

Mrs A Morrison

Arundel House - Paignton

Inspection report

117-119 Torquay Road
Paignton
Devon
TQ3 2SF

Tel: 01803551450

Date of inspection visit:
14 June 2019
17 June 2019

Date of publication:
20 August 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Arundel House is a care home providing personal care for up to 12 adults who may have learning difficulties and/or a physical disability. At the time of the inspection there were 11 people living at the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 12 people. Eleven people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People and their relatives were positive about the service. A person said, "I like it here." A relative told us, "The staff are exceptional. [Relative's name] calls it home and that says a lot."

Staff, new to the service, completed an induction. However, we found the induction process did not provide staff with the necessary training to meet people's needs and keep them safe. This was immediately addressed, and a full induction training programme was purchased by the provider ensuring new staff would receive training in subjects considered as essential for the role.

People were supported by enough staff, however, people had mixed views on the staffing levels. Some people told us the service was short staffed. We discussed these comments with the management team who told us this was due to a temporary reduction in their staffing levels which would be resolved in a matter of weeks. Prior to this, people were happy with the staffing levels and were having all their needs met. When the situation was resolved, people would receive the same level of support again.

There was an open and transparent culture within the service. Quality assurance and governance systems were in place to assess, monitor, and improve the quality and safety of the services provided. However, systems and processes had not been fully effective to ensure staff had been provided with the necessary training to keep people safe.

People told us they felt safe living at Arundel House. People looked comfortable with staff and staff were friendly, respectful and attentive to people's needs. People who could not tell us, showed in their expressions and behaviours, they enjoyed the company of staff. Staff respected people's privacy and protected their dignity.

There were appropriate systems in place to protect people from the risk of abuse. Staff knew how to safeguard people and were confident to raise any concerns. The provider had effective systems in place to ensure safe recruitment practices.

Risks to people were well known and there were robust assessments to address concerns. People received personalised support centred around their support needs, preferences and choices. This was regularly reviewed with people, their relatives and professionals.

People received the support they needed to stay healthy and to access healthcare services. People's nutritional needs were consistently met, and guidance given by professionals followed by staff. People were offered choices at mealtimes and supported with a specialist diet where appropriate.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People living at Arundel House participated in activities and were actively involved in their local community.

People knew how to complain, and any complaints had been resolved to people's satisfaction. People were asked their opinions on the service by attending meetings and completing surveys and suggestions had been acted upon.

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 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement:

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment. Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up

We will continue to monitor intelligence 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?

Good ●

The service was safe.
Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well led.
Details are in our well led findings below.

Arundel House - Paignton

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 planned this inspection to check 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 carried out by one 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.

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. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the visit to the service, we reviewed all the evidence we held about the service to help us plan. We used the information the provider sent us in the provider information return (PIR). 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 also contacted the local authorities quality improvement team for their feedback about the service. We used all of this information to plan our inspection.

During the inspection

We met everyone who lived at the service and spoke to five people about their experience of living at the service. Following the inspection we spoke with four family members over the telephone. During the inspection we spoke with ten staff members, including the registered manager, deputy manager, office manager, a senior carer and care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records for four service users and information about the recruitment, training and supervision of three members of staff. We also looked at other records used by the provider, which included audits, meeting minutes and quality checks. We inspected the environment and how medicines were being managed.

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 now remained the same.

This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People were supported by enough staff to meet their needs, however, people had mixed views on the staffing levels. Some people told us the service was short staffed and they were not able to go out and do what they wanted. One person said, "They're short staffed, not enough staff to go out as a group." Another person felt there were enough staff to keep people safe.
- We discussed these comments with the management team. They told us there was a temporary situation at Arundel House which meant that the number of staff on duty had reduced. This was going to be addressed in the short term (a matter of weeks). Whilst the situation was ongoing, people were having their general, and one to one needs met, but were unhappy that they could not, during this period, do as much as they would like to and were used to doing. Prior to this, people were happy with the staffing levels and were having all their needs met. When the situation was resolved, people would receive the same level of support again.
- The registered manager used a dependency tool to assess people's staffing needs. Records showed there were sufficient staff to meet people's physical care needs and people were receiving their allocated one to one care.
- People continued to be safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place, which were consistently followed.
- Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work at the service.

Systems and processes to safeguard people from the risk of abuse

- People continued to be cared for safely. One person said, "I always feel safe, happy with staff." A relative said, "I feel [relative's name] is safe, they show no signs that they are unhappy."
- The provider had systems to safeguard people from abuse and for staff to whistle blow. The staff received safeguarding training. Staff were able to describe how to recognise and report abuse, and they told us they would not hesitate to do so. Staff told us they felt confident the managers would take appropriate action.
- The registered manager discussed a current safeguarding alert. We saw they were responding appropriately to the concerns raised and were conducting a thorough investigation and a root cause analysis in order to learn from and act on any issues highlighted.
- The registered manager fully understood their responsibilities to keep people safe. They raised concerns appropriately with the local authority and notified the Care Quality Commission as required.

