



Inspection Report on

Arnold House Residential College

**Pencoed Road
Llanddulas
Abergele
LL22 8LS**

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Description of the service

Arnold House Residential College, known as Arnold House, is situated in a village near Abergele and is owned by ProCare Wales Limited. A residential care home, it is registered to provide support and personal care for seven people from the age of sixteen to sixty four years. It provides an intensive support service for individuals with learning disabilities, autism and challenging behaviour (complex needs). The 'responsible individual' for the service is Helen Shepherd and the registered manager is Jacky Angove who is also registered manager for a related service.

Summary of our findings

1. Overall assessment

People living at Arnold House receive good quality care from a skilled and knowledgeable staff team which provides structured routines and support according to people's individual needs, likes and dislikes. The manager of the home is approachable and visible and has developed good working relationships with family carers and partners involved with people they provide a service for.

2. Improvements

The service has revised its statement of purpose to include their position in relation to the 'active offer' of the Welsh language.

The home is nearing completion of planned environmental improvements to refigure the building to provide self contained apartments.

3. Requirements and recommendations

Section five details our recommendations for the improvement of the service. These include a review of the medication policy and procedures in the home, the need to review the complaints policy and to review the statement of policy and service user guide to include advocacy arrangements and the way in which it intends to work towards the 'active offer' of the Welsh language.

1. Well-being

Summary

People living in Arnold House are safe and protected from abuse, neglect and harm. They can do things that matter to them and receive support to manage their behaviours which challenge others. People are treated with respect and they have their individual identities and routines recognised and valued. People have the opportunity to be involved and participate in taking part in their household tasks and activities in the community.

Our findings

People feel valued because they experience responsive care and support. Their verbal and non verbal communication is listened to and interpreted so they are able to express themselves and have their needs met. We saw from people's service delivery plans that they were comprehensive and provided staff with detailed information about the person and how they communicated their needs and wishes with staff who, as a result, knew them well and how they presented. For example, a service delivery plan for a person noted issues regarding food quantities, not going to food outlets, talking about a parent and having staff of a particular gender, amongst other 'triggers' which would likely cause the person to become anxious and display indicators of distressed behaviour, such as closing their eyes and shaking their head. Things that would calm the person or make them feel better would include, planning future activities and building in rewards were specified, for staff to help reduce the person's anxieties and the likely increase in negative behaviours, if not addressed. The detail given for all activities of daily living such as sleeping, personal hygiene, toileting, dressing, eating and drinking were all specific to what was known about the person and referred staff to the behaviour management guidelines (BMG). The use of positive behaviour support within the home helps ensure people receive proactive and responsive care and support.

People are engaged in community activities and have opportunities to contribute to, and socialise with people in their community and access universal services. We saw that staff worked with people to complete their active support plan (ASP) on a daily basis. The frequency and duration of the time spent in the community was monitored by the team and the behaviour analyst according to the opportunity and learning goals set at their last review. On the whole, people had individual activities set, although they would sometimes choose to visit other people in their apartments and we saw one record of a person doing so and spending time with their peer watching a DVD. The evidence indicated people had support to enjoy visits home, castle visits, golf practice, swimming, line dancing, cinema, dog walking, personal grooming, visiting a sensory room facility and other trips to visitor attractions such as a zoo. We saw that activities in the community ranged from 11 - 18 activities a week, depending on people's service delivery plans, active support plans, behaviour support guidelines, opportunity goals and individual choice. A person's service delivery plan noted they had learnt how to use public transport and enjoyed giving their bus pass to the driver. A carer noted in their questionnaire that their relative "*has an active and varied lifestyle*". People living at Arnold House have choice in the activities they do and are supported to develop and maintain their individual skills.

