Mrs Barbara Tutt & Mr David William Crick

Arundel House

Inspection report

Arundel House
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Barnstaple
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Tel: 01271343855

Date of inspection visit:
21 April 2017

Date of publication:
09 May 2017

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

Arundel House is a large Victorian building which consists of two housed joined together. It is situated in Barnstaple, close to the centre of the main town. The service provides personal care for up to 17 people with a mental health illness. At the time of our visit, there were 14 people living at the home.

At the last inspection on 23 March, 2015 the service was rated Good.

At this inspection on 21 April, 2017, we found the service remained Good.

People felt safe and cared for in the home. There was a homely, welcoming atmosphere with laughter and chatter. Staff were very clear it is the person's home and they respected this. People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People chose how they wished to spend their days based on their preferences and staff always respected this. Staff treated people with respect and dignity at all times and positive interactions had been developed. People were encouraged to maintain their independence.

People were supported by sufficient numbers of skilled, knowledgeable and trained staff who were safely recruited. Staff felt supported in their roles, received regular supervision and felt listened to. They enjoyed their work and put residents first.

Each person had an assessment, support plan and risk assessments in place. These were monitored and reviewed regularly. Staff had good working relationships with local health and social care professionals. Advice was sought when necessary and their advice acted upon.

People were protected from the risk of abuse as staff understood and knew what to do if they had concerns. People received their medicines safely and on time.

People were supported to have a balanced and varied diet which included their personal food choices. People were able to help themselves to drinks and snacks throughout the day.

People enjoyed individual activities and hobbies suitable to their needs and wishes both in the home and in the local community. People were enthusiastic about choosing a suitable pet for the home.

People knew how to make a complaint and who to address their concerns to. All complaints were investigated appropriately. The service had a suggestion box which people and visitors used regularly. Any comments were acted upon. Regular feedback was sought from people and staff through meetings and surveys.

There was a strong management team who knew people and staff well. Staff felt part of the team.
There were quality assurance systems in place to monitor the service and regular checks took place. Not all the information legally required had always been sent to the Care Quality Commission.

Some of the areas of the home were in the process of being decorated and painted. Other areas had also been highlighted as in need of updating.

Further information is in the detailed findings.

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 remains safe.	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service remains well-led.	Good

Arundel House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection.

This inspection took place on 21 April 2017 and was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information, what it does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. This included previous inspection reports, records of our contact with the service and any notifications received. A notification is information about important events, which the provider is required to tell us by law. We also spoke with the local authority, commissioners and safeguarding teams. This enabled us to ensure we were addressing any potential areas of concern.

We met each person who lived at the service and spoke with 10 people who gave us their experiences of living at Arundel House. We spoke with two visiting family members and a health care professional. Following the inspection, we spoke with a further relative and received feedback from a health care professional. We spoke with the deputy manager and all three of the support staff on duty.

We reviewed information about people's care and how the service was managed. These included: two people's care records; four people's medicine records; two recruitment records of newly appointed support staff; quality assurance audits; risk assessments; minutes of staff and resident meetings; accident and incident reports and other records related to the management of the service.

Good

Is the service safe?

Our findings

People felt safe living at the home. Comments included: "Yes, I feel safe here" and "I'm very happy here … it's sometimes a madhouse but I feel safe." A relative said, "I have no worries whatsoever as this is the safest place for my (family member)".

Systems were in place to assess risks to both individuals and the environment. Where risks had been identified, staff had taken the appropriate action. For example, staff had been working closely with a person who was at risk of frequent falls. Staff had involved the family and relevant health care professionals such as the GP, psychologist, community psychiatric nurse and an occupational therapist. One health care professional said, "We work jointly together … I know I can pop in whenever I want … people are safe here."

Staff had identified risks in some of the areas of the home which required maintenance to make them safe and more attractive for people to live in. For example, the communal areas and bedrooms. There was an ongoing programme of updating and decorating in place.

Staff had the confidence and knowledge to identify safeguarding concerns. They demonstrated the correct actions they needed to take if they had safeguarding concerns. One support worker said, "I would report poor practices." The manager and deputy manager had received a higher level of training so they could give advice and guidance to support staff. All support staff had received the relevant safeguarding training.

Staff had a good understanding of how to keep people safe from accidents and incidents. Records showed they knew the correct procedures to take. For example, when one person had recently fallen. All accident and incident forms were analysed and monitored by the management team to identify any trends or patterns. Appropriate systems were put in place if necessary. For example, equipment put in place to reduce one person's risk of falling and contacting the appropriate professionals for guidance and advice.

People told us there were enough staff on duty to meet their individual needs. One person said, "Staff are always here when I need them." Staff were visible throughout the home and visited people in communal areas and their bedrooms regularly to check if they were safe or needed anything. Staff were encouraged to sit, chat and spend one to one time with people. For example, one person enjoyed having a manicure and their nails painted by a support worker.