Assessing risk, safety monitoring and management

- People's risk had been assessed, monitored and managed. Detailed risk management plans provided staff with the information they needed to manage risk. These included risks associated with people's physical and mental health, moving safely, risks of falling, abuse from others, eating and drinking and safety in the community and at the service.
- People were supported to take positive risks to aid their independence. For example, one person told us how staff had supported them to access the community alone. They said, "When I go out I always tell staff where I am going and I have a mobile phone to call them if I need to."
- Environmental risks were also managed effectively. Fire risk assessments and fire safety checks were completed appropriately; people had personal evacuation plans in place and staff were clear about the action to take in the event of a fire.
- Checks of the water quality and temperature were conducted regularly, which confirmed they were within acceptable safety limits. Equipment, such as stair lifts, were maintained and electrical appliances were checked and serviced regularly.

Using medicines safely

- People received their medicines safely.
- People told us they were happy with the support they received to take their medicines. Each person's prescribed medicines were reviewed regularly by their GP.
- People's care plans recorded relevant information about people's medicines and whether there was any risks associated in taking medicines. For example, there was detailed information available to guide staff on how to manage one person's insulin.
- Systems in place ensured medicines were received, administered, stored and returned safely. Only staff who were trained and assessed as competent, administered medicines.

Preventing and controlling infection

- People were protected from the spread of infection by staff who were trained in the management, prevention and control of infection.
- The service was clean, free from bad odours, tidy and well maintained.
- Personal protective equipment (PPE) was readily available for staff to use and we saw staff using these during the inspection.

Learning lessons when things go wrong

- Accidents and Incidents were monitored, and action taken to address any identified concerns.
- Staff reflected on incidents and accidents, so they could learn from these and make improvements to the service.

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 now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The induction process was not robust, staff were not provided with formal training in all the subjects they needed before they started work. Staff received information about the service and the people living there and undertook shadowing shifts with more experienced colleagues.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider immediately took action and purchased a structured induction programme of training that included DVD's, literature and in-house assessments. The office manager told us all staff would now complete the course.
- Staff had received training covering a wide range of areas such as moving and handling, person centred care and challenging behaviour. Staff could tell us what training they had received, and we saw the certificates to evidence this.
- Staff told us they felt supported by their managers. One staff member said, "I've had quite a bit of training. If anything changes we all discuss it and if we need any training, they [managers] listen and get it in."
- Staff were given opportunities to review their individual work and development opportunities.

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

- Care assessments were carried out before people began to use the service. Staff received information on how best to meet each person's needs in line with best practice guidance and people's preferences.
- When people's needs changed, care reviews were carried out.

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

- People were supported to eat healthy and nutritious food. One person said "I have a balanced diet, plenty of fruit and veg."
- People's likes, and dislikes, were known and staff worked with health professionals to ensure people were able to eat and drink safely.
- Where people required food to be prepared to meet their medical needs, this was catered for.

- Staff supported people who needed assistance with patience and encouraged people to eat a suitable amount of food.
- Staff monitored people who were at risk of not eating and drinking enough. Nutritionally enhanced food and drinks were provided. Professional guidance was sought where necessary.

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

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

- The provider followed the principles of 'building the right support' in providing support to meet people's healthcare needs and work with other professionals so that people could access healthcare services. Each person had detailed care plans about their specific healthcare conditions which described their needs and how these should be met.
- There were records to show that people had regular healthcare appointments. Guidance and information from healthcare professionals was included in plans and risk assessments.
- People had 'hospital passports' which could be taken to hospital (if needed) and would explain to other professionals about the person's health and communication needs.

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

- The environment was very homely. People's bedrooms were personalised, and people had items that were important to them.
- There was a lounge and dining room on the ground floor and chair lifts provided access to the upper floors.

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.

- Mental capacity assessments had been undertaken and where people were unable to make specific decisions about their care and treatment, appropriate steps had been taken to ensure people were supported in the least restrictive way possible.
- DoLS applications had been made appropriately.
- There were detailed records to show how people communicated and how their choice and involvement could be maximised.
- People's consent was sought and where people were unable to give their consent, best interests decisions had been made.

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 and relatives told us staff were kind and caring. Comments included, "They're all good, they do well here, if we want a chat they always listen" and "Yes they are kind. They're my friends." Relatives told us, "The staff are exceptional. [Person's name] calls it home and that says a lot" and "I reckon they do a first-class job! They put their whole heart into everything they do."
- People looked comfortable with staff and staff were friendly, respectful and attentive to people's needs. People who did not communicate verbally, showed in their expressions and behaviours that they enjoyed the company of staff.
- Staff told us they enjoyed their work, they knew people well and spoke positively about the people they supported.
- The service sought to treat all people without discrimination. People's care plans recorded whether they had cultural or spiritual needs and how best to meet them. Some people told us they were supported by staff to attend church on Sundays.

