Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Arundel House - Frinton-on-Sea

34 Harold Road, Frinton-on-Sea, CO13 9BE

Tel: 01255852046

Date of Inspection: 31 January 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Aitch Care Homes (London) Limited
Registered Manager	Mrs. Patricia Ward
Overview of the service	Arundel House is a small care home. It provides accommodation and personal care and support for up to 10 people who may have mental health needs. Nursing care is not provided at Arundel House.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We reviewed all the information we have gathered about Arundel House - Frinton-on-Sea, looked at the personal care or treatment records of people who use the service, reviewed information sent to us by other organisations and carried out a visit on 31 January 2013. We observed how people were being cared for, checked how people were cared for at each stage of their treatment and care, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We used a number of different methods to help us understand the experiences of people using the service. This was because the people living at the home had complex needs which meant that they were not able to tell us their experiences. We spoke to people living at the home and were able to observe staff supporting people.

We saw that the people living at the home were supported and encouraged to exercise choice in their day to day lives. Independence was also promoted and staff worked with people to achieve this. People received the care, support and treatment they needed and this was provided in an individual way.

During the course of our visit we saw that people were supported to express their views and choices by whatever means they were able to and staff clearly understood each person's behaviours and their way of communicating their needs. Staff looked after people's healthcare needs in a proactive way.

The staff team were well trained and supported to carry out their role.

The provider had effective systems in place to monitor the quality and safety of service that people received.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

On discussion with staff it was clear that the care and support provided to people was person centred, based upon people's individual routines, needs and behaviours. A staff member we spoke to said that the care people received at the home was "Tailored to them" and "Fitted in with their own routines as everybody had different care."

The manager told us that people were fully involved in discussions and agreements about their care and support, what went into their care plans and how they liked everyday tasks carried out. This ensured that people were able to maintain their independence, learn new skills and be more confident.

We saw that the staff were engaged with people using the service and were respectful, sensitive and kind. They spent time explaining what was going on in an encouraging way and which didn't rush people.

The care plans included details of people's emotional and sexual needs and personal relationships. We saw and heard that the staff team gave people living in the home choices and the time to make choices and respond. We saw that people's choices were respected as was their right to privacy.

Group discussions were held to talk about menus, meals and activities so that everyone had their own choices. We saw notes of regular meetings that had been held with people who use the service and these showed that issues of importance to people were discussed and solutions found.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People living in the home had comprehensive care management plans in place that covered their day to day support, healthcare and any risks to their health and wellbeing. These were seen to be sufficiently detailed to guide the staff and were up to date. Records showed that people's care management was reviewed regularly.

During our inspection on 31 January 2013 we looked at three care plans. These contained clear information about the person including a section called 'All about me', which was written by them with support. There was a full assessment of their needs including how they communicated, their medication, daily living and personal care needs, support in the community, activities, relationships and things that mattered to them.

We also saw that people had a health action plan to ensure their health was looked after. These care plans showed that people's care and support was person centred and coordinated.

From discussion with the staff working at the home it is clear that they knew the people living at the home very well and were able to interpret their non verbal and verbal communication in order to assess mood, behaviours and wellbeing. Care records, completed by the staff team, commented on the management of behaviour and the mood and wellbeing of the person they were supporting and caring for. The care records showed how staff were guided in individual ways to manage different behaviours of the people living in the home.

People living in the home had a range of up to date risk assessments in place that underpinned the care management plans. The risks were detailed clearly as was the management of the risk. Risk assessments covered both care and support required in and outside the home. Emergency procedures were also in place, for example for a missing person.

The risk assessments we saw included help with money, independent living skills, keys, healthy eating, medication, being out in the community, using the kitchen, dealing with anxious behaviour and accessing vehicles.

The care plans, risk assessments and health action plans were in an accessible format,

had been signed by people themselves, where they were able, and were reviewed regularly by the key workers. The daily diaries we saw provided an up to date record of how people felt, their activities, moods and behaviour on any given day.

People did a range of activities in the home as well as in the community including attending college, day centres and clubs, shopping, outings, going to the theatre, games and art and craft.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use this service were protected form the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The manager told us that their own safeguarding policies had been reviewed in June 2012.

We spoke to one member of staff and they told us that they felt the people living at the home were "Kept safe and were well cared for".

We spoke to staff who showed a good understanding of adult safeguarding matters including whistle blowing. One staff member said "I would feel very comfortable raising any concern with the manager or deputy manager and I know it would be addressed". The staff member also told us that they had received training in the Mental Capacity Act (2005) and Deprivation of Liberty safeguards (DoLs). The staff member said "We discuss this aspect of care quite regularly and we discuss it at our staff meetings." Where it was necessary, people had Mental Capacity Act (MCA) assessments in place which were kept in their care plans. This ensured that people's rights and wishes were dealt with in an appropriate way.

