



*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
Pauline Dean

Unannounced Inspection
26th February 2008 09:10

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

Reader Information	
Document Purpose	Inspection Report
Author	CSCI
Audience	General Public
Further copies from	0870 240 7535 (telephone order line)
Copyright	This report is copyright Commission for Social Care Inspection (CSCI) and may only be used in its entirety. Extracts may not be used or reproduced without the express permission of CSCI
Internet address	www.csci.org.uk

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

This report is a public document. Extracts may not be used or reproduced without the prior permission of the Commission for Social Care Inspection.

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) Ltd
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 27th February 2007

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 quality rating for this service is **2 stars**. This means the people who use this service experience **good** quality outcomes.

This unannounced inspection of Arundel House took place on 26th February 2008 over a nine-hour period.

The inspection involved checking information received by Commission for Social Care Inspection (CSCI) since the last inspection in February 2007, looking at records and documents at the care home and talking to the assistant manager, care staff and the people living at the home. In addition the Annual Quality Assurance Assessment (AQAA) completed in November 2007 was considered as part of the inspection process and a tour of the premises was completed at the site inspection.

Surveys were sent to the home prior to the site visit and they had been distributed to the people living at Arundel House. Furthermore staff surveys were sent, as were relative surveys and healthcare professional surveys. At the time of writing this report, three surveys had been received from residents, five staff surveys, one healthcare professional survey and two relative surveys had been completed and returned to the Commission for Social Care Inspection (CSCI).

What the service does well:

Arundel House provides a comfortable, modern care facility, which is appropriate for the young adults they care for. The accommodation is light, bright and to a high standard. A healthcare professional described the home as having a 'fabulous environment.'

Comprehensive admissions processes ensure that appropriate admissions are made and management ensure that staff are trained and skilled to meet their needs.

Residents at Arundel House are supported and encouraged to access a wide range of educational, social and leisure activities in the community and links with family are managed well.

Record keeping in place fully evidenced good care practices.

What has improved since the last inspection?

With new admissions to the home, Arundel House has ensured that a person centred approach to care is offered. Consideration is given to the resident's best interest and welfare, with consideration given to the individuality of the person.

Both the complaints procedure and the adult protection procedures have been updated and revised since the last inspection. Copies of the home's complaints procedure are in pictorial form and residents meetings have been introduced, thus ensuring that residents views are heard.

Record keeping and planning of educational, social and leisure activities has improved since the last inspection. Consideration has been given to individual needs of the people living at the home and a pictorial planner has been devised to inform and reassure one person as to what they were going to be doing that day.

Staff training was said to be readily available and of good quality by both staff, management and relatives. One relative said that 'Staff are well trained and very supportive', whilst a staff member said 'the staff are given regular training and support and information to enable them to provide very good support for the residents'.

What they could do better:

There are no requirements following this inspection. With further improvements Arundel House could progress to excellent outcome levels.

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

CONTENTS

Choice of Home (Standards 1-5)

Individual Needs and Choices (Standards 6-10)

Lifestyle (Standards 11-17)

Personal and Healthcare Support (Standards 18-21)

Concerns, Complaints and Protection (Standards 22-23)

Environment (Standards 24-30)

Staffing (Standards 31-36)

Conduct and Management of the Home (Standards 37 – 43)

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.

People who use the service experience **good** quality outcomes in this area.

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

A comprehensive admissions process ensures that people who come to live at Arundel House are assured that their needs are met.

EVIDENCE:

On the day of the site visit, there were five residents living at Arundel House. The current resident age group is between 18 to 30 years of age with a wide range of skill mix and needs.

The home continues to operate the admission processes found at the last inspection. Following an initial referral, the company's referral team visits the prospective resident to complete an assessment. If the referral seems appropriate, the manager of the home visits and undertakes an assessment visit. This was evidenced on the paperwork of the person most recently admitted. In addition supporting documentation was found on the file from the placing authority regarding the placement. Visits are arranged and an overnight stay was offered.

Records seen evidenced a comprehensive person centred assessment with detailed information on the needs of the individual, such as living skills, mobility, behaviour and sleep patterns. This practice had also been used in the admission of a further two residents. One of these admissions had been an emergency admission and this had been managed well. Within the Annual Quality Assurance Assessment (AQAA) it was stated that 'the transition process normally consists of a day with the other residents and 2/3 evening meals and an overnight stay'. Detailed records were seen all three files of the transition process.