People are encouraged and supported to make healthy lifestyle choices and to access the right treatment and medication for their condition. The service delivery plans we saw had a brief medical history of the person and noted any allergies which may impact on the treatment and medication for the individual. Evidence in one person's care files showed how they had been supported to lose weight and the weight loss of eight stone they had achieved was being maintained by a healthy diet. They were proud of this and showed us a before and after photograph. The records we saw showed people living in the home had their weight monitored on a monthly basis. People were registered with a GP and dentist with regular appointments made and kept. These were noted in the monthly team meetings with the behaviour analyst and registered manager. Traffic Light Hospital Assessments, which were recently reviewed, were available on people's files should they require hospital treatment and showed key information hospital staff would need to know to care for people. Annual health checks for people had taken place or had been arranged. The prevention of ill health such as skin conditions and known risks were documented and managed appropriately. People's health needs are well documented and strategies are in place to manage health conditions and prevent ill health occurring. People's diets and activity support plans ensure people are encouraged to maintain good physical well being.

People can feel they are safe from avoidable harm or neglect and exploitation. We saw people being supported by Arnold House were not free and were denied their liberty. They had key pads, to which they did not have the code, on the door of their apartments. They were being constantly supervised by staff and they were not allowed out if unaccompanied. There was evidence; however, people were the subject of deprivation of liberty safeguards (DoLS) authorisation by a supervising body, usually their placing local authority. One file we looked at referred to the current care plan for one person as being unable to access the community alone because of the risks they would place themselves in as a result of their disabilities. We saw the risk assessments for absconding and accessing the community had been reviewed by the service at the beginning and middle of May 2018 and had previously been reviewed regularly and updated after any incidents. Other DoLS authorisations we saw for people living in the home had all the relevant assessments and authorisations in place and these were reflected in their service delivery plans and risk management strategies. Renewals of DoLS authorisations were submitted to the relevant local authorities in good time but there was a delay in these being processed. The involvement of relatives, families and independent advocates with people living in the home ensures people have a voice and are protected from harm, neglect and exploitation.

2. Care and Support

Summary

People receive intensive support from a skilled staff team which is guided by applied behaviour analysis and positive behaviour support techniques to ensure their individual needs and preferences are understood and anticipated. They receive the right care at the right time in a way that suits their needs and preferences.

Our findings

People can be assured their individual needs and preferences are understood and anticipated. We saw that person centred plans (PCP) are developed annually with each person living at the home. From these their behaviour analyst, registered manager and support managers generate long term goals which are then broken down into smaller manageable steps. From these, opportunity and learning goals are developed and reviewed weekly. When a goal is achieved consecutively for a set period of time the next step is addressed to enable the person to work towards achieving the long term goal whilst also maintaining the skills they had previously achieved in the service. For example, we saw a person who previously lived at a related placement had been provided with opportunities to increase the level of control and autonomy in their life. This they achieved and, as a result, they were able to manage to reduce the behaviours of concern they had displayed prior to moving to Arnold House. Their quality of life had significantly improved which was clearly evidenced in the data measures for community presence, relationships, participation in meaningful activities, health, well-being and communication. A person was supported to maintain the positive changes they had made in their life and a 'best interest' meeting concluded a move to Arnold House was in the person's best interests. A gradual transitional plan was developed with a moving in date confirmed. The staff team supporting the person at the related service moved with the person to Arnold House to ensure consistency of approach and enable them to continue to develop a relationship based on trust to increase the person's confidence and increase their verbal repertoire. Service delivery plans compiled by the service and a person's multi-disciplinary team ensures people's individual needs are understood and anticipated.

Referrals are made in a timely way to relevant health and social care professionals when people's needs change. We saw a very detailed risk assessment in all the records we viewed and these included an analysis of when particularly challenging behaviours were more likely. The records maintained by staff indicated when the normal patterns of behaviour may be beginning to change for people and staff took action to ensure action was taken without delay to minimise the impact on them, staff and the community. We saw an example of a person whose anxieties and associated behaviour was becoming heightened outside of the usual patterns known about them. As a response the service had contacted the relevant consultant and the person's medication was reviewed for a short period of time. A meeting of the person's multi-disciplinary team (MDT) was convened and further discussions with mental health professionals, social workers and local authority took place. Further meetings were planned. The way in which the service responds to changes in people's presentation demonstrates the way in which referrals are made in response to people's changing needs.

