

Achieve Together Limited

Arundel House - Frinton-on-Sea

Inspection report

34 Harold Road
Frinton-on-sea
CO13 9BE

Tel: 01255852046

Date of inspection visit:
15 June 2023
12 July 2023

Date of publication:
14 September 2023

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Arundel House – Frinton-on-Sea is a residential care home providing personal care for up to 10 people who have a learning disability and/or autistic people. People living at the service may also have a mental health condition. At the time of the inspection there were 8 people living at the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

This was a targeted inspection that considered the areas of safe, risk, management, and governance. Based on our inspection of these areas we found the provider did not have effective oversight and governance to drive improvement in a timely way and breaches of regulation continued.

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

Since our last inspection the providers management arrangements had irretrievably broken down. Overall quality and safety were not being addressed. This included staffing, training, governance, and risk management which all directly link to a lack of effective leadership.

A refurbishment programme commenced after our last inspection, but this had not been completed and some bedrooms, and other areas of the home, still required urgent attention and renewal to effect cleaning to an acceptable standard. Infection prevention and control measures were not robust, and some areas of the service remained visibly dirty and unhygienic. We had concerns in relation to fire safety. We advised the provider of our immediate concerns after the inspection and they were addressed.

The service was not meeting the underpinning principles of Right support, right care, right culture.

Right Support:

People did not receive the right support to maximise their choice, control, and independence. There were not enough staff to meet people's assessed needs and commissioned support arrangements. This meant people did not lead fulfilling and meaningful everyday lives. The model of care did not focus on people's strengths or promote what they could do. Limited information was available about people's aspirations and goals and how staff could support them to achieve these. People did not receive an interactive and stimulating service.

Right Care:

People were not consistently supported to have maximum choice and control of their lives and staff did not

always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support good practice. Gaps in staff training, supervision and competency checks did not ensure people were cared for by staff with the necessary skills, knowledge, and expertise to deliver the right care and support. Care delivered was not person centred and did not promote people's dignity and independence.

Right Culture:

The culture of the service did not empower people to lead their best life. Leaders and care staff did not demonstrate values, attitudes and behaviours that ensured people at Arundel House led confident, inclusive, and empowered lives. Staff were unable to demonstrate their understanding of 'Right support, right care, right culture' guidance and how this should influence the support people received.

The service had lacked leadership and direction. Governance systems were not operated effectively and failed to identify risk and people were not receiving a safe quality service.

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

Rating at last inspection and update: The last rating for this service was inadequate (published 2023) and there were breaches of regulation.

The provider failed to complete an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider had not made enough improvement and remained in breach of regulations.

Since our inspection the home has had a change in management. The home is being overseen by the regional manager. They have shared an action plan with us and a commitment to drive and sustain improvement.

Why we inspected

We undertook this targeted inspection to check whether the Warning Notices we previously served in relation to Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains inadequate.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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

Enforcement and Recommendations

We have identified continued breaches in relation to staffing levels, staff training, risk management and governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will continue to review the providers action plan to understand what they are doing 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 overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will act in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question inadequate. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question inadequate. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Arundel House - Frinton-on-Sea

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.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 team consisted of 2 inspectors.

Service and service type

Arundel House – Frinton-on-Sea 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. Arundel House – Frinton-on-Sea 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 not a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 13 June 2023 and ended on 19 July 2023. We visited the service on 15 June 2023 and 12 July 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people living in the service. Some people could not give us feedback. We, therefore used informal observation to evaluate their experiences and to help us assess how their needs were being met. We also observed how staff interacted with people. We looked at records in relation to 4 people's care.

We also spoke with the manager, the new regional manager and 3 staff members. We looked at records relating to staffing, training and development of staff, management of the service and systems for checking the quality and safety of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 this key question was rated inadequate. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

Preventing and controlling infection

At our last inspection we found the premises and equipment were poorly maintained, unclean and standards of hygiene were very poor, putting people at risk of harm. This was a breach of regulation 12(2)(h) (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12(2)(h)

- People relied on provider and staff support to ensure effective prevention and control of infection. Whilst some bedrooms and ensuite facilities had been refurbished and were cleaner and more hygienic, others had not. The staff toilet and laundry facilities remained in poor condition and a risk of infection.
- Whilst mops, brooms, and buckets, were now all colour coded to reduce cross contamination and mops were hung up to dry, mop heads were grey and dirty dripping onto the laundry floor.
- The service did not have an effective cleaning programme in place to support staff in line with the providers infection control policy.
- The auditor, and infection prevention and control (IPC) audit failed to identify areas that continued to pose a risk of infection to people such as broken pedal operated clinical waste bin, the use of toilet brushes sitting in a dirty liquid and clinical waste bins without bin liners (all identified at last inspection).
- Some cleaning had improved; toilets, sinks, shower chairs and bed pans were cleaner, but areas were still getting missed such as bed frames. Shower heads and hoses had either been replaced or de-scaled.
- All toilet and handwashing facilities had hand soap, paper towel and toilet roll in appropriate covered dispensers. Staff had access to personal protective equipment (PPE) from covered dispensers. These all help to prevent risk of contamination and spread of infection.