On the three files sampled and inspected there was evidence of consideration being given to the individual's needs with photographs and pictorial images being used within their files as needed. These images are used to assist with communication. The person centred care plans and assessments mean that the individual needs and wishes of each person are considered in their care plans and acted upon by support staff. Copies of the Service User Guide and the Statement of Purpose were found in each individual's room. This was in simple text and pictorial.

Within the AQAA it was said that input from relatives is encouraged and the compatibility of a potential resident is looked at very closely, considering those already residing at the home. It was said in the AQAA that the home is looking to develop a user friendly (interactive) DVD of the home for prospective residents.

All three residents who completed the surveys sent by the Commission to the home said that they were asked if they wanted to move into the home and two relatives said that they did get enough information about the home to help them make a decision and one commented - 'They work hard at this'.

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 & 9.

People who use the service experience **good** outcomes in this area.

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

Care planning documents detailed health, personal and social care needs to ensure that the people living at Arundel House have all of their care needs met. Regular reviews were in place to ensure that the people who use the service receive the care they wish and require. Risk assessments enable the people living at Arundel House to take manageable risks.

EVIDENCE:

Care plans were sampled and inspected for three people living at Arundel House. This included the most recent admission to the home. All three had care plans, which had been reviewed, revised and created in 2007. All three files were in good order, with personal history, photographs and personal profiles completed. Care plan objectives had been set, covering 8/9 topics. Topics such as Communication, Activities, Night time Support, Meal time Support, Washing Hair, Personal Care, Toileting and Medication were

considered. Each care plan was identified as a need or a goal with details of current skills and intervention and plans given. An example of a care plan need was for Communication was seen. The need was identified as 'to lead a fully inclusive lifestyle' and the goal was around the use of Makaton and verbal speech. The intervention and plan outlined the ways in which this would be achieved and examples were given e.g. food packages being placed in front of the resident to enable them to select an item.

The care plans seen were person centred with reference to each individual's needs. Within the three care plans seen there were objectives set for cooking/making snacks, travelling independently and personal care. Each was individual to the person and had been considered fully with the resident and their relatives if appropriate. A relative spoken to at the inspection confirmed that they had been fully involved in the care of their relative and they praised the home for using their initiative in meeting their relative's care needs.

Within the AQA it was stated that 'amendments and updates on care plans are created using a person centred approach to ensure the care provided is to the liking and in the way the resident has specified'. This was found to be the case on the three care plans sampled and inspected.

Five staff surveys had been completed by the staff at Arundel House and returned to the Commission for Social Care Inspection (CSCI). Four staff had answered the question relating to care plans. They were asked if they were given up to date information about the needs of the people they support or care for. Three said that they were always given sufficient information, whilst one said they were usually given sufficient information. One person commented that 'as with any care setting there are occasional times when information is not available, however once received all relevant details are shared via management and or communication book, methods and care plans etc'. When asked what the care service did well a healthcare professional in their survey said that the home offered 'very person centred' care.

Risk assessments and risk management strategies were seen in place. Risk assessments around mobility, accessing community and the use of local amenities were seen to be appropriate.

From observation and record keeping it was obvious that the people living at Arundel House are being encouraged to access the local community and develop daily living skills. Both risk assessments and record keeping demonstrated an understanding of individual's behaviours and changes in moods. This was seen and discussed with the assistant manager who was able to show me an example of changes to a care plan to reflect consideration of risk assessments and behaviour management.

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.

People who use the service experience **good** quality outcomes in this area.

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

People who use this service are able make choices with staff support and guidance with regard to their daily routine and leisure activities and contact with their family.

People who use this service are provided with a varied and healthy diet to promote good health.

EVIDENCE:

People living at Arundel House are encouraged and supported to access educational, leisure and social activities. On the day of the inspection, two people attended college courses in the morning, a third person was taken out by their relative and another resident went to the Spa Pool in Clacton on sea. After lunch one person went to college and three went out shopping.

Three residents have enrolled and are attending college courses which includes Communication, Sensory Art, Local History and Car Valeting and one person works at a local farm/stables where they have an opportunity to ride.

Within care plans, records and on display boards there was evidence of the activities that residents are attending both in text form and in photographs and pictorial. One person living at Arundel House has a picture board, which is set up each day and details both in-house and external activities they are going to access that day. This detailed a wide range of activities including listening to music at Arundel House, going to the Spa Pool, having a bath, having lunch and going to the pub for a drink in the evening. The assistant manager said that this had enhanced the care of this individual for it had aided communication and ensured that they were aware of what was happening that day. During the day, we observed the resident frequently looking at this picture board and following conversations in Maketon was able to prepare and access the next activity.

