

Leonard Cheshire Disability

Arnold House - Care Home Physical Disabilities

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Arnold House is a care home registered to provide residential care for up to 23 people with a physical disability. Some people have additional needs due to a cognitive impairment or mental health needs. At the time of the inspection there were 19 people living at the service. People were aged from 20 to 65 years of age.

People's experience of using this service:

At the last inspection there were two breaches of the regulations relating to dignity and respect and governance of the service. We issued a Warning Notice in relation to the governance of the service.

We found improvements in the way the service was managed at this inspection. Quality audits took place covering a wider range of areas including out of hours care and they were more detailed.

We found the service was in breach of the regulations related to the management of medicines. Although people were supported to take their regular medicines regularly, the systems for offering 'as and when required' medicines and applying creams did not reflect current best practice. We could not be sure that people were always getting their medicines as prescribed.

There was still a mixed view from people as to the kindness and caring nature of some members of staff. We could see the registered manager was working with people at the service to encourage them to speak openly regarding any concerns they had. Residents' meetings took place regularly for people views to be considered in how the service was run. The registered manager had also moved their office to the ground floor, so they were available for people to talk with easily and could routinely observe care.

Supervision and training was taking place regularly for staff and staff told us they felt supported in their role.

Care plans were up to date and contained up to date information; medicines care plans required more personalised information. There were risk assessments in place but for some people we found these needed reviewing to ensure they were accurately completed, in particular, in relation to eating and drinking. The registered manager acknowledged the service would benefit from a summary document to guide new or agency staff in how to meet people's needs, and completed these after the inspection.

Complaints, accidents and incidents, including safeguarding were dealt with appropriately and we could see lessons learnt were shared across the service.

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.

Rating at last inspection: The last inspection took place on 6 and 19 September 2018 and was rated 'Requires Improvement'. The report was published on 21 November 2018.

Rating at this inspection: The service remains rated as 'Requires Improvement'. The requirements of the Warning Notice had been met at this inspection.

Why we inspected: This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up: You can see what action we have asked the provider to take at the end of this full report.

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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 not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-led findings below.

Requires Improvement ●

Arnold House - Care Home Physical Disabilities

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two adult social care inspectors, a CQC pharmacist specialist and two Experts-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:

Arnold House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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: The inspection took place on 13 May 2019 and was unannounced.

What we did:

Before the inspection, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission. A notification is information about important events

which the service is required to send us by law. We looked at the information sent to us by the provider in the Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also checked the action plan submitted following the last inspection.

During the inspection:

We looked at the environment and the cleanliness of the service. We spoke with five support workers, the registered manager and the maintenance co-ordinator. We checked three staff files, including induction, training, supervisions and appraisal, and recruitment. We looked at training and supervision logs and three people's care records.

We talked with 12 people and two relatives on the day of the inspection. We also talked with a visiting health professional.

We checked complaints, accidents and incidents, CQC evidence folder, building and fire records and the safeguarding file. We also looked at staff and residents' meetings and residents' surveys.

During the inspection we reviewed three medicines administration records, three topical medicine administration charts and four medicines support plans. We observed medicines administration and looked at medicines storage and governance arrangements.

We looked at audits covering medicines, infection control, call bell and care and environmental audits.

Following the inspection the registered manager sent us additional auditing information and we received feedback from two additional health and social care professionals and three relatives.

Is the service safe?

Our findings

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

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.