The provider had policies and procedures in place on adult safeguarding for staff to use and this included guidance from the local authority. From our records we noted that when the staff team at the home had raised safeguarding referrals previously these had been dealt with appropriately and in the best interests of the people living in the home.

All staff had received training in the safeguarding of vulnerable adults from abuse. The service also ran a safeguarding awareness programme which involved people who used the service. This went through what abuse was and how to complete the necessary forms and processes. The staff we spoke to told us that the training they had done was very helpful and they knew what to do if they suspected abuse of any kind.

Discussion sessions had also been held with people who use the service and staff about different types of abuse and how to protect themselves. Information about safeguarding people from abuse was in accessible formats to ensure people understood their rights with regard to being kept safe.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

When we visited on 31 January 2012, we found the environment to be homely and comfortable overall.

At our inspection we saw that thought had been given to creating areas and space for people with differing needs such as challenging behaviour and gender. Groups were not segregated completely and people all had their own space.

The bedrooms were for single occupancy and provided adequate space for the recommended furnishings. The rooms were pleasantly laid out and rooms had also been personalised with regard to each person's choices and interests.

At the time of our inspection the manager told us an architect was to visit the home that day to assess whether some of the unused rooms upstairs could be converted into flatlets for independent living. The service is registered for 10 people but at the time of our visit only 5 were in residence. We were told that the external fascias had recently been repaired, one bedroom had been fully redecorated and a new carpet had been purchased for another. A new carpet had also been replaced in another person's room and one bathroom was due to be upgraded.

Overall, the home was well maintained and the decor was neutral and fresh. The manager and staff told us that any other areas that require attention were to be included in the annual renewal plans over the coming year. We saw that risk assessments were in place regarding the safety of the building and grounds for people.

Communal areas were light and spacious, with comfortable furnishings and no noticeable odours. Overall, the service had a homely environment where people were made comfortable.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

The information shown to us indicated that staff at the service generally had positive training opportunities and we were told they had kept up to date in core areas such as safeguarding vulnerable adults (SOVA), fire safety and health and safety. Some staff told us they had completed additional training in challenging behaviour, infection control and health and safety, which gave them greater awareness of people's needs, and the skills to meet them.

Staff told us they were supported to undertake training and develop skills. We saw that the service had access to good resources to facilitate this.

The manager explained the arrangements that were in place for new staff to 'shadow' an established member of staff to ensure that they gained the experience they needed and got to know people's needs. They also told us of the initial induction training undertaken in house, covering important core areas such as safeguarding, fire safety and moving and handling.

We spoke to one staff member who told us that they had received a good induction when starting at the home, they had shadowed experienced staff and felt well supported by the team as they settled in to their new role. They also told us that the standard of training provided at the home was good. They also told us that they received supervision every month and were able to attend staff meetings as well where they could discuss both matters that affect them and the care management and welfare of the people living in the home.

Staff records we viewed showed that staff had undertaken training relevant to their role. Supervision processes were in also place which ensured that staff were supported and monitored.

Staff told us that they felt supported. The home had a friendly atmosphere and it was clear from observations that the senior team and staff generally all got on well, and that the management team provided good support to staff.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

The manager told us that they had a number of ways of monitoring the quality of the service. The last survey completed was in July 2012 when they received the views of professionals, staff, families and advocates. We saw a survey for people who use the service which was in pictures and easy words which gave them the opportunity to complete it themselves if they could. This indicated that 92% of people were happy with the staff and 91% were happy with the service.

Monthly house meetings and menu planning meetings with people who use the service were held. The notes of the meetings were in pictures and easy words, saying who had been there, what they had talked about, what had happened and what had been agreed. For menu planning picture cards were used.

Staff meetings took place monthly and staff had signed the notes to say they had read them so that they were kept up to date about people's quality of care.

As part of the quality assurance system the service had asked relatives of the people living in the home for feedback and this was last completed in 2012. Records showed that the results for the home were very positive overall and that the staff team had planned further work on how to involve people using the service.

People, where they were able, would verbalise any issues they had. The complaints log showed that no complaints had been received in the last year, and when they had previously we noted they had been responded to appropriately.

The service had processes in place to collate the information, identify the service's strengths and weaknesses and plan the actions required to improve the experiences of people using the service. This ensured continued improvement in the areas identified.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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