

Saffron Care Homes Ltd

# Arlington House

## Inspection report

1 Arlington Gardens  
Ilford  
Essex  
IG1 3HH

Tel: 02085184564  
Website: [www.saffroncarehomes.com](http://www.saffroncarehomes.com)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Arlington House is a residential care home providing the regulated activity of accommodation and personal care to up to 6 people. The service provides support to adults with learning disabilities and/or on the autistic spectrum. At the time of our inspection there were 3 people using the service.

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

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.

Medicines were not always managed in a way that was safe and the provider had not taken sufficient steps to ensure the premises were safe. Care plans did not cover people's needs in relation to developing independent living skills. Quality assurance and monitoring systems were not always effective.

Right Support: People were able to choose where they lived. The service was able to assess people's needs before they began living at the service, so they knew whether they could meet their needs. Staff were supported through training and supervision to gain knowledge and skills to help them in their role. People were supported to eat a balanced diet and were able to choose what they ate. Systems were in place for dealing with complaints. People were supported to maintain relationships with family and friends, and to engage in meaningful activities.

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.

Right Care: People were protected from the risk of abuse. Risk assessments had been carried out to identify the risks people faced. These included information about how to mitigate those risks. There were enough staff working at the service to meet people's needs and the provider had robust staff recruitment practices in place. Infection control and prevention systems were in place. Accidents and incidents were reviewed to see if any lessons could be learnt from them. Staff understood how to support people in a way that promoted their privacy, independence and dignity. The service sought to meet people's needs in relation to equality and diversity.

Right Culture: People were supported with care that was person-centred. Relatives and staff told us there was an open and positive culture at the service. The provider was aware of their legal obligations and worked with other agencies to develop best practice and share knowledge.

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 4 October 2017).

#### Why we inspected

We had not inspected this service for over 5 years and we needed to assess whether or not it still provided good standards of care.

#### Enforcement and Recommendations

We have identified breaches in relation to the physical environment, medicine, care plans and quality assurance systems at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### 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.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Arlington 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.

#### Service and service type

Arlington House is a 'care home'. 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. Arlington 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.

### What we did before inspection

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

### During the inspection

We were unable to speak with people who used the service due to their communication needs. However, we were able to observe how staff interacted with people. We spoke with a relative of a person who used the service. We spoke with six staff; the registered manager, two senior support workers, two support workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included two people's care and medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



# 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

- The provider had not taken sufficient steps to ensure the safety of the premises. The risk assessment for one person said it was not safe for them to enter the kitchen without staff and a gate was put across the kitchen entrance. However, on the first day of inspection the lock was broken and we observed the person enter the kitchen when no staff were present. We also saw that substances hazardous to health were stored in an unlocked cupboard in the kitchen, even though the premises had a dedicated and locked storage space for such substances.
- The boiler room was unlocked on the first day of inspection, even though there were exposed pipes that were scalding hot to the touch. The key could not be found and staff eventually locked it with a screwdriver. There was a cracked tile in the kitchen and an open slit in the hallway flooring which was an infection control risk.
- The nominated individual told us fire alarms were supposed to be serviced every 12 months, but the last service of fire alarms was on the 26 July 2022. Fridge and freezer temperatures were not checked daily. Staff reported that the thermometers were all missing from the fridges and freezers on 4 October 2023 and they had not been replaced by the first day of the inspection. Despite this, between the 4 and 10 October 2023 staff had recorded fridge and freezer temperatures, even though there was no way of doing so accurately.
- Except for the cracked flooring, the provider had taken steps to address these issues by the second day of our inspection.

The provider had not taken sufficient steps to ensure the premises were safe. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risk assessments were in place for people. These set out the risks people faced and included information about how to mitigate those risks. They covered risks including behaviours that challenged, mobility, continence and accessing the community.
- Assessments were subject to regular review which meant they were able to reflect the risks people faced as they changed over time. Staff had a good understanding of the risks people faced and of how to support them safely.

### Using medicines safely

- Medicines were not always managed in a safe way. The controlled drugs cabinet was free standing, although at the time of inspection no one was on any prescribed medicines and it was in a locked room. It was securely attached to a wall by the second day of inspection. Unwanted medicines were not always disposed of appropriately. Medicines were still held at the service for a person who had moved out in June

2022.

- One person was prescribed 3 medicines on a PRN [as required] basis, but there were only protocols in place for one of these. This meant these medicines might not always be given as and when required.
- The provider did not keep any records of the amounts of medicines held in stock, so it was not possible to check if they had the correct amount in relation to what they had obtained and administered. A member of staff told us, "We don't do that" when asked if they carried out balance checks on medicines.