Using medicines safely

- At the last inspection we found staff were not always competent in booking in medicines onto the new electronic medicines administration system. This affected the service's ability to safely manage and account for all medicine stocks, and stock errors routinely occurred.
- At this inspection we found staff kept records when they administered medicines and there were improvements in the management of medicines delivered part way through the four-week medicines cycle.
- There was a system of reporting and recording medicines errors and action was taken to resolve individual errors. There had been numerous errors since the last inspection. There were differing views as to the source of the errors; some were attributed to the electronic administration record system; others were attributed to human error.
- The registered manager and provider confirmed stock checks were more frequent to identify and address the issue and the provider would continue to support the staff in using the new system to further minimise human error.
- Where people were prescribed 'as and when required' medicines there were no protocols to assist staff to understand when to administer such medicines and how to assess whether they were effective.
- Paper charts were in use to record the administration of creams. These did not include sufficient information to identify the person who applied the cream or guide staff on what cream to use and how, when and where to apply it.
- Audits carried out by the service included a check on the paperwork related to the administration of creams but did not identify that they weren't being completed correctly. There was a risk that people did not have creams applied as prescribed.

These concerns were a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were trained and deemed competent before they administered medicines, and regular checks ensured people received their medicines safely.
- Staff knew how people preferred to take their medicines, but these details were not recorded in the care plan to ensure consistency. For example, we found one person was given a fortified drink before lunch whereas another said they would wait until after lunch so it did not dampen their appetite. People told us medicines were given on time.

Systems and processes to safeguard people from the risk of abuse

- People gave varied feedback. We were told, "Yes I feel safe, it is my home. I am well looked after." But we

were also told, "I feel safe with the staff. Except for two or three." This person did not expand further, but people's experience of care is explored further in the Caring domain later in the report.

- The provider had policies in place which gave information and guidance on how to protect people from abuse.
- Support staff could describe the different types of abuse people could face, how to recognise signs of abuse and the steps they would take to report their concerns, including how to whistleblow.
- The registered manager had notified appropriately any safeguarding concerns since the last inspection and we could see that the registered manager shared learning with staff.

Assessing risk, safety monitoring and management

- We saw risk assessments were in place, up-to-date and covered a broad range of issues including people's physical and mental health, risk of weight loss and skin integrity.
- Some people were at risk of choking and we saw that whilst they had risk assessments in place, additional risk documents to address their capacity to ignore the advice of speech and language therapists were not always completed fully or signed off appropriately. We discussed this with the registered manager who told us they had reviewed these as a priority following the inspection visit.
- We did not find bed rails risk assessments or moving and handling risk assessments for all the people using them, however this information was embedded in support plans. As these were long, this may not have been readily available for new staff or agency staff unfamiliar with the people living there.
- Personal emergency evacuation plans were in place in case of fire.

Staffing and recruitment

- At the last inspection we heard call bells ringing continuously and people told us they had to wait for long periods for call bells to be answered.
- At this inspection the service had made changes to the system and process for answering bells. They could no longer be answered remotely; staff now had to go into people's rooms. We also heard the majority of bells answered quickly.
- However, people still told us of waiting for longer periods at night for staff to support them. Feedback included, "They need more care staff" and "They are short of staff." People also told us that at busy times, for example in the morning they often had to wait to be got up. "This morning when I wanted to get up at 9am, they told me I would have to wait 20 minutes as they were seeing to someone else."
- Other people told us they had to wait for assistance at night. The deputy manager told us they were also working with individuals to understand their night time requirements to minimise the use of the bell.
- The service continued to follow appropriate processes to ensure that only those staff assessed as safe to work with vulnerable adults were employed.
- Pre-employment checks included written references confirming past conduct in previous employment, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults.
- The registered manager told us staffing levels and shift patterns were continually kept under review, and had recently resulted in an increased member of staff during the day. The registered manager told us they would discuss people's waiting times with them.

Preventing and controlling infection

- At this inspection we found the service was clean and free from malodour even though we arrived early following a weekend. We could see the registered manager had carried out audits to ensure the service remained clean.
- We saw that gloves and aprons were available for staff to use. One staff member told us "I am the

champion for residents' rooms being tidy. I check the beds, for example, under the duvet."

Learning lessons when things go wrong

- There were accident and incident logs, and we could see from these and from team meeting minutes that the registered manager discussed issues with staff to aid learning.