Assessing risk, safety monitoring and management

At our last inspection we found the provider had failed to assess and safely manage risks to people's health and welfare. This was a breach of regulation 12(2)(a), (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12(2)(a)

- People's risk assessments and risk management plans were being reviewed and revised accordingly. The quality of the risk management strategies was inconsistent. Some provided more detailed guidance for staff than others, on how to provide the right support and ensure consistency in the delivery.
- Moving and handling practices were not managed safely which exposed people to risk. Staff had not received practical refresher training. Following our inspection, we were given assurance by the Regional Manager that this would be addressed in the next week.
- Following a fire in February 2021 an independent fire risk assessment was carried out in March 2021. Areas of risk were found, and recommendations were made. There was no evidence to demonstrate all recommendations had been completed and sustained to ensure fire safety, or the service had been independently and competently reassessed since 2021. This meant the quality of fire safety at Arundel House was not assured.
- The fire risk assessment identified 2 staff at night were insufficient to manage a fire evacuation of the current occupants from the premises unless a combination of other recommended measures were introduced as part of an overall strategy. No action had been taken to address this in relation to staffing or additional measures.
- People's risk assessments and risk management plans were being reviewed and revised accordingly. The quality of the risk management strategies was inconsistent. Some provided more detailed guidance for staff than others, on how to provide the right support and ensure consistency in the delivery.

Following our inspection, the provider instated a sleep-in staff member at night to support safe evacuation procedures if needed. These interim arrangements will stay in place until fire safety is reviewed and re-assessed by a trained, experienced and competent person and any recommended additional measures are implemented.

Staffing and recruitment

At our last inspection we found there were insufficient numbers of skilled and competent staff to meet people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 18.

- There were not enough staff with the right skills and competencies to provide the right level of person-centred care and this affected the quality of care and support people received.
- Staffing levels were not determined by people's support needs and funding arrangements. People were not receiving their additional funded support hours to ensure they led a fulfilled and meaningful life. This meant people were bored which heightened their stress and anxiety.
- The provider had insufficient resources dedicated to keeping the environment clean and fit for purpose. Care staff carried out all the cleaning as well as cooking which took them away from supporting people.
- Whilst staff had either completed or refreshed their eLearning in mandatory topics; knowledge and understanding were clearly lacking in learning disability, communication skills, person centred care, and diversity and equality.
- Training for staff remained outstanding in subjects relevant to people's specific needs such as moving and handling, dysphagia, Huntington's disease and mental health.

Using medicines safely

At our last inspection we found people's medicines were not managed safely. This was a breach of Regulation 12(2)(f), (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of Regulation 12(2)(f).

- At this inspection we found medicines were managed safely and people received their medicines as they should.

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 this key question was rated inadequate. We have not changed the rating as we have not looked at all of the well-led safe key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

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

At our last inspection we found the provider failed to have adequate systems that were operated effectively to monitor and improve the safety and quality of service provided and mitigate risk to the health, safety and welfare of people. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- The service has not had a registered manager since June 2022. The provider's management arrangements for the service have been inconsistent and failed to provide leadership, oversight, and timely action to meet regulations and drive improvement.
- The provider's governance system was not operated effectively and did not provide an accurate overview of the service or outcomes for people. For example, the providers monthly self-assessment audit completed in April and May 2023 did not reflect our findings.
- Audits and checking systems were not robust, operated effectively or scrutinised for accuracy and completeness. For example, the managers oversight and daily check for June 2023 stated there was no action needed in relation to fire safety.
- The provider was not robustly checking staffing levels were appropriate, to assure themselves and other agencies they had enough staff with the right skill mix to meet people's emotional and physical needs and keep them safe. In addition, ensure there were enough staff to carry out additional tasks such as cleaning, laundry, and cooking.
- A more effective learning and development plan was needed to enable staff to develop the skills and expertise needed to carry out their roles more effectively.
- The provider had not ensured staff received adequate support and supervision to carry out their role.

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

- The providers website presented a positive personalised vision based on individuality and opportunity, but this was not reflected at Arundel House.
- The service did not promote a positive culture or reflect the values of right support, right care, right culture.
- People did not receive their commissioned support hours for the purpose they were intended. This meant people had very limited opportunities.
- Staff were unable to provide tailored and consistent support because there was not enough guidance in people's plans on how this was to be done.
- People's support plans did not include clear strategies to enhance their independence and did not evidence any future planning or consideration of the longer-term aspirations of each person. Goals and interests were not explored or developed.
- Staff lacked information on how to effectively address people's distress, communicating a need, expressing feelings or an emotional reaction.
- Knowledge and understanding were clearly lacking in learning disability, mental health, communication skills, person centred care, and diversity and equality. For example, a staff member called a person to sit down with them and started to turn the pages of a book and pointing to pictures. The person who did not communicate verbally, sat with their head turned away and their hand covering their eyes, clearly demonstrating they did not want to participate in this activity. They eventually got up and went away looking quite distressed. The staff member failed to recognise or acknowledge their communication and did not offer an alternative.

Since our inspection a change to senior management had taken place to support the service, with an assurance given to provide us with weekly updates of a working improvement plan.