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

- People and their relatives were encouraged and involved in making sure people received the care and support they wanted. People's views were sought through care reviews, residents' meetings, and verbal and written feedback.
- Care plans included information 'About me' which ensured staff knew how to involve people, specifically those people who could not verbalise their views. For example, giving people time and space to complete tasks and activities.
- Pictorial aids were used to enable people to make choices. For example, pictures of places people may wish to go or food they may choose to eat.
- Staff respected people's choices about how and where they wanted to spend their time.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, and their dignity maintained. People told us staff respected their privacy and knocked on their door before coming in. One person said, "I have a lock on my room and my

possessions are safe."

- Staff understood the importance of treating people with dignity and compassion, and of respecting their privacy. For example, knocking on their doors, respecting their wishes for alone time and preserving dignity during personal care.
- Care records were kept securely, and confidentiality maintained.
- People were encouraged and supported to be independent. Staff helped people make choices, and involved them in day to day tasks, which people told us they enjoyed. Staff supported people to do as much for themselves as possible. For example, one person told us staff encouraged them to make meals for themselves and their visitor. Another person was being helped by staff to increase their daily living skills with the aim of moving into independent living in the future.

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 continued to receive person-centred care. Care plans were very detailed and personalised. This information guided staff how best to support people, recorded people's health needs and behaviours and how to work with people in a way that best suited them.
- People's needs were regularly assessed and monitored, and care plans amended when changes occurred or if new information came to light. Where a person's health had changed it was evident staff worked with other health professionals. A relative told us, "[Name] has so many medical needs and they manage them far better than we could at home."

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.

- People's communication needs were identified, recorded and highlighted in care plans.
- Care plans provided staff with detailed guidance on how to meet people's communication needs such as information on how to interpret signs and gestures to help people communicate and make choices.
- Staff used a variety of methods to support people to make decisions about their care, including photographs, pictures, symbols and objects of reference.
- Information such as the fire safety procedure and people's care plans were available in an accessible formats.

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 had opportunities to go out and to take part in activities of their choice. Some people attended day centres and others worked part time. Day trips were arranged and people told us they enjoyed trips to the beach, circus and to the local pub for lunch. One person said, "The best thing about living here is being near the town, and bus route. It's close to the seafront about 15 minutes away."
- Regular in-house activities, such as music and arts and crafts, occurred spontaneously on a daily basis and people were supported to eat out or go shopping if they wished. A member of staff told us, "We try to get out

as much as we can, they [people] make their own choices and go out to church, gardening, the seafront for coffee, shopping and swimming. They have good social lives as well."

- People said their religious needs were met and they were supported to attend services of their faith.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make complaints. They said they felt confident they would be listened to. The registered manager told us they acted upon concerns in an open and transparent way and used them as an opportunity to improve the service.

End of life care and support

- The service was not currently supporting anyone at the end of their life.
- The registered manager told us that when required people were supported to make decisions about their preferences for end of life care. Where end-of-life care plans were in place, these contained personalised information about people's wishes and preferences. Professionals would be involved as appropriate to ensure people were comfortable and pain free.
- The provider ensured end of life training was available for staff.

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 has deteriorated 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

- Quality assurance and governance systems were in place to assess, monitor, and improve the quality and safety of the services provided. Audits were in place to ensure any issues were identified and actions were taken to improve the service. However, systems and processes had not been fully effective to ensure staff had been provided with the necessary training to meet people's needs.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was supported by a deputy manager, office manager, senior care staff and care staff.
- Staff were clear about their responsibilities and the leadership structure.
- The service had policies and procedures in place which considered guidance and best practice from expert and professional bodies. These provided staff with clear instructions.
- The registered manager had notified CQC about events they were required to by law and we saw that they had displayed the last inspection rating within the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff demonstrated a shared passion for promoting people's wellbeing, safety, and security. We saw people had choice and control and were involved in decisions made about their care.
- Staff spoke positively about the management and felt well supported. It was clear they had good relationships with the registered manager and senior team. One staff member told us, "I think it is really well managed. They are very approachable, and they listen to you. It's a very relaxed home."
- Staff told us, and we also saw, the registered manager and management team were visible in the service and were available if anyone needed to speak with them.

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 registered manager was aware of, and had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff carried out an analysis of all accidents, incidents and complaints and asked the staff to consider what they could have done differently. The registered manager had open communication with relatives and other stakeholders, sharing ideas and asking for their feedback.
- Staff knew about how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- Feedback from people, relatives, health care professionals and staff was obtained using satisfaction questionnaires and meetings. People were supported to express their views using their individual methods of communication. This information was then analysed and where necessary, action was taken to make changes or improvements to the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager ensured the service was continuously improving and worked with us during the inspection to put things right and improve the service.
- The service worked in partnership with people, relatives and other agencies to seek good outcomes for people. These links included professional relationships with healthcare providers and associations providing support to people with learning disabilities.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes had not been fully effective to ensure staff had been provided with the necessary training to meet people's needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The induction process was not robust, staff were not provided with formal training in all the subjects they needed before they started work.