The assistant manager said that the people living at Arundel House are supported and encouraged to access community facilities such as a local pub, cafes and restaurants, a garden centre coffee shop, ten pin bowling, ice skating in Chelmsford, the local leisure centre and Colchester Castle Park. In addition some of the residents go to the Busby Club and the Endeavour Club and use the facilities of a Sensory room.

Within the AQAA it was stated that the home assists 'residents to obtain bus passes, library cards and bonus cards (Leisure Centre) and ensure that they have a presence at local coffee mornings and local events'. Evidence was seen as detailed above of residents living at Arundel House going out and about in the community on the day of the inspection.

Care staff and the assistant manager confirmed that the people living at Arundel House are supported to maintain links with their friends and family. A relative who was visiting the home confirmed this. They said that they were kept fully informed of the health and welfare of their relative, which they were very appreciative of. Within the surveys completed by relatives, one relative had said that the care home usually does help their relative to keep in touch with them and commented 'Again, the odd lapse aside, this is very good'.

Interaction between staff and residents was seen and heard to be respectful and age appropriate. It was obvious from the laughter and chatting that went on that there were some good relationships between the staff team and the residents.

During the day, the people living at Arundel House were seen to choose when they wished to be alone or in company and they were able to come and go from their bedrooms as they wished.

Arundel House has a four-week menu plan and the shopping is planned alongside this. On-line shopping at a major supermarket is completed weekly and additional supplies of milk, fruit and vegetables are purchased as needed during the week. There was ample food supplies stored in cupboards, fridges and freezers in the kitchen. These were varied.

The main meal of the day during the week is in the evening, with a snack lunch served midday. Residents were seen to be involved in preparing, cooking and laying the table and they were able to choose the meals they had. Records were kept of food eaten and this was said to be used when working with dietitians.

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.

People who use the service experience **good** quality outcomes in this area.

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

People who use this service receive personal care and support in a sensitive and respectful way and their physical and emotional health needs are met.

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

EVIDENCE:

Personal preferences with regard to care had been considered and recorded in care planning records and evidence was seen that this was followed. One resident wished get up late morning and with agreement this had been noted and was followed. This was noted in their care plan and observed on the day of the inspection. Within the AQAA it was stated that 'Residents do not have a set time of going to bed or getting up time, but are encouraged to get up to participate in activities'.

People living at Arundel House are able to choose who works with them and consideration is given to same gender when key workers are selected. Within

the AQAA it was stated that the home had 'introduced a key worker system where the resident can choose whom he/she wishes to be supported by'.

The assistant manager said that all five residents are registered with a local GP surgery and they had had a health care check within the first three weeks of registration with the surgery.

Records were seen of input from healthcare professionals and consultants and action noted and taken. A survey completed by a healthcare professional spoke confidently about healthcare provision. They said that they had worked with the home on issues around clients' rights versus their duty of care and with guidance and training this is being rectified. They said that Arundel House always had respect for individuals' privacy and dignity, commenting 'without fail'.

Arundel House uses the Boots the Chemist Monitored Dosage System (MDS) with all staff who administer medication having completed a Boots the Chemist medication training course and completed Medication Workbooks to ensure they are competent and have knowledge base information.

Medication records and administration was sampled and inspected for three residents. Record keeping and administration was seen to be in good order with a policy of double entry signing by care staff adopted. One resident was self-medicating and within the AQAA it was stated that the home is looking to more residents being able to self medicate; if they have been assessed to be able to do so, to ensure that the people living at Arundel House are fully involved in their care.

A recommendation was made that the start date when a medication is opened e.g. packets, bottles or creams is recorded on the item to assist with auditing.

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 & 23.

People who use the service experience **good** quality outcomes in this area.

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

The home has systems in place, which ensure that the people living at the home are listened to and acted upon.

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

EVIDENCE:

As stated in the AQAA a copy of the home's complaints procedure is on display in the hallway of the home. In addition the people living at Arundel House have a copy of a pictorial complaints procedure and a service users' guide. These documents met requirements. However following recent changes at the Commission, changes are needed to reflect the alteration in the contact details. The assistant manager agreed to discuss this with the registered manager on their return.

The home has had two complaints since the last inspection. Overall the record keeping of these complaints was in good order, although it was acknowledged that one of these issues should have been notified to the Commission through a Regulation 37 Notice. However, it could be seen that this matter had been dealt with appropriately within the home for records were held in a Feedback File, an Incident Report was seen and a letter of apology to the complainant had been written and a risk assessment completed.

