



*Making Social Care
Better for People*

inspection report

CARE HOME ADULTS 18-65

Arundel House

**34 Harold Road
Frinton on Sea
Essex
CO13 9BE**

Lead Inspector
Diane Roberts

Key Unannounced Inspection
27th February 2007 10:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Adults 18-65*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Arundel House
Address	34 Harold Road Frinton on Sea Essex CO13 9BE
Telephone number	01255 852046
Fax number	01255 852049
Email address	arundel.house@achuk.com
Provider Web address	www.achuk.com
Name of registered provider(s)/company (if applicable)	Aitch Care Homes (London) Limited
Name of registered manager (if applicable)	Stephen Chawner
Type of registration	Care Home
No. of places registered (if applicable)	10
Category(ies) of registration, with number of places	Learning disability (10)

SERVICE INFORMATION

Conditions of registration:

1. Persons of either sex, under the age of 65 years, who require care by reason of a learning disability (not to exceed 10 persons)

Date of last inspection

This is the home's first inspection.

Brief Description of the Service:

Arundel House is a large converted period house located near to the sea front in Frinton on Sea. It is also close to the shops and local transport links. The house has been restyled and refurbished to a very high standard, with a modern feel, appropriate to the residents group it aims to care for. All rooms are single with ensembles and many are very large. There is a communal lounge and quiet lounge. The home has a good-sized private garden to the rear. The proprietors have a statement of purpose and service users guide available and the fees are £1400.00 per week.

SUMMARY

This is an overview of what the inspector found during the inspection.

The inspection took place over 5 hours and was carried out as part of the annual inspection programme for this home. The assistant manager was available throughout the inspection. The registered manager was working away from the home.

This was the first inspection for this home and it focused upon all of the key standards. A partial tour of the premises was undertaken. The home has only recently admitted its first two residents. It was therefore not possible to undertake a full assessment of some of the standards and this is reflected in the body of the report.

It was possible to speak to both of the residents and some of the staff. One comment card was received from relatives.

What the service does well:

The staff team have a very person centred approach to care with the residents best interests and welfare put first.

Residents are happy living at the home and relatives who commented were happy with services provided.

The management team are putting in good business and recording systems at the home.

What has improved since the last inspection?

This is the first inspection for the home.

What they could do better:

The management team need to review their adult protection procedures.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 5 are:

- 1.** Prospective service users have the information they need to make an informed choice about where to live.
- 2.** Prospective users' individual aspirations and needs are assessed.
- 3.** Prospective service users know that the home that they will choose will meet their needs and aspirations.
- 4.** Prospective service users have an opportunity to visit and to "test drive" the home.
- 5.** Each service user has an individual written contract or statement of terms and conditions with the home.

The Commission consider Standard 2 the key standard to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

2.

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

All residents are fully assessed prior to admission, to ensure that their needs will be met.

EVIDENCE:

Following an initial referral, the company referrals team visit the prospective resident for an assessment. This team consists of people with a range of appropriate backgrounds. Following this assessment, if the referral moves forward, the manager of the home also undertakes an assessment visit. As part of the assessment, prospective residents are able to come and visit the home and stay for differing periods, should they so wish. The timing of visits depends upon resident's needs and choice.

Assessments and visits to the home are recorded on transition sheets and if required a key worker from the current placement is also made welcome to the home. Records evidence a comprehensive person centred assessment, which also includes documentation from social services where required.

Records show that residents have been given individual service user guides, laid out depending upon abilities. Photos are used throughout, along with pictorial images. These documents are very resident orientated.

Individual Needs and Choices

The intended outcomes for Standards 6 – 10 are:

- 6.** Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
- 7.** Service users make decisions about their lives with assistance as needed.
- 8.** Service users are consulted on, and participate in, all aspects of life in the home.
- 9.** Service users are supported to take risks as part of an independent lifestyle.
- 10.** Service users know that information about them is handled appropriately, and that their confidences are kept.

The Commission considers Standards 6, 7 and 9 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

6, 7 and 9.

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

The home has a care planning system in place that is developing positively.

Residents are assisted to make decisions about their lives, as they are able.

Residents are supported to take risks as part of their independent lifestyle.

EVIDENCE:

The home has a person centred care planning system in place. Current residents have recently chosen a key worker after getting to know the staff team. The staff team have attended person centred care planning training and extensive communication training to enable them to identify all forms of communication, including makaton.

Due to the current recent admissions to the home the care planning documentation was not fully complete, so the assessment of the system was limited with regard to assessing over a period of time.

Records completed so far, show a person centred approach, which identifies residents' personal preferences, choices and future goals. Residents will be helped to complete a personal planning book in the near future. Key care plans were seen to be in place for areas of particular need to ensure that staff had clear guidance on how to deal with specific issues. Staff could work on these to show a more person centred approach in the detail of the care plan. Records showed that residents' strengths were documented and areas where skills need to be developed identified, including daily living skills. The assessment process is still underway.

Risk assessments and identification of the need to take risks within a home/community environment had been completed and these included community access.