With the exception of two support workers, all staff worked shifts on both day and night duty. Staff felt this helped them understand people's needs and behaviour at different times of the day. One support worker said, "It's very laid back here … we are able to have private chats to people and not rush … we have so much time for the residents … there is always 99.9 per cent enough staff on duty." One relative said they visited at irregular times and said, "The staff are always the same … they are very consistent … I can visit around 8 pm and it's just like they are now … it's not a show … I've never seen them short staffed."

People benefitted from having a key worker system in place. Support staff had named residents who they looked after and were matched with joint interests. For example, one person had a keyworker with an

interest in football which they could share conversations about. Keyworkers were involved and encouraged to work closely with individual people.

The service had two people on maternity leave and had recognised they may temporarily need staff cover for this period of time. They were in the process of liaising with agencies to ensure they had regular agency workers. They recognised how important it was to have regular staff who could get to know and build up relationships with the people who lived at Arundel House.

Safe recruitment procedures ensured people were supported by staff with the appropriate experience and character. Recruitment files showed staff had only begun work when all the necessary pre-employment information required had been obtained. This included a Disclosure and Barring Service check (DBS). This is a check which ensures only suitable people work with vulnerable adults.

There were safe medication administration systems in place and people received their medicines when required. Medicines were supplied in a monitored dosage system to reduce the risk of error. The medication administration record showed medicines had been signed for correctly. The correct amount of medicines were held by the service. Medicines were kept at the right temperature and monitored daily. All staff had undertaken medicine training by the local pharmacy.

The Provider Information Return (PIR) said there had been four medicine errors in the last twelve months. We discussed this with the deputy manager. Management and staff felt the errors had occurred due to the positioning of the medicine cupboard as this was small, in a corridor and dimly lit. They were currently discussing this with the owners and moving the medicine cupboard to a more safe and accessible area.

The last medicine audit had been carried out by the local pharmacy in May 2015. All action points had been addressed by the management team and resolved.

Good

Is the service effective?

Our findings

People, relatives and health care professionals spoke positively about staff and that they were trained to do their jobs properly. Two people said, "The staff are really good … I like them" and "All the staff are good." A health care professional said, "All the staff are brilliant and are well trained." Two relatives said, "Staff are good … communication is very good" and "They are one amazing positive staff team who look after people properly."

People received individualised care from support staff who had the skills and knowledge to carry out their roles. The staff training schedule showed staff were up to date in their training. Training was delivered by various methods which included sessions held internally, by outside professional trainers and by e-learning. Staff felt well trained and two commented, "I am well trained to do my job and up to date with all of it" and "We can have whatever training we want."

Support staff who had no previous qualifications in care undertook the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers 'adhere to in their daily working life'. Two support staff were in the process of completing the Care Certificate which involved putting a portfolio together and undertaking an on-line assessment for each section of the training. New staff starting at the service received induction training based on the Care Certificate.

All care staff had regular supervision (one to one meetings) and an annual appraisal. Two care workers said, "I have regular supervision but I can also request more supervision whenever I like … you just have to ask" and "We have supervisions very regularly." The deputy manager explained supervisions were office based. However, they intended to change this and include observational practice and group supervision. They felt this would enhance the supervision process and staff would benefit from this format.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the home was meeting these requirements. The registered manager had identified two people who they believed were being deprived of their liberty. They had made DoLS applications to the supervisory body.

Staff had received training on the MCA and had a good understanding of how it applied to their practice. All people living at the home were able to give consent to care and support. Before support staff assisted a person, they always asked for consent first. If this was refused, care staff returned later to try again.

Staff had a very good understanding of people's dietary needs and preferences. People were involved in planning the menus and including their favourite meals in the food choices. Menus were in the process of being changed over from Winter to Summer and people had been asked for their latest preferences. Staff rotated into the kitchen and took it in turns to be the cook each day. Because they also supported people, each staff member had a consistent knowledge of people's likes and dislikes. People enjoyed a three course meal each day at lunchtime. They had a choice of two meals and two desserts which were chosen on an evening for the next day. People were complimentary of the food and two people commented, "Food is good … we get what we want" and "If I don't like something they will cook me what I want." Two support workers said, "They (residents) get what they want … and always have a choice? – yes, course they do" and "The residents come first … they can have what they want."

People had free access to the kitchen. They were able to help themselves to drinks, fruit or snacks from the kitchen whenever they wished. They were also encouraged to take part in cooking and baking if they wished.

Referrals were made to health and social care professionals where necessary. Records confirmed people had access to a GP, dentist, optician, chiropody and community nurses. People's changing needs were monitored closely and the appropriate professionals informed. One healthcare professional said, "If they (staff) are not sure about something, they ring for my advice and they always act on this advice."