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

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

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

- People's needs were assessed prior to them being admitted to the service.
- People and their relatives contributed to the risk documentation and care plans to ensure their views were represented and the service understood how best to meet their needs.
- People's support plans noted people's religion and any other cultural needs they may have. One person told us they were being supported to have a relationship which was positive. One person told they would like more culturally appropriate food which was raised with the registered manager who told us they would discuss this with the chef.

Staff support: induction, training, skills and experience

- New staff received an induction which included shadowing experienced staff and completing training. Most staff held national qualifications in social care of level two or above. If staff did not have this level, they undertook the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- At the last inspection we were concerned that not all staff, particularly night staff had received training, or refresher training in key areas, such as safeguarding and manual handling. Also supervision was not taking place regularly.
- At this inspection records showed staff received regular supervision which was in-depth, and which checked their understanding of issues.
- Training covered a broad range of areas including safeguarding, food hygiene, first aid, dignity and respect and mental capacity. Staff had also received training in managing epilepsy and swallowing difficulties. Following the inspection, stoma care training was planned.
- Staff told us, "Training, it's like three or two sessions per week. It's mainly refresher. There was a lady in last week teaching catheter care. Staff are always signed up to something" and, "Lots of different training. Moving and handling tomorrow. It keeps you on top and stops bad habits."
- Most people thought staff had the skills to care for them. However, one person told us this varied depending on the staff member. This view was echoed by a relative who told us some staff still needed to improve their skills.

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

- At the last inspection the service had commissioned advice and training for staff to ensure that people at risk of choking were being safely supported. At this inspection we saw that Speech and Language Therapist advice was readily available for the majority of people who required it. For one person this information was on record but not easy to find in the care record. The registered manager told us they would resolve this as a

priority.

- People were in the main, happy with the food. We also saw that menus were discussed with people at the service. A number of people told us the food was bland, and they would like more options on the menu. One person told us, "On the menu it says there is soup or sandwiches, but not what type." Another said the options for people having pureed food were limited.
- Other people were happy with the food, "I have no complaints with the food." On the day of the inspection lunch was a happy occasion with people chatting and laughing. They were offered choice and supported to eat in a calm and patient way.
- The service had one permanent member of kitchen staff but a second had recently left the service. At the time of the inspection care staff were filling gaps in the rota by working overtime. This meant staff knew the people they were setting out food for but meant there was dispersed responsibility for ensuring people ate food appropriate for their needs.
- We saw some items on the menu were not suitable for people who were at risk of choking. Although people would be offered alternatives, people with full capacity, had the right to choose from the full menu. A risk minimisation approach would be to limit the range of foods on the menu which were high risk foods for people at risk of choking. After the inspection the registered manager told us they had removed items such as crackers to accompany cheese but would make these available to individuals who specifically asked for them. They also reviewed the menus.
- People were weighed regularly, and the staff encouraged people to eat healthy diets.

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

- Two health professionals told us the staff worked in partnership with them to support people to maintain good health. We were told that the staff were improving skills in working with people at risk of choking and these skills needed to become embedded across the staff team.
- Staff made referrals to other health professionals in a timely manner and worked with other professionals to manage skin care and meet people's mental health needs.
- Systems were in place to remind staff to book appointments with a range of health care professionals so people had regular check- ups including breast screening, dentists and opticians.

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

- The service had been decorated in a number of areas since the last inspection and appeared brighter and homely. People's rooms had personal items in them.
- We found some areas of the service were still in need of renovation. The registered manager told us there was a plan in place to decorate other areas and install or move ceiling track hoists in some bedrooms.
- The service had a call bell system which people could use to ask for support. Whilst this was useful as a number of people had significant mobility issues, people told us that the ringing of call bells at night disturbed them. The volume of the call bells had recently been reduced and this helped.
- However, the registered manager told us they were aware this remained an issue and had raised this with the provider to find a better solution.