Medicines were not always managed in a way that was safe. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse. The provider had a safeguarding adult's policy in place. This made clear their responsibility to report any allegations of abuse to the local authority and Care Quality Commission. The registered manager told us there had not been any allegations of abuse in the past year, and we found no evidence to contradict this.
- Staff had undertaken training about safeguarding adults and understood their responsibility to report any suspicion of abuse. A staff member told us, "It needs to be reported to the manager, we can't hide that, it's important."
- Where the service held money on behalf of people this was done in a way that reduced the risk of financial abuse. Records and receipts were kept of financial transactions and monies were checked at staff handovers.

Staffing and recruitment

- There were enough staff to meet people's needs. We observed staff were able to respond to people in a prompt manner and were unhurried in their duties. Staff told us they had enough time to carry out their work and keep people safe. Relatives told us there were enough staff. A relative said, "There are always enough staff, everyone has 1 to 1 [staff support]."
- Systems were in place to help ensure only suitable staff were employed. Various checks were carried out on prospective staff, including obtaining employment references, proof of identification and a criminal record check.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions on visitors to the service and the service was operating in line with government guidance in place at the time of inspection.

### Learning lessons when things go wrong

- Lessons were learnt when things went wrong. The provider had a policy on accidents and incidents to provide guidance about how they should be managed. Accidents and incidents were recorded and investigated. Measures were put in place to reduce the likelihood of similar accidents and incidents reoccurring, such as making referrals to relevant health care professionals.

# 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. The rating for this key question has remained good. 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 the provision of care. This was to determine what the person's needs were and to assess if the service could meet those needs. Assessments were carried out in line with guidance and legislation, for example, they covered needs related to protected characteristics such as religion and ethnicity. Relatives told us they were involved in the assessment process.
- Relatives told us the service met people's needs. A relative said, "[Person] is fine here. They meet [person's] needs. The staff are good, they are understanding."

Staff support: induction, training, skills and experience

- Staff undertook training to provide them with knowledge and skills to help them in their role. Staff training included working with people with autism, mental capacity, health and safety and fire safety.
- New staff undertook an induction programme when they started at the service, this included shadowing experienced staff to learn how to support individuals. Staff had regular one to one supervision meetings with a senior member of staff, which gave both parties the chance to discuss matters of relevance to them.

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

- People were supported to eat and drink enough to maintain a balanced diet. People's dietary preferences were detailed in their care plans and staff told us people were able to make clear what foods they liked and disliked. We saw that people were supported to eat healthy food options, and foods that reflected their culture. A relative told us, "[Person] was losing weight, they contacted the psychiatrist who was very helpful. [Person] is eating a lot more now."

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

- The provider worked with other agencies to provide care to people, such as speech and language therapists, GPs and psychiatrists. People had recently had flu and Covid 19 vaccinations. Relatives told us the provider worked with health care services to meet people's names. A relative said, "If [person] is not feeling well, they will phone the doctor up."
- People were supported to live healthier lives, for example, through diet and exercise. Hospital passports were in place which provided information about the person for hospital staff, in the event of the person being admitted to hospital. Health action plans were also in place, however, for one person this contained only minimal information about supporting the person to be healthy. We discussed this with the registered manager who told us they would revise this document accordingly.

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

- The service was adapted and decorated to meet people's needs. People had their own bedrooms which included ensuite toilet and shower facilities. Bedrooms had been decorated to people's personal tastes.

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.

- All of the people using the service at the time of inspection were subject to a DoLS authorisations. Where there were conditions imposed as part of these authorisations, we saw they had been met.
- Where possible, people were supported to make choices for themselves. Relatives were also consulted to help gain an insight into what people's preferences and choices would be. Mental capacity assessments had been carried out, and where it was deemed people lacked capacity, best interest decisions were 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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 were treated well and the provider respected equality and diversity. Staff spoke in a dignified and respectful way when discussing people who used the service and we observed positive interactions between staff and people.
- We observed staff interacting with people in a friendly manner. We saw people were relaxed with staff. A relative told us, "I always watch [person's] reaction when they are with staff, and most of the time they are smiling." The same relative also described how staff interacted with other people as, "Really fine, the other clients seem very relaxed."
- Care plans covered needs related to equality and diversity, including ethnicity and religion. People's needs were met in these areas, for example, through the food provided and the celebration of religious festivals.

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

- People were supported to express their views and be involved in making decisions about their care as much as possible. Care plans included information about likes and dislikes, and staff told us people were able to communicate some choices such as what to wear. A staff member said, "[Person] can point to the one [item of clothing] they want."
- Where people lacked the capacity to make decisions about their care, best interest decisions had been made, which included input from family members who knew people best.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity and their independence was promoted. Staff understood the importance of respecting privacy and dignity and told us how they did this. A member of staff said, "We knock on the door and wait, if they are non-verbal we open the door slowly and say 'hello'." Another member of staff said, "When I go in to [person's] room I close the door behind for privacy." Staff were aware of what people could do for themselves with their personal care and what they needed support with, which helped to promote their independence.
- The provider had a policy on confidentiality to help guide staff in this area. Confidential records were stored securely in locked cabinets and on password protected electronic devices.
- There was information about an eating plan on display in the kitchen for a person who no longer lived at the service. We discussed this with the nominated individual who removed the document.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- Care plans were in place for people. Those that were in place were of a good standard, setting out how to meet people's needs in a person centred way. They covered needs including personal care, social and leisure activities and equality and diversity.
- However, care plans were not comprehensive. In a service that supports adults with learning disabilities, we would expect care plans to cover needs around developing independent living skills, and that those plans include goals to achieve in this area. The care plans did not cover independent living needs. The registered manager and nominated individual both said that this should be covered.
- Furthermore, two people had padlocks fitted to their wardrobes. The nominated individual said this was necessary to protect the clothes and was done with the agreement of the person's family. However, this was not covered in people's care plans.