Since the last inspection, on-going maintenance had continued. For example, the dining room had been redecorated. Some areas of the home were still in need of decoration. Some walls had been stripped of wallpaper and prepared for re-decorating by the decorator. One person said they had been involved in the picking of wallpaper and showed us their choice. Other areas of the home had plaster coming off, wallpaper falling off, worn carpets and water stains on ceilings. Two residents said, "It could do with decorating, the wallpaper is coming off" and "I like the dining room, it's my favourite room." A relative said, "It might be rough and ready but it suit my (family member) and us as a family." The deputy manager explained they were discussing the decorating of the home with the owners and had plans to make it a nicer, more modern home for people to enjoy living in.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion by the staff who supported them. Staff showed a great understanding of people's needs. They supported people appropriately and did this in a patient and caring manner. For example, one person was unsettled in the lounge where three other people were sat watching television and chatting. They became agitated and upset. Staff managed to calm them by speaking to them in a gentle and caring manner, whilst reminding them of what was acceptable behaviour to other people.

The atmosphere and the home was homely, friendly and calm. There was laughter, jokes and banter throughout our visit. Most people liked to spend their day in various communal areas of the home, but people did spend private time in their bedrooms when they wished. Positive interactions had been made and it was obvious people had built up trusting and caring relationships with the staff who supported them.

People were complimentary about the staff. They were relaxed and comfortable with staff who knew them well. Comments included, "It's very nice here … I am very happy", "Staff are really nice and helpful … I'm happy here … it's very nice here" and "Staff are really kind to me … it's much better than the other place I was in." Two relatives said, "My (family member) is really happy with the staff" and "I am surprised at just how thoughtful the staff are … they have a wonderful attitude … even I relax when I am here." A health care professional said, "The care here is excellent … staff are kind and respectful to people … it's very relaxed which makes my clients chilled right out. I've been coming here for years and always made to feel welcome and I can always pop up here for a cup of tea and a visit … I can't praise them up enough. The staff will do anything they can to support people to stay here." A recent thank you card received said, "We know that with you he was well cared for and for that we are all thankful."

Staff were happy, passionate and motivated in their jobs. They all spoke of how they liked to come to work and how they put people first in everything they do. They were very clear that it was people's home and they respected this. Comments includes, "We always put the residents first … we have so much time for the residents … I am quite lucky to work here … it's a wonderful place to work … it's the wonderful residents who make my job so easy", "I think it's lovely to work here … it's laid back and a very homely atmosphere … I'm really happy and I've never had a bad day" and "We are all like a family here … we all get on it's a good staff team … it's great." A relative said, "My mum looks at is as if it were home … they are still going today from the care from here … my mum is really excited (support worker) is going to be a Dad, that's how involved she is."

Staff treated people with dignity and respect. On one occasion, a person sought the help of a support worker to help them with their personal care. The support worker spoke to the person in a quiet, respectful and dignified way. They accompanied the person discreetly to the bathroom to assist them.

Staff respected people's individual choices and preferences. People had control over their lives and how they wished to spend each day. For example, two people in the home had chosen to wear their night clothes and a dressing gown during the day. One person said, "I like wearing my dressing gown, it's comfortable." A support worker explained another person had a headache and preferred to stay in their night clothes so

they could come and go into bed when they wished.

Each person had a support plan in place which had been developed for them. Support plans identified people who were important to each person which was a mix of family, friends and professionals. Family and friends were welcomed at all times and felt involved in the home. Two relatives said, "Right from the very first time I have been welcomed … all my extended family are welcomed" and "We are always welcomed."

Staff encouraged people to be as independent as they wanted to be and supported people to try new hobbies and interests. People's religious beliefs were respected.

Good

Is the service responsive?

Our findings

Before each person came to live at Arundel House, an assessment of their needs took place. The deputy manager gave examples of people they had been unable to accept and the reasons why. This ensured only people whose needs could be fully met came to live at the home.

Each person had a plan of care which included the information necessary to support for the person fully. The plans included information to monitor the well-being of people. Where a person's health had changed, it was evident staff worked with other professionals. For example, staff were liaising with a variety of professionals including the person's GP, specialist mental health team, community nurse, community psychiatric nurse, psychologist, physiotherapist and occupational therapist.

Relatives were involved in developing and reviewing people's support plans. For example, a meeting took place which relatives and a health care professional attended. This was to discuss one person's recent history of falls, how the person's needs had recently changed and review their support plan.

Handovers and communication between staff at the start of each shift ensured important information was shared, acted upon and recorded to ensure people's progress was monitored. If people's needs had changed greatly, the management team arranged an impromptu 'emergency' staff meeting to update staff. For example, one person came home from hospital with increased needs and required mobility equipment. The meeting took place to brief all staff of the changes so the person could come back to Arundel House. This meant the service was responsive to people's needs.