People have as much control as they can manage and are able to make choices in what they do, what they wear and what they eat. We saw people were supported by their staff to complete activity support plans usually daily. We saw a person was given choice of where they would like to go for a walk by staff showing them pictures of a park and a beach on their IPAD so they could choose which they wanted. We saw from a person's transitional plan and service delivery plan that they had been supported to choose what they would like to wear and had progressed from choosing between two items of clothing to being able to choose from ten items of clothing and required only minimal prompting from staff to dress and undress. Another person who had been at the service for a number of years was able to make their choices known to staff or say what they wanted. They would choose their daily activities and generally chose what food they wanted to buy wisely. The level of detail provided in people's service delivery plans provide staff with the information they need to enable people to make meaningful choices in their everyday life.

3. Environment

Summary

The environment at Arnold House is clean and safe with matters of health & safety being regarded as a high priority for managers and leaders. Individual apartments are clean and tidy, are equipped to meet individual needs and each is decorated to people's personal tastes and preferences.

Our findings

People feel included, up-lifted and valued because they are supported in a personalised environment that is appropriate to their individual needs. The apartments provided for people at Arnold House, we saw, were specific to them so each person benefitted from having a living environment that suited their needs, was familiar to them and in which their belongings were secure. Individual adaptations had been made to ensure for instance, the water supply could be controlled when needed to support a person in managing their anxieties and behaviours which challenged. The way in which this had been achieved meant it suited the very different needs of both people and the staff supporting them. The apartments were equipped to promote the development of new skills and, as far as possible, personal independence. Two apartments were open plan with a sitting room and kitchen and five of the apartments had separate kitchens to meet the needs of people in the home. We visited two apartments and saw each were unique to the person living there with evidence of memento's, photographs and personal items.. We heard from the registered manager how a person used to be unable to tolerate anything in their room and had progressed to having their own furniture and choosing different colours for their room. People live in accommodation which suits their needs and reduces risk whilst enabling them to increase the skills they want to develop.

People are cared for in safe, secure and well maintained surroundings. Entry to apartments is mostly key pad coded and visitors are required to provide proof of identity and sign in a visitor's book in the office on arrival. We saw health and safety files were held in each apartment and the record of all health and safety checks undertaken by the staff team for each person in their environment were collected monthly and taken to the provider's head office for collating. For example, fridge and freezer checks, emergency lighting, fire alarms, water temperatures, car roadworthiness and first aid boxes were checked either daily or weekly with the managers doing spot checks every month. Anything requiring urgent attention was reported immediately. We saw the composite maintenance log for the home which showed any repairs identified were usually completed within one to four weeks. People's environment is safe, secure and is suitable for their individual needs.

People are able to live in a pleasant residential area and are able to easily access community activities and local services. We saw the location of the home had the feel of a country area but was near to bus routes and local shops which were within a short walking distance. We saw from the service delivery plans for two people that they had opportunities to use public transport with staff support. Most people had walks in urban and rural areas as part of their activity plans and one person had recently had access to more rural areas to suit their present needs. People are able to access a variety of activities and services nearby.

4. Leadership and Management

Summary

People receive high quality care and support from a service which sets high standards for itself and is committed to quality assurance and constant improvement. The well-being of staff is given priority and staff are well led, supported and trained. Staff employed at the home work well as a team with shared values of enhancing the lives of people living at the home. The registered manager is also manager of a related service nearby and knows people in both services well.

Our findings

People, their families and their placing authorities know and understand the care support and opportunities which are available to them. We saw the statement of purpose for the home was regularly reviewed and updated and we received the version dated December 2017 which was issue number nine. This had been up-dated to include the provider's position in relation to the 'active offer' of the Welsh language' without people having to ask for their service to be delivered through Welsh. The service had a number of Welsh speaking staff who could be called upon should individuals wish to communicate through the medium of Welsh and, whilst the service was committed to the 'active offer' they were not able to accept placements for individuals who required all planning and support to be delivered through the medium of Welsh only. Additionally, we saw the service user guide had also been reviewed and updated in December 2017 to include the service's position in relation to the Welsh language. The user friendly version, however, did not yet make reference to the Welsh language and how people's needs in this regard would be met. We recommend the provider considers including the ways in which it is currently developing its processes to provide their service bilingually and specify these for example by using bilingual signs such as 'office', 'kitchen' and 'toilet' where appropriate. The user friendly guide would benefit from a simple sentence in Welsh informing people who wanted to use Welsh as their language choice, which they would be able to and encouraged to do so. The statement of service and service user guide for the service means people and their representatives know what they can expect when receiving a service at Arnold House.