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 so that they can 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- DoLS were in place for some people at the service. The registered manager had a system in place to prompt renewals.
- Care plans highlighted people's capacity but in some areas could be expanded upon to provide better guidance to staff in understanding people's capacity.

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

People did not always feel well supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Ensuring people are well treated and supported; equality and diversity; Respecting and promoting people's privacy, dignity and independence

- At our last inspection the provider had failed to ensure that people were treated with dignity and respect. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 10.
- Meetings for people living at the service took place for people to give their views. The registered manager had moved their office to the ground floor to be able to observe staff interaction and be easily available for people living at the service to pop into the office.
- We had mixed views from people living at the service regarding staff showing people dignity and respect. Some people praised staff and we witnessed kind interactions between staff and people receiving support. Feedback included, "I am alright, yes they respect me" and, "Yes they listen to me and respect me."
- However, people also told us some staff did not always speak with them in a kind, patient way. We were told, "Some of the staff can't be bothered with me. They can be a bit rude, others are lovely." Some people told us specific staff members raised their voices at them or handled them more roughly than they would like. One person told us some staff still entered their room without knocking on occasion. Another person told us, "Some are kind, seven out of ten staff are."
- A relative told us, "Carers in general treat her well." Two other relatives told us they witnessed caring interactions between staff and people at the service. But another said, "There are individuals who need to improve their skills."
- Staff were able to tell us how they showed people dignity and respect. "Just spend the time talking with people. Let people have lunch when they want, it's their choice; knock on people's door. People have rights." Another staff member told us, "I encourage people to speak up, to go to the manager's office downstairs, the door is always open."
- We discussed these issues with the registered manager and the supporting regional manager who told us they were committed to continuing to make improvements in the area of dignity and respect.
- Staff had received training; there was a dignity board with prompts and reminders of good practice on display in the communal area; one staff member was a dignity champion and issues of dignity and respect were discussed at team meetings and in supervision.

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

- Some care plans were signed by people so it was clear these people were involved in their care. Others

were not, and whilst the registered manager told us people were always involved, the reasons for a lack of signature was not always clearly documented. The registered manager told us they would address this issue.

- Regular meetings took place at the service, so people could influence how the service was run and give their views as to what was working well and what needed changing.
- The recruitment process for the deputy manager involved people from the service taking part in the interview process to give their view which was positive.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records were personalised, detailed and up to date. They covered a broad range of needs including physical health, mobility and communication: they reflected people's specific needs, wishes and routines. There were specific care plans to support staff in managing people's health conditions such as epilepsy and mental health conditions.

- With support from local authority staff the service had set out 'My Life, My Support' plans which gave important background and historical information on people's personal histories and current situation. A one-page profile also set out people's likes and dislikes.

- It was clear at this inspection the service had taken forward work in this area of person-centred plans, significantly. Medicine care plans required further work to personalise them.

- Following the inspection, the registered manager sent us a very brief summary document that agency staff and new staff could read to direct them to important documents within care records.

- People told us they did go out to places. "We went to a London Museum last week" and "Yes they arrange something a couple of days before hand. Last week we went to the pub and shopping. I am going out this week."

- There was a bus available to take people out with a driver available for approximately 14 hours a week. Several people told us they would like to go out more.

- At the time of the inspection only one staff member was qualified to drive which limited people's options, however the registered manager told us they hoped to get additional drivers as they were aware this would create more opportunities for people. A relative told us they thought their family member would like to go out two to three times a month, but this was dependant on staff availability.

- We saw activities taking place at the service and we were told volunteers supported people with IT and were offering French lessons to people. We saw people were positive and there was a good atmosphere at one activity we witnessed.

- The registered manager told us activities needed more structure to meet the needs of everyone and they were working to achieve this.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. Complaints were dealt with in line with in a timely manner and in line with the policy. We could see some people had made complaints but other people who told us of issues of poor practice did not always feel confident to raise issues.

