

Ardtully Retirement Residence

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ardtully Retirement Residence is a residential care home providing personal care for up to 26 people. The service provides support to older people some of whom may be living with dementia. At the time of our inspection there were 21 people using the service.

People's experience of using this service and what we found

The service was not always well led. The registered manager did not have full oversight of the service.

Risks to people had not all been identified and assessed accurately.

People were supported to have choice and control of their lives. However, whilst mental capacity assessments had been completed and best interests decisions made, applications were not always made for Deprivation of Liberty Safeguards (DoLS) as required. This meant we were not assured people were supported in the least restrictive way possible.

People were supported to maintain relationships with their family and friends and take part in activities.

Families were very positive about the care received; one said, "Staff do as much and more than I could possibly do [for relative] at home."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service under the previous provider was good, published on 21 March 2017.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the oversight of the service, consent, and assessment of risk. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Ardtully Retirement Residence

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors

Service and service type

Ardtully Retirement Residence is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ardtully Retirement Residence is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 20 July 2022 and ended on 4 August. We visited the location's service on 20 July 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people about their experience of the service and three relatives. We spoke with seven members of staff which included the registered manager, care, activities, domestic and maintenance staff. We reviewed a range of records. This included two people's care plans and electronic medication records. We looked at three staff files in relation to recruitment and staff supervision records relating to the management of the service. We spent time observing people and staff together to help us understand the experience of people who could not talk with us.



Is the service safe?

Our findings

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

At our last inspection, under the previous provider, we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Staff did not always complete risk assessments accurately. In one care plan we reviewed, choking risk assessments were completed monthly, but the answers given were not always correct, meaning the risk level generated was not right. We fed this back to the registered manager and following the inspection they told us the person was waiting to be re-assessed by the Speech and Language Therapy (SALT) team and the care plan and risk assessment were reviewed and updated.
- Care plans and risk assessments did not always give staff the information they needed to provide safe care. For example, another care plan stated some medical conditions a person had but gave no guidance for staff on what to do. However, staff had completed training courses for these conditions and following the inspection a care plan was created.
- People had personal emergency evacuation plans (PEEP) to ensure staff knew what support people needed in the event of an emergency. These were colour coded to indicate the number of staff needed to assist. However, we found one person's mobility needs had changed and their PEEP had not been updated to reflect this.

Not all risks to people were assessed or completed accurately. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. All health and safety certificates were monitored to ensure they were in date and equipment was regularly maintained.

Systems and processes to safeguard people from the risk of abuse

- Staff had training on how to recognise and report abuse and they knew how to apply it. One told us, "We've got a list, showing us who to contact – we tell the senior, senior tells manager, if they don't respond we go above if need be."
- The registered manager was aware of their responsibility to raise safeguarding concerns to the local authority. However, at the time of our inspection two safeguarding referrals had been made to the local authority but one had not been notified to CQC.

Staffing and recruitment

- The service did not have enough permanent staff; they relied on agency workers to meet the staffing levels required. There was no impact on people because the registered manager used agency workers familiar with the service. Staff told us "[manager] block books and the service users all know them." A relative told us

"I see the same people around."

- The registered manager divided her time between two homes and was covering senior shifts at both, this made it difficult to give full attention to her manager role.
- Staff recruitment and induction training processes promoted safety. There was a brief summary about each person to ensure new or temporary staff could see quickly how best to support them. However, not all relevant information was up to date.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- Staff had received training to support people with their medications.
- Audits were completed to check medicines were being managed safely. We saw issues were identified at the June 2022 audit and action had been taken.
- We observed staff administering medication during our inspection. One person's medication was out of stock. We raised this with the registered manager and actions were taken to prevent this happening again.

Preventing and controlling infection

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. There was a prompt on the sign in sheet for staff to check visitors had a negative LFT result, but we were not asked to provide proof of this when we arrived.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service supported visits in line with current guidance.

Learning lessons when things go wrong

- The registered manager told us actions taken and lessons learnt would be displayed on the staff noticeboard and shared at team meetings. However, we saw no evidence of this in the minutes we reviewed, and staff could not describe any recent examples.
- During our inspection an incident occurred relating to stock of medication. Staff did not complete an incident form for this and whilst actions were taken following our feedback, we were not assured all incidents were reported.
- The service had systems to record and analyse incidents and accidents. When staff documented them on the electronic system which generated an alert for staff to read and the manager was able to confirm staff were reading them.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection, under the previous provider, we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- For people the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- The registered manager had not always made applications for DoLS where appropriate. During our inspection we found one person did not have a DoLS. Following the inspection, we were told this had still not been made and other people's were being worked on.