Within the AQAA it was stated that 'residents meetings are in their infancy at present and in time the benefits will be evident in regard to people having a say in how their home is run'. However at the inspection visit evidence was seen of recent residents meetings with photographs and pictures used in the minutes.

In the home's Policies and Procedures file adult protection policies and procedures were seen in place. Guidelines on abuse and disclosure had been reviewed and updated since the last inspection. As with the complaints procedure changes are needed to reflect the alteration in the contact details of the Commission. All staff were expected to read these policies and they are required to sign to say that they have read and understood these policies.

Since the last inspection the home has raised two concerns with the Essex Safeguarding Adults Unit. The first was with regard to an incident of challenging behaviour when a resident had been hit by another resident. The second referral involved the abuse of a resident when their privacy had been abused by another resident. Both of these incidents are ongoing at the time of writing these reports. The home however, has taken appropriate action on both occasions keeping all relevant parties informed of the events and the action taken and safeguarding all residents at all times.

Two care staff spoken to at the inspection said that if they had concerns they would raise them with a senior member of staff or the registered manager. All five staff members who had completed surveys for the Commission said that they knew what to do if concerns were raised with them about the home by the residents, relatives, advocate or friends. They said that they would raise them with senior staff or management. Responses from people living at Arundel House were varied. One said that they sometimes knew how to make a complaint; another said they always knew how to make a complaint, commenting that they would raise it via their parents or key worker and the third person had not answered this question.

Residents have keys to their rooms and evidence was seen of agreements around the management of keys.

We were told by the assistant manager that Safeguarding Adults training is made available within the first 6 weeks of employment and refresher training is offered annually. A new staff member spoken to at the inspection visit confirmed that they had received Safeguarding Adults training as part of their Induction training and they were able to tell the inspector what they would do should they have any concerns. Their training records confirmed this.

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 & 30.

People who use the service experience **good** quality outcomes in this area.

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

People who live at Arundel House have homely, comfortable and safe surroundings, which are kept clean and tidy.

EVIDENCE:

At the inspection a partial tour of the premises was undertaken. The home has been refurbished and decorated to a high standard and was light, bright and welcoming. All of the bedroom accommodation was single with en-suite facilities of a toilet and bathroom. Some changes are planned to the bathing facilities in an individual's room. The installation of a Parker Bath was being considered for one person who has increasing difficulties in using their current bath, but wishes to continue to have a bath in their room. Additional bathroom and toilet facilities are available in the home on the first and ground floor.

All of the bedrooms were large and bright with appropriate furniture and fittings. Occupied rooms had been personalised with pictures and personal belongings evident.

Communal areas are on the ground floor and these were well furnished pleasant rooms. As well as the main lounge which has a TV and music centres, there is an attached conservatory area where games and activities were evident. In addition there is a small lounge, which is used as a visitors room and a music room. During our visit, one resident frequently went to this room to make and play music. The dining room off the main hallway had recently had new dining tables and chairs to make it more homely and conducive to the environment, which the residents had chosen.

There is wheelchair ramp access to the front and rear of the home, with some off the road parking on the front forecourt. At the rear of the property there is an enclosed garden laid to lawn with some hard standing surfaces. A newly installed log cabin is in the garden and on the day of the inspection the company's handyman was installing sensory equipment and fittings. The assistant manager said this facility is something the home has been looking forward to introducing.

Arundel House has a laundry/utility room on the premises. There is one washer and one dryer – both industrial models. Within the laundry there is hand-washing facilities. Residents in the home are encouraged to do their own laundry and the assistant manager said that they are supported and assisted in this. A large butler sink has been fitted into this room for emptying buckets when cleaning. Infection control procedures with regard to residents doing their own laundry and cleaning are found in the home.

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.

People who use the service experience **good** quality outcomes in this area.

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's recruitment procedure protects the people living at the home.

EVIDENCE:

Arundel House has established a good staff team. Since registration in October 2006, there have been some staff changes, but as the resident group has increased the staff group has become more stable. The registered manager was currently involved in staff recruitment in Poland.

From observation and records, the current staffing levels were appropriate to meet the needs of the people living at Arundel House. They were able to have opportunities for 1:1 and various outings were arranged during the day. On the day of the inspection, residents were escorted to college, the spa pool and shopping.