- We discussed this with the registered manager who told us they had moved their office to the ground floor, so they could be easily available to people who often popped in. They were also holding residents' and family meetings regularly as a forum for people and their relatives to air their views.

- Health professionals told us the registered manager and staff were responsive when issues arose and

worked well to address these issues in partnership with their service.

End of life care and support

- Staff had been trained in this area and we could see that some end of life discussions had started to take place and were documented.
- Where one person had refused to discuss this it was noted, but not signed and dated. This meant it was unclear when the discussion took place and with whom so this could be revisited at a later date. The registered manager told us staff were still developing their skills in this area.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- At our last inspection the provider had failed to robustly assess, monitor, mitigate the risks relating to the health safety and welfare of people using the service, and to improve the quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A Warning Notice was issued to the provider.
- At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.
- We found there were improvements in the way the service was managed. There was a new registered manager who had become established in post. The provider had offered practical support and senior management guidance which had helped to achieve improvements.
- At this inspection we found there were effective systems in place for supervision; training was up to date and staff were competency checked in key areas.
- The registered manager had implemented improved quality auditing processes which provided more detail of areas of care that were being checked. Some audits still lacked source references to substantiate the findings. The service audits had not noted some of the issues we found, for example, in relation to topical creams or issues related to SALT advice. .
- Audits took place in key areas including medicines, infection control, care planning and care outside of office hours. Lack of auditing at night and weekends had been highlighted previously and we could see that eight visits had taken place out of hours by the registered manager and been recorded. Any issues raised were acted on.
- Since the inspection the new deputy manager in post has also worked and audited night care at the service with a view to checking quality performance and improving care.
- The provider had offered additional support from a service improvement manager who assisted with updating of care records; carried out audits and had supported the registered manager in their role.
- We noted at this inspection that a number of improvements in processes had been made but these needed to be embedded further at the service.
- The provider confirmed that additional support from the service improvement team would be in place for an additional two months, until the end of July 2019 and given the ongoing issues with reconciliation of the medicine stocks versus records there would be additional support in this areas for the service.
- The provider told us they planned to implement a new electronic care planning system in the coming 12 months across a broad range of services including Arnold House. They assured us they were developing a comprehensive support plan which would include training, on-site support from a designated staff team and user guides for the system to minimise the disruption to the quality of the service during

implementation. Implementation would be risk assessed prior to being started.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- We saw the registered manager was actively promoting good quality personalised care to people in a range of ways. However, this was not everyone's experience and the registered manager acknowledged this was the case and had plans to further improve people's experience.
- New staff had been recruited and plans to embed further the champion roles within the staff team would support this work. We saw that staff were asked in supervision if they would like to discuss any issues that they witnessed or that arose on shift. We could see the management team was keen to promote openness and transparency within the staff team so there was a culture in which good quality care was expected from staff, and by other staff members.
- Since the last inspection we found the registered manager and service improvement manager had sent us notifications of significant events appropriately and discussed in a transparent way any issues of concern at the service.

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

- Staff, residents' and family meetings took place. Records showed that people using the service and staff were able to contribute to how the service was run and make suggestions for improvements. A relative also told us they attended regular meetings and felt able to give their views of the service. They also welcomed updates from the registered manager on the service.
- People and their relatives told us "[Registered manager] is trying hard to improve things. The home has improved a lot since September." Another relative told us they had noticed improvements in the recent months. A person at the service told us the service is, "fairly well run". Staff told us, "Yes, the manager is very approachable" and "It's a lot better now than it was. A lot of changes; for the best." One relative told us they still lacked confidence in the registered manager and the regional manager to improve the service.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with other organisations including mental health services, GPs and other health providers locally.
- The majority of people gave positive feedback regarding the registered manager and we could see that together with the service improvement manager the service was working to establish and embed changes.
- There was a service improvement plan in place which the management team were working to.

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 12 HSCA RA Regulations 2014 Safe care and treatment The management of medicines was not always safe. Regulation 12 (1)(2)(g)