portions. Yes, it's a good choice. A lot of it is home cooking which is nice."
- People had a choice and variety of healthy meals to choose from each day. Their main meal was served at lunchtime. If people wished, they could help prepare their own drinks and snacks.
- People's weight was monitored. Where people were at risk of poor nutritional or fluid intake, staff closely monitored this. People were encouraged to maintain healthy weights. GP support was sought when needed.

Staff working with other agencies to provide consistent, effective, timely care

- Daily records showed staff worked closely with healthcare professionals to meet the needs of people who lived at Arundel House. This included their GP community nurse team and hospital specialists.
- Peoples healthcare needs were assessed and planned for to show how the service would meet these. For example where someone had diabetes, their plan included working with the community nurse team to

ensure their condition was closely monitored. Where people's medicines needed closely monitoring for levels, the staff liaised with the GP practice and consultants as needed.

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

- Arundel House was a domestic property which had some adaptations to assist people to move around more easily. This included grab rails and a walk-in shower.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to have regular exercise with walking swimming and accessing gyms if appropriate.
- People confirmed they were supported to access healthcare services such as their GP, hospital appointments, opticians and dentists.

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

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

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- No one was currently subject to a DoLS. The manager explained that everyone currently living at the service had capacity and did not need this type of safeguard in place.
- Staff understood the principles of MCA and ensuring they worked in the least restrictive way. Some people had signed contracts to enable staff to restrict their access to their cigarettes. This was to assist them to not smoke all their cigarettes in one go.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People confirmed their individual needs and wishes were always fully respected by the staff team.
- Care plans detailed people's diverse needs and wishes. Staff knew people well and understood what was important to each person to keep them happy and feeling respected. This included who was important to them and also if there were any times of the year they found more difficult such a Christmas.
- Staff received training in equality and diversity.

Supporting people to express their views and be involved in making decisions about their care

- People were positive about the care and support they received and felt they were able to be involved in decisions about their care. For example we saw one person talk with staff about when they would like to go out for their shopping. Another person discussed their use of herbal remedies and agreed for the staff to check with the GP where they were safe to use with the medicines prescribed for that person.
- Staff understood the importance of people working in partnership with them so they felt fully involved and in control of their lives. This including agreeing healthy living regimes such as not eating too much sugar if they had a health condition such as diabetes, but also respecting people's choice not to follow this advice at times.
- Staff were seen to offer people choice and were flexible in their approach to ensure people were fully involved in their care and support.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff ensured people's personal care was delivered in the privacy of their bedroom.
- People confirmed they were treated with dignity and respect. For example staff knocking on their door before entering.
- Staff were able to describe ways in which they ensured people's dignity was upheld and how they worked in a way to promote people's independence. For example, promoting personal hygiene but also allowing the person flexibility on how often they accepted this support.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's plans took into account their needs wishes and personal preferences. For example, one person was finding their medicine was making them feel very sleepy and this resulted in the person refusing to take them. The staff team worked with the persons mental health team and the individual to agree for them to take them later in the evening so they did not feel so tired during the daytime.
- Where needed and important for the person, their morning and evening routines were detailed within their plans. This helped staff to deliver personalised care and support in line with peoples' wishes.
- Staff had detailed knowledge of people's wishes and preferred routines and worked in a way which showed these were respected.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Plans of care included what staff needed to think about in terms of people's communication needs. For example if they had hearing aids, wore glasses or difficulty processing information due to their mental health needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People confirmed they were able to have visitors whenever they wished. One person said, "I can have my girlfriend here which is good, as they're quite free and easy, yeah."
- Most people could access the local community independently and did so daily.
- People said they were part of local community groups such as church and people were also supported to go swimming, the pub, cafes and out for meals.
- There were some in house activities on offer. These tended to be ad hoc and depending on who was in and what they wished to do. People told us they enjoyed board games and watching films. The manager said they had a regular paid entertainer doing music which people really enjoyed.
- There were two guinea pigs which were house pets. People enjoyed talking to them.

Improving care quality in response to complaints or concerns

- People said they could make their concerns known and would be confident their views would be listened to. One person raised an issue and agreed for us to discuss with the manager. They agreed to address this

straight away.

- The service did have a complaints process
- There had been no complaints in the last 12 months

End of life care and support

- Where possible people were assisted to have their end of life care at the home, if this was their wish.
- Staff worked closely with the community nurse team and the GP to deliver end of life care which helped to ensure people experienced good outcomes including relief from pain if needed.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since the last inspection, the registered manager had left but not completed their application to deregister. The provider thought this process had been completed, but agreed to contact the previous manager to get this resolved.
- The deputy manager had stepped up to become the manager and was in the process of completing their managers qualification. They understood they needed to apply to register with the commission and agreed to do this.
- Risks and quality performance was completed via daily, weekly and monthly audits on all records and equipment as well as medicines.

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

- The manager understood and acted on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. For example ensuring information was given to the local commissioners and safeguarding teams when there was a serious injury to someone.

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

- People felt they were fully involved in their care planning and in aspects of running the service, such as menu planning, activities they wished to do and how much they wished to be involved in the cleaning of their own rooms.
- There were regular house meetings for people to have their say about aspects of the service.
- There was a suggestion box for people to use if they did not wish to talk in the meeting or to make a suggestion anonymously.
- Staff said their views were fully considered in handovers, one to one meeting and any staff meetings. They said the manager was open and inclusive and had an open-door policy.

Continuous learning and improving care

- Training and ongoing learning was seen as key to ensuring staff had the right skills and knowledge to work with people who may be vulnerable and unwell.
- Staff said they had learnt more about people's healthcare conditions which had improved practice. For example, ensuring they were vigilant about people's feed if they were diabetic.

Working in partnership with others

- It was clear the staff team worked in partnership with the GP, mental health team and community nurses to achieve good outcomes for people.