From observation and daily records it is clear that residents are being encouraged to develop daily living skills and to access the local community, which is new to them. Records evidence resident choice and detailed notes are maintained on all aspects of residents' life in the home. Records also demonstrate staff observation and understanding of developments in behaviours and changes in mood

Lifestyle

The intended outcomes for Standards 11 - 17 are:

- 11.** Service users have opportunities for personal development.
- 12.** Service users are able to take part in age, peer and culturally appropriate activities.
- 13.** Service users are part of the local community.
- 14.** Service users engage in appropriate leisure activities.
- 15.** Service users have appropriate personal, family and sexual relationships.
- 16.** Service users' rights are respected and responsibilities recognised in their daily lives.
- 17.** Service users are offered a healthy diet and enjoy their meals and mealtimes.

The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13, 15, 16 and 17.

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

Residents are able to take part in age, peer and culturally appropriate activities.

Residents take part in the local community.

Residents have appropriate personal relationships.

Residents are respected by staff.

Residents receive a varied diet and mealtimes.

EVIDENCE:

Activities in the home are developing positively and staff are working with the residents to help them to access local services. Residents are currently developing links with local colleges and employment agencies so that their personal goals can be achieved. Full activity plans are being collated in consultation with the residents using a variety of communication methods including picture cards.

From records, discussion and observation, residents are visiting the local community both with staff and family members to shop, swim and go to local restaurants, pubs etc.

Activities are also provided in house and residents are also encouraged to take part in daily living activities such as cooking and household tasks. Good records are in place that evidence how residents are spending their time. The manager plans to help residents integrate into local community groups and maintain friendships outside the home environment. Residents confirm that their family have visited and that they have spent time out of the home with them. From discussion, staff are aware of residents needs regarding relationships and the need for self awareness and safety.

Interaction between staff and residents was seen and heard to be respectful and age appropriate. Residents have obviously formed good relationships with the staff team and on discussion confirmed that they liked the team and could talk to them freely.

Residents spoken to were very happy with the food provision at the home and also enjoyed going out to eat locally. Residents confirmed that they took part in cooking their meals at the home and were able to choose many of the meals they had.

Personal and Healthcare Support

The intended outcomes for Standards 18 - 21 are:

- 18.** Service users receive personal support in the way they prefer and require.
- 19.** Service users' physical and emotional health needs are met.
- 20.** Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
- 21.** The ageing, illness and death of a service user are handled with respect and as the individual would wish.

The Commission considers Standards 18, 19, and 20 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

18, 19 and 20.

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

Residents receive personal care and support in a sensitive and respectful way.

Resident's physical and emotional health needs are met.

The home has satisfactory systems in place for the safe handling of medicines.

EVIDENCE:

Records identify residents' personal preferences with regard to the provision of their care and they confirmed that they have been able to choose their own key worker. Guidance is available for care workers on their role and records show that key workers have been helping residents with the purchasing of new clothes and going through the service users guide to the home.

Residents are registered with local GP's and records show that they are already linking in with local healthcare professionals. Specific healthcare needs are detailed well in the residents' care plan giving staff clear guidance on what to do and when. The management have also ensured that staff are all trained in specific medical conditions to ensure that they have the skills to help the resident when required.

From observation it is clear that there is good healthcare follow up by staff for residents moving into the home, to ensure continuity and that the residents welfare is put first. This is a very resident led and showed a proactive and preventative approach to healthcare.

Medication systems at the home were checked and found to be maintained in good order, backed up by an up to date medication policy.

Concerns, Complaints and Protection

The intended outcomes for Standards 22 – 23 are:

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

The Commission considers Standards 22, and 23 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

22 and 23.

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

The home has systems in place, which ensure that residents' views are listened to and acted upon.

The home has systems in place, which help to ensure that residents are protected from abuse and these are supported by staff training.

EVIDENCE:

The home has a satisfactory complaints procedure in place. Information regarding complaints is available in both the statement of purpose and service users guide. A pictorial complaints procedure in place for residents.

The home has not had any complaints. Residents who commented said they would raise anything they were unhappy about with staff. The staff at the home are planning to hold residents' meetings once the new residents have settled in. Residents will be encouraged to air their views. The home has information on the availability of local advocacy services, including a pictorial guide, available in the service users guide.

Adult protection policies and procedures were seen to be in place. Whilst these were comprehensive they may need a review as they were dated 2001. The policy does not refer to local guidance and does not refer to local guidance, notifying the CSCI under Regulation 37 and the home did not have the up to

date phone number. Records show that all staff have received up to date training in adult protection matters.

Residents have keys to their rooms and some residents have signed agreements around key management. The home does hold money on behalf of residents and also supports residents to hold their own money. Records and monies were checked and found to be in good order with a security tagging system in place. Finance guidelines and procedures for staff has been introduced.

Environment

The intended outcomes for Standards 24 – 30 are:

- 24. Service users live in a homely, comfortable and safe environment.
- 25. Service users' bedrooms suit their needs and lifestyles.
- 26. Service users' bedrooms promote their independence.
- 27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
- 28. Shared spaces complement and supplement service users' individual rooms.
- 29. Service users have the specialist equipment they require to maximise their independence.
- 30. The home is clean and hygienic.