People living at Arnold House benefit from an efficient service where best use of the resources are made. Information we viewed in three staff files showed the service followed safe, robust and timely recruitment processes with copies of references, disclosure and barring checks, induction training, other training and supervision records held on file. The composite training matrix for the service showed a range of training for staff particularly in core subjects such as active support, health and safety, first aid, food hygiene, and infection control. We recommend the service considers including the frequency in which the core subjects need to be completed and the date this was achieved. This is because we were told by the registered manager that the training on Crisis Prevention and Intervention (CPI) needed to be completed on an annual basis but we saw from the matrix that approximately a third of staff had not completed their annual training. We further recommended the training by the registered manager and area manager should be included on the matrix to ensure their training is completed at the required frequency to demonstrate they are able to advise staff accordingly. We found over 50% of staff working in the home had the appropriate level of qualification in care to meet the needs of people living in the home with some staff working towards higher levels or waiting for the next qualification course to start.

We saw that overall, staff had received professional supervision from a senior staff member, the area operational manager or the registered manager at least every two months recommended by the national minimum standards for homes for young adults. Additionally, they participated in staff team meetings every month with the behaviour analyst and registered manager focussing on the needs and progress of the people they were supporting. The staff rotas demonstrated the way in which the service is also specific to individual people living in the home with these completed for each person according to their service delivery plans to ensure there was sufficient staff to meet their needs. For example, we saw from the previous three month's rotas there were always sufficient staff available to support individuals and two people who shared an apartment had a waking night staff. There was an on-call rota available for staff to contact a manager if needed and it included telephone numbers and back-up numbers if required. Overall, people benefit from having sufficient staff to support them who are well trained, supported and led. Improvements are required to the recording of information on training which demonstrates when a refresher training session is required.

People benefit from a service which sets and delivers high quality care and support, strives to achieve high standards for itself and is committed to quality assurance and constant improvement. We saw the responsible individual for the service visited the home on, at least, a quarterly basis to undertake their statutory requirement to monitor the quality of the service being provided. There was evidence they had spoken to people living in the home, spoken with staff and addressed environmental issues with the registered manager. Additionally, we saw an annual quality assurance report for April 2016 to March 2017 and were told the quality assurance report for 2017 to 2018 was being compiled. We discussed with the registered manager the annual quality of care review report needed improvement to ensure it incorporates the quality of care provided to people living at Arnold House rather than all the services provided by the company. This was because we saw the annual quality assurance report focussed primarily on staffing and training issues. We recommend the service reviews its quality assurance system to address the way in which the quality of service to people living at the home is addressed. Therefore, people receiving a service can be confident their service is committed to quality assurance and improvement.

People can be confident the service provided to them recognises the need to be accountable and when things go wrong, the response of the service is to talk about it and inform people. We saw few incidents of complaint had been made to the service and where dissatisfaction had been expressed previously, these had been dealt with responsively and relevant parties informed. We heard from the registered manager and the behaviour therapist that they not only referred the detail of an incident to relevant agencies but they had discussed internally how the situation could have been avoided. We saw the service had a complaints procedure to address any concerns and complaints about the service. We found, however, the service's complaints procedure was specific to people using the service, their relatives and services which were involved with the people living at the home. It did not include people who had concerns about the service who were not directly involved with the home. We recommend the service reviews its complaints policy to include how they respond to complaints from members of the public, elected representatives and other interested parties with a legitimate reason to complain and express their views about the service. The service is open and transparent but needs to improve its response to people raising issues outside of its current complaints procedures.