Whilst staff provided long term support for the majority of people who lived at the home, they also supported people to move into more independent care. Since the last inspection, four people had left the home to move into supported living. Staff worked closely with health and social care professionals to enable this to happen. One health care professional said, "I had a (client) who had lived in residential care of most of her life and came here. They now have a place in supported living in Barnstaple and has been there two years. We did it together." The deputy manager was proud of the people who had moved on and said "we get it right sometimes."

People were able to choose activities they took part in and suggest other activities they would like to do. Some group activities took place, such as swimming but people tended to prefer more individual meaningful ones. For example, one person spoke of their recent visit to a radio show with a support worker. They had especially enjoyed it as they had visited their parents on their return trip and spent time with them at the family home. They said, "It was very nice … I like amateur radios."

During the afternoon, a care worker took four people out for an unplanned walk as it was such a warm day. This ended up with ice-creams by all who enjoyed it. Other activities included going to restaurants, shopping, cinema, pub, daily walks, hairdressers, garden centre and day trips to 'Butlin's' holiday resort. Two people said they liked living so close to the local town which they liked to walk to.

People had been involved in choosing a pet for the home. They had discussed this at the residents meeting and people had been asked to put ideas forward of the type of pet they would like. This was a favourite topic of conversation for several people and a cat, fish, bird and dog had been suggested. Two people said they were looking forward to having a pet and one said, "We might have a cat … I would like a cat." The deputy manager said they would have a pet based on what the majority of people wanted.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. The Provider Information Return (PIR) said two complaints had been received in the last 12 months. These had been fully investigated and resolved. Minutes of resident meetings showed people were asked if they had any concerns and that they knew how to complain if necessary. No complaints were received during the inspection.

Compliments had also been received and a recent thank you letter said, "(Family member) spent many years at Arundel … during his time with you he felt very much 'at home'." One relative said, "I have not got one bad word to say … I've never felt the need to complain about anything."

The service also had a suggestions box in the hall which people and visitors used regularly. These asked for comments about what Arundel House was good at. These included: "Staff are good", "Food is good", "Very impressed with the dining room, is lovely and bright now", "Helping me get better when I'm sick", "Making me feel at home", "Everything", "Taking residents out" and "Putting people at their ease". The initial request for a pet had come from the suggestion box which the management team had actioned. Any negative comments received were addressed and resolved.

Good

Is the service well-led?

Our findings

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered person have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Whilst the registered manager had notified CQC about some significant events, not all had been reported. For example, one person had a broken arm from a fall. This was discussed with the deputy manager and the legal requirement to send these in. They said they would ensure CQC were notified of all reportable events in the future.

The registered manager was assisted by a deputy manager. Both worked part-time three days a week Monday to Friday with one day together when they discussed any issues or concerns. The management team worked at weekends and hands-on on occasions. They provided guidance and support out of hours and were contactable in emergencies. One of the two owners visited and monitored the service weekly. They spoke with people, staff and visitors.

Staff had confidence the management team would listen to any concerns they may have and felt part of the team. Regular staff meetings took place monthly which staff found useful. Comments included, "I can make any suggestions and they are listened to … I can bring ideas up in staff meetings", "Management are really approachable … they welcome new ideas and we have regular meetings" and "Management listen to everyone's advice … they always ask for ideas in staff meetings." One care worker said, "They (management) always say 'if anything is affecting or upsetting us, come and see us'." There was an open door policy and during our visits, people, visitors and staff regularly popped in for a chat with the deputy manager.

Effective systems were in place to monitor aspects of care and support people received. This included medicines, care plans and risk assessments. However, a cleaning plan was not in place. The deputy manager said they would put this in place immediately as it would help them identify when deep cleaning was required. Maintenance records were up to date; equipment was serviced in accordance with their individual contracts

Feedback was sought from people, relatives and staff to improve the service. The latest questionnaire sent out in 2016 was complimentary of the service and staff. Results had been analysed and any negative comments had been followed up. For example, four people said the home needed decorating which was in the process of being carried out. Regular resident meetings were held monthly. Minutes showed people were informed of what was going on in the home and asked for their ideas. The last meeting in March 2017 showed decorating, pets, activities, food choices and complaints were discussed. People also chose their favourite wallpaper for communal areas from three samples at the meeting.

The service's values centred on putting people first and supporting people to live at Arundel for as long as possible. At Arundel House it was evident people staying at the service were at the centre of the service and

staff ensured it was home from home in a friendly, caring and happy environment.

The service worked in close partnership with key organisations including the local authority and health and social care professionals. They worked particularly closely with the local mental health team to provide collaborative working. One professional said, "We work jointly."

The deputy manager felt people would benefit by increasing the community links in the area. They were in the process of looking at different ideas and organisations to link with, such as schools, colleges and voluntary agencies.