Within the AQAA it was stated that the home has two National Vocational Qualification (NVQ) Assessors, two staff are on the Registered Managers Award (RMA) Award, three senior staff are on NVQ level 3 and six support workers are on NVQ level 2 in care.

Three staff spoken to at the inspection confirmed that they were able to access training opportunities as needed. One carer said that they felt that ACH – Aitch Care Homes was a good company to work for, for they had training as a priority.

Within the survey work conducted by the Commission five care staff had said that they were given training relevant to their role, it helped them understand and meet the individual needs of service users and it kept them up to date with new ways of working. One person commented that 'All training is regularly updated and new training sourced if needed for new residents' needs'.

Three staff files were sampled and inspected at the inspection visit. They were found to be in good order. Evidence was seen of recruitment procedures, references and checks completed and a completed Interview Assessment sheet was seen on each file. Supervision contracts had been set up with records seen of regular supervision sessions set for 6-8 week intervals. This enabled management and staff to have regular discussion on training and care practices and ensure that the people living at Arundel House have good quality care.

At the inspection visit, a carer who had worked at the home since October 2007 was spoken to. They confirmed the recruitment processes as seen and they were aware of their supervision contract and planned training opportunities.

Within the staff files seen there was evidence of individual training plans. Whilst some entries needed to be updated, these were completed at the inspection visit. These individual training plans identified training completed and training planned and required by each staff member.

Evidence was seen on files of basic training courses completed such as Fire Safety, First Aid, Infection Control, Basic Health & Safety, Manual Handling and Protection of Vulnerable Adults (POVA) Training. In addition specialist training courses to meet the needs of the residents were seen e.g. Challenging Behaviour, Autism, Downs Syndrome and Epilepsy.

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 & 42.

People who use the service experience **good** quality outcomes in this area.

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

People who use this service benefit from good management, a well run home and a developed quality assurance and quality monitoring system.

People who use this service can expect their health, safety and welfare to be promoted and protected.

EVIDENCE:

Within the AQAA it was stated that the registered manager has completed the Advanced Certificate in Care Management and a NVQ level 4 RMA. The registered manager was not present on the day of the inspection. Care staff on duty on the day of the inspection were complimentary regarding the

management of the home and one staff member in their survey said that they believed the home to have the best management procedures and they said that the manager had 'an extremely hard job'.

Within the staff surveys, two carers had raised issues around discrimination. They had both raised concerns about staff for whom English was not their first language. They raised concerns about them speaking in their own language to each other in front of the residents and other staff. The assistant manager said that management had been aware of this and staff had been made aware that this was unacceptable other than for clarification. These matters had been raised through supervision and 1:1 discussion.

Arundel House has a quality assurance and a quality monitoring system in place. A variety of surveys had been used for residents, stakeholders and relatives and these had been completed in December 2007. The results of these surveys had been analysed and the results were being shared with residents and staff through residents and staff meetings. Evidence of residents meetings held in September, November and January were seen and discussion had been around activities, Christmas and menu planning. Staff meetings were seen to have been held in November, December and January and topics considered were staff appraisals, risk assessments and the use of a language other than the English language in front of residents and staff.

Regulation 26 visits and reports are conducted and completed regularly. These reports were seen at the inspection and they were found to be linked to the National Minimum Standards with action points raised as shortfalls were found. Evidence of Regulation 26 visits were seen for November 2007, January 2008 and the assistant manager said a Regulation 26 visit had been conducted the previous day. Action points raised were referred to in the following visit and acted on if not already completed. Issues such as the environment were seen in these reports.

As stated earlier in this report individual staff training and development programmes have been developed.

Temperature checks are completed and recorded for fridge and freezers daily, hot water temperature checks are completed monthly and the medication cabinet temperature check is completed twice daily.

The home's handyman completes monthly maintenance checks and whilst some dates were missing, this was found to be a useful auditing process to clearly see what work had been completed and what was planned.

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

Are there any outstanding requirements from the last inspection? No

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

Commission for Social Care Inspection

Eastern Region

Commission for Social Care Inspection

Eastern Regional Contact Team

CPC1, Capital Park

Fulbourn

Cambridge, CB21 5XE

National Enquiry Line:

Telephone: 0845 015 0120 or 0191 233 3323

Textphone: 0845 015 2255 or 0191 233 3588

Email: enquiries@csci.gsi.gov.uk

Web: www.csci.org.uk

© This report is copyright Commission for Social Care Inspection (CSCI) and may only be used in its entirety. Extracts may not be used or reproduced without the express permission of CSCI