People benefit from care and support which is committed to innovation and is largely informed by best practice. We looked at the administration of medication in the home and discussed with the registered manager the system employed to ensure people had their p.r.n (as and when needed) medication. We were told staff were required to obtain the permission of a manager before administering anyone their prescribed p.r.n medication to ensure people were only given such medication when other strategies had failed. The manager would then make a note of this in the individual's medication record. We considered the safeguards to administer p.r.n medication to be good practice. The service employed a system of auditing the medication records on a spot check basis. We found, however, the medication policy for the home did not include this procedure to administer p.r.n medication and overall it did not include all the elements of good practice recommended by Royal Pharmaceutical Society of Great Britain in their guidance on the handling of Medicines in Social Care. For example, the only code used on the medication administration records (MAR) used by the service is 'R' for refused when other codes such as 'B' for nausea and vomiting, 'C' for hospitalised as well as others may be more appropriate. We also found the training on medication administration was identified in the training matrix for the home but did not follow the direction in the medication policy as being 'provided every three years, or at shorter intervals if required'. Three staff had not, according to the training matrix for the home, received training in medication administration within the requisite time frame. We did not see the way in which staff members were assessed as being competent in the administration of medication was recorded. Whilst the policy and procedures for the recording, handling, safekeeping, safe administration and disposal of medicines received into the home was in place, it no longer meets good practice recommendations. We did not find, however, this had negatively impacted on people living at the home. We have not therefore issued a non-compliance notice in respect of the regulation and recommend the service reviews its medication training, policy and procedures.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None

5.2 Recommendations for improvement

The service is not compliant with Regulation 13 (2) which relates to the arrangements for the recording, handling, safekeeping, safe administration and disposal of medicines received into the care home. This is because we found the medication policy for the home did not record the good practice in the home regarding the administration of p.r.n (as needed) medication. Further, recommended guidance from the Royal Pharmaceutical Society of Great Britain and the National Institute of Clinical Excellence (NICE) 2018 was not included in the policy. As we did not find evidence of a negative impact on the people living in the home we have not issued a non compliance notice on this occasion and expect the service to supply us with a revised medication policy.

- The statement of purpose for the service should include the ways in which the service it is working towards the 'active offer' of the Welsh language to people already receiving a service.
- The service user guide (user friendly version) should include information on the 'active offer' of the Welsh language and the availability of independent advocacy services to people living in the home.
- The service should review the way in which the complaints policy and procedure for the service includes complaints from members of the community and the general public.
- Consider and review the supervision matrix to include all staff and the registered manager.
- Include in the training matrix the frequency in which core training subjects need to be completed and when they are achieved by staff.
- Review the policy and procedure for medication training and assessing of staff to ensure they remain up to date and their assessment of competency is completed by staff in the organisation who have received training to assess the competency of others to administer medication.

6. How we undertook this inspection

We visited the service unannounced on Friday 04 May 2018 from 08:45 to 17:00 and again on 11 May 2018 from 09:30 to 17:00 to complete a full inspection looking at the well-being and care and support of people receiving a service, the quality of the environment and the quality of the leadership and management of the home.

We read:

- Concerns, complaints and notifications held by CIW.
- Statement of service (December 2017).
- Service user guide for the service (December 2017) and user friendly version.
- Service delivery plans for two people.
- Documents relating to the Deprivation of Liberty Standards (DoLS) for three people living at the home.
- The reports of the monitoring visits made by the responsible person for the home.
- The last annual report of the quality of care being delivered to people living at the home dated March 2017.
- The medication policy for the home (Issue 5 – October 2017)

We spoke with;

- Two people living in the home.
- Four staff working at the home in the course of their work.
- The registered manager and the area manager for the two homes.
- The behaviour analyst for the service.

We received;

- Two completed questionnaires from relatives and carers.
- One questionnaire from a placing authority social worker.
- Two questionnaires from people using the service one of whom had been assisted by their staff to complete.
- Two questionnaires completed by staff.
- Supporting documents received from the service on Friday 11 May 2018 and subsequently at our request on Thursday 24 May 2018.

Further information about what we do can be found on our website:
www.careinspectorate.wales

About the service

Type of care provided	Adult Care Home - Younger
Registered Person	ProCare Wales Ltd
Registered Manager(s)	Jacqueline Angove
Registered maximum number of places	7
Date of previous Care Inspectorate Wales inspection	09/11/16
Dates of this Inspection visit(s)	04/05/18 & 11/05/18
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	The service does not accept placements for individuals who require all care planning and support to be delivered through the medium of Welsh only.
Additional Information:	