The Commission considers Standards 24, and 30 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

24 and 30.

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

Residents live in a comfortable, clean safe and well - maintained environment.

EVIDENCE:

A partial tour of the home was undertaken. The home has been refurbished to a very high standard, with a modern, young feel. All the rooms are single with ensuite toilets and bathrooms. Many of the bedrooms are very large and give good natural lighting. A level of décor and soft furnishings etc. have been provided, but residents are able to personalise their rooms as they wish. Lounges were seen to be very comfortable and a visitor's lounge/quiet lounge is also provided. The home was seen to be very clean.

The home has a good sized, private, rear garden with wheelchair access. There are plans to develop the garden further once the resident group is more substantial so they can have an active input.

Arrangements for fire safety were checked and found to be in good order. Staff are currently developing a pictorial fire safety procedure for residents which will be put in individual service user guides.

Staffing

The intended outcomes for Standards 31 – 36 are:

- 31.** Service users benefit from clarity of staff roles and responsibilities.
- 32.** Service users are supported by competent and qualified staff.
- 33.** Service users are supported by an effective staff team.
- 34.** Service users are supported and protected by the home's recruitment policy and practices.
- 35.** Service users' individual and joint needs are met by appropriately trained staff.
- 36.** Service users benefit from well supported and supervised staff.

The Commission considers Standards 32, 34 and 35 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

32, 34 and 35.

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

Staff in the home are competent to care for the needs of the residents and have a wide range of skills.

The home has recruitment procedures in place that protect residents.

Staff training and development is good.

EVIDENCE:

From observation and records, the current staffing levels are appropriate to meet the needs of the current residents and meet contractual arrangements. 4 staff were on duty on the day of the inspection. An assistant manager was in charge with the registered manager working at head office. Rotas were available for inspection. The current staff team is stable with minimal vacancies and no agency use.

Staff files were inspected to assess recruitment procedures. Three files were checked and generally found to be in good order with all the required checks and documentation in place. Once recruitment is complete the manager needs to ensure all the documentation, such as identification, is maintained in one place and available for inspection. Interview records are maintained.

The manager has a training programme in place. The assistant manager is getting staff to complete a learning assessment, which identifies the best way that they learn so that this can help with planning. A staff induction programme is in place, which is currently home specific. The manager is planning to start Skills for Care induction once funding has been agreed. Training records submitted to the CSCI show that staff have been trained in both statutory and additional subjects which would enhance the quality of care provided to residents.

Conduct and Management of the Home

The intended outcomes for Standards 37 – 43 are:

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

The Commission considers Standards 37, 39, and 42 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

37, 39 and 42.

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

The management of the home is stable.

The quality assurance systems are satisfactory but could be developed further.

The health and safety of residents and staff is promoted in the home.

EVIDENCE:

The registered manager is currently undertaking the Registered Managers Award. The assistant managers have the registered managers award or an NVQ level three in promoting independence. Staff meetings are held and

these show that a wide range of subjects are covered and a team approach to developments in the home is encouraged.

Staff feel that the manager is very resident and staff orientated and they know what is expected of them. They feel that the manager is constructive and involves people in the management of the home.

The manager has a quality assurance system in place. This consists of questionnaires for a range of people including residents, relatives, staff and visiting professionals. The plan is to use these six monthly and it is hoped that the new residents will help them trial this system so they know they are going in the right direction. Residents meetings are also planned along with specific quality assurance meetings with managers. The operations manager for the company also reviews many business and recording systems in the home as part of the Regulation 26 reports, completed every 12 weeks. The assistant manager reports that the management team are checking a lot systems against compliance with the care standards but have no formal recording of this and subsequent action plans They may wish to develop this further.

The home has a health and safety policy in place and are developing safe working practice risk assessments. Incident and accidents records are maintained and detailed records are completed.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	3
3	X
4	X
5	X

INDIVIDUAL NEEDS AND CHOICES	
Standard No	Score
6	3
7	3
8	X
9	3
10	X

LIFESTYLES	
Standard No	Score
11	X
12	3
13	3
14	X
15	3
16	3
17	3

PERSONAL AND HEALTHCARE SUPPORT	
Standard No	Score
18	3
19	3
20	3
21	X

CONCERNS AND COMPLAINTS	
Standard No	Score
22	3
23	3

ENVIRONMENT	
Standard No	Score
24	3
25	X
26	X
27	X
28	X
29	X
30	3

STAFFING	
Standard No	Score
31	X
32	3
33	X
34	3
35	3
36	X

CONDUCT AND MANAGEMENT OF THE HOME	
Standard No	Score
37	3
38	X
39	3
40	X
41	X
42	3
43	X

N/A.

Are there any outstanding requirements from the last inspection?

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1	YA6	The registered person should continue to develop a person centred approach when writing care plans.
2	YA23	The registered person should review and update the homes adult protection procedures.

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