Consent had not been obtained in line with legislation and guidance, including the Mental Capacity Act 2005. This was a breach of Regulation 11 [Need for consent] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

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

- People had care and support plans that were personalised and included physical and mental health needs. They gave staff guidance for how to communicate with people.
- Senior care workers reviewed care and support plans monthly. The registered manager advised that people and families were not involved in these but told us they had frequent conversations with families and plan to involve them in six monthly reviews.
- People's protected characteristics such as nationality and religion were recorded in care plans.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant induction and training. One told us, "I needed full training. I did the care certificate. Did shadowing too, for a good couple of weeks. Then I went on to working with another carer." The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The service did not always check staff members' competency to ensure they understood and applied training and best practice. Moving and handling competencies were not completed. However, the registered manager told us medication competencies were completed annually and we saw evidence of this.
- Staff received support in the form of continual supervision. We were told staff 1-1s were held every two months. Data we reviewed showed this was not always the case with very few held in March and April 2022 and no one had received an annual appraisal. However, staff told us, "I raise concerns with [manager] all the time, [they] listen...write it down and action it."

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

- People received support to eat and drink enough to maintain a balanced diet. We observed staff supporting people to eat, they were not rushed and offered their drink regularly. A relative told us, "There's a variety of food all the time. Food looks fine and there's always choice."
- People could choose what they ate and drank. Staff supported people to choose by showing them pictures and encouraging them to point. One told us, "Give them time you mustn't rush...I tick it and show them again to check".
- We observed one person not receiving the support they needed at lunchtime. Staff told us they normally had 1-1 support during meals, but another person was unwell, and staff were with them. They told us, "Normally there's an extra person on lunch duty...we will make sure there is an extra carer down there, who will check but [other person] has not been feeling very well... so I was in [their] room."
- Risk assessments were completed for people at risk of choking. Whilst we found these were not always completed correctly, staff were able to describe the support people needed. One member of staff told us, "[person] has pureed food; [they've] been assessed by the SALT team – it's soft & moist. Has to be fed and assisted with drinking."

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

- People had been supported to access healthcare services when needed. A relative told us, "They have taken [person] to appointments and stuff like that. They have the opticians going in."
- The service worked closely with healthcare professionals such as district nurses and speech and language therapists. We saw referrals made as required.
- Staff supported people to maintain their oral hygiene. A person refused to go to the dentist, but their relative told us, their teeth were now, "cleanest I've ever seen them."

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished environment. A relative said "All fine. Quite an old building but not making any difference to the quality of care."
- The environment was homely, and people personalised their rooms.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection, under the previous provider, we rated this key question good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People, and those important to them, were not always involved in planning of their care and risk assessments. These were reviewed regularly by the senior care workers with no input from people or their families. The registered manager advised they had started to print reviews for families and offered to meet with them. They planned to do this six-monthly but at the time of our inspection only two had been done.

We recommend the service develops a process to ensure people and those close to them are actively involved in their care and support plans.

- People felt listened to and valued by staff. One person said, "The staff are very good."
- People were enabled to make choices for themselves and staff ensured they had the information they needed.

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind and compassionate care from staff. One relative told us, "They are lovely. Always polite, always nice." A person told us they were, "happy living here. Staff are all nice".
- Staff were patient and used appropriate styles of interaction with people. We observed staff speaking kindly to people and not rushing them with support.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. People were well presented, and one family member told us, "It's lovely to go and see [person] now; [they have person's] hair-cut, nails painted. I'd recommend this place to anyone."
- The service ensured people's confidentiality was always respected. Records were kept securely. Staff had access to tablets to write up their notes and this information was stored electronically.

Is the service responsive?

Our findings

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

At our last inspection, under the previous provider, we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had individual communication plans which included symbols for staff to be aware of communication needs. There was further guidance for staff such as to face the person and speak slowly in a clear loud but calm voice.
- Staff had good awareness, skills and understanding of individual communication needs. Staff told us they would ensure people were wearing glasses and described methods used to aid communication, such as when deciding what to wear, "Open the wardrobe so they can see, and they will point to them."
- People's care plans were person-centred and included details of their individual needs and preferences. Staff updated these monthly or if people's needs changed. However, we found that these were not always completed consistently.
- Staff offered choices tailored to individual people using a communication method appropriate to that person. One relative told us, "With the washing, [person] says no but they go away and come back saying 'come along we need you to come with us' they are really good, they know how to handle [situation]."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with their family and friends and take part in activities. A relative told us, "They do loads of different things. On the board it says what it is that particular day." Another said, "Plenty of activities, they send photos in [messaging app]".
- Some people were reluctant to participate but families felt staff did their best. One told us, "They offer activities we would expect [relative] to be interested in but [they] never want to do anything."
- Staff ensured adjustments were made so people could participate in activities they wanted to. During our inspection, staff supported people to take part in a quiz by going to each person to check they had heard the question and take their answer.
- There was activity time for people when the activity co-ordinator was not working. Staff told us, "We will get the bowling out, paint people's nails. We have an hour slot in the evening. Mostly every day. We put music on, play balloon tennis."

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily. People were given a copy of the procedure which was also on display in reception.
- Since January 2022, one complaint had been received. It had been responded to promptly and actions were taken. The family said, "We appreciate the way that you have listened to our and [relative's] concerns."

End of life care and support

- At the time of our inspection, no one was in receipt of end of life care.
- The service had links with the local hospice. The registered manager described the support they received when they had residents at end of life, "District nurses are amazing as is the hospice. They come in and provide support and sit with the families."
- Staff received training in end of life care. The registered manager told us, "The staff all look after person – mouthcare, pressure relief, they accommodate families, answer their questions and keep them up to date."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection, under the previous provider, we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager did not have full oversight of the service. Whilst they had the skills, knowledge and experience to perform their role, managing two homes and covering senior shifts frequently across both meant they could not keep on top of their own duties.
- The registered manager had a service improvement plan which described issues in the home and identified actions. Some of the entries were old and the actions were not assigned to staff. For example, timely completion of DoLS was identified in July 2021 but the status remained ongoing and during the inspection we found the registered manager was behind with these.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. There was an effective system to remind staff when reviews were due. However, care plans were not audited by the registered manager meaning missing or inaccurate information had not been identified.
- We found discrepancies in some of the information provided. We were told two safeguarding referrals had been made but only one had been notified to CQC. It was unclear how many complaints the service had received.

Processes to monitor the quality and safety of the service were not robust. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Team meeting minutes showed little evidence of meaningful discussion. There were separate meetings for admin staff, care staff and domestic staff. There were no updates about individual residents and no discussion of learning from incidents or audits for example.
- People were asked for feedback via an annual survey. Mini surveys in specific areas such as the menu or activities were completed throughout the year. Relatives told us they were kept informed; one told us, "senior staff/[manager] update us on any issues...have told us when medications have been changed."
- The registered manager told us they had regular meetings for people and their relatives, and information about what was going on in the home and photos were shared via a messaging app. Relatives told us they were kept informed if anything happened and we observed staff do this during our inspection.

- Staff made referrals to other healthcare professionals and arranged appointments as required. These included dentists, SALT team and physiotherapists. A relative told us, "doctors visit regularly, and the district nurse pops in now and then".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was approachable. They worked as a registered manager at another service and covered senior shifts at both, meaning they were not always in the home. However, staff said "I can talk to the manager, they're always on the end of the phone".
- Staff felt supported by senior staff which supported a positive culture. One member of staff said, "I feel valued and listened to. The seniors are really good and the team leader. It's a nice home to work in."
- Staff felt able to raise concerns with managers without fear of what might happen as a result. One member of staff told us, "[manager] is 100% supportive...ready to help you with any problems".

Continuous learning and improving care

- The registered manager wanted to assign staff as key workers for people and to have staff champions in various areas, such as diabetes. They were aware this was dependent on recruiting and retaining more permanent staff.
- There were plans to make improvements to the garden. A maintenance worker had recently been recruited who would do this, as well as drive the mini-bus meaning people would be able to go out more.
- The registered manager was able to discuss issues with their line manager and told us the provider was supportive if they identified something the home needed to benefit the people living there. However