Care plans were not comprehensive as they did not cover supporting people to develop independent living skills. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives were involved in developing care plans. A relative told us, "We all got together and we did the care plan. When they update it they ask if I want to add anything."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Although people had complex communication needs, the provider had taken steps to make information as accessible as possible to people. People's communication needs were covered in care plans, and staff had a good understanding of how people communicated. Various communication methods were used, including documents produced in pictorial formats, and the use of pictures to help people make choices.
- Relatives were able to have input to help meet people's communication needs, and told us staff were good at understanding people. A relative said, "[Person] has been here a while now, if they are upset, or if they are not feeling well, they understand [person]."

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 were able to develop and maintain relationships. People were able to see visitors as they wanted and they also spent time visiting their relatives including for overnight stays. Relatives told the were able to visit the service as they chose.
- The provider supported people to engage in community-based activities and other activities at home. These included trips to the park, day services and listening to music. On the first day of our inspection people visited the cinema. A relative told us, "[Person] does go out. They have the van [minibus], they go to the cinema. They go for a drive, that relaxes [person]."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the provider.
- The registered manager told us there had not been any complaints made in the past year, and we found no evidence to contradict this. Relatives told us they knew who they could complain to. A relative said, "I would go to [nominated individual] if there was any complaint, but so far I haven't had to."

End of life care and support

- At the time of inspection no one was receiving end of life care and support. There was a policy in place about this to provide guidance if necessary.

# 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.

### Continuous learning and improving care

- Although quality assurance and monitoring systems were in place, these were not always effective. For example, care plans were supposed to be reviewed annually. The care plan for one person was dated 20 June 2022 with a review date set for 19 June 2023, but it had not been reviewed at the time of inspection. Care plan reviews had failed to identify that they did not cover needs or goals related to the development of independent living skills.
- The provider carried out various audits, but these were not always effective. For example, fire safety audits were carried out which had failed to identify that the service had not had a fire alarm service in the past 12 months. Medicines audits were also carried out, and these had failed to identify the shortfalls with medicine we found during our inspection. Quality assurance systems had also failed to identify the concerns we found related to the safety of the premises.

The provider had failed to implement and operate effective quality assurance and monitoring systems. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider promoted a positive, open and inclusive culture to achieve good outcomes for people. Staff and relatives spoke positively about the management of the service. A member of staff told us, "It's a very nice place to work. [Registered manager] is one of the best managers I have seen. They always respond to your concerns." A relative told us, "If I have got any concerns I can contact them, they are always available."
- There was a person-centred ethos at the service, for example, through person-centred care plans. This helped to achieve 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

- The provider was aware of their legal responsibilities and had systems in place to address when something went wrong. For example, accidents and incidents were reviewed to see how the risk could be reduced of similar incidents re-occurring and there was a system in place for dealing with complaints.

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

- There was a registered manager in place and staff were clear about who they were responsible to. Staff

were provided with a copy of their job description to help give them clarity about their role.

- The provider was aware of regulatory requirements. For example, they had employer's liability insurance cover in place. The registered manager was knowledgeable about their responsibility to notify the Care Quality Commission of significant events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider engaged with relevant persons. For example, regular staff meetings were held which gave staff the opportunity to discuss matters of importance to them. A member of staff said, "We talk about safeguarding, health and safety, if there are any issues we need to address." Minutes of staff meetings showed they included discussions about record keeping, standards of care and roles and responsibilities.
- The provider carried out an annual survey to seek feedback from relatives and staff. The most recent surveys contained positive feedback."
- The provider considered equality characteristics. For example, care plans covered issues related to equality and diversity. Staff recruitment was carried out in line with good practice in relation to equality and diversity.
- The provider worked with other agencies to develop best practice and share knowledge. For example, the registered manager attended a provider forum run by the local authority.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person had not carried out a comprehensive assessment of the needs and preferences for care of the service users. This was because care plans did not cover needs related to developing independent living skills. Regulation 9 (1) (3) (a)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person was not providing care to service users in a safe way. This was because medicines were not managed safely and the registered person had failed to ensure that the premises used by service users were safe. Regulation 12 (1) (2) (d) (g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had failed to establish and operate effective systems or processes to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activities. Regulation 17 (1) (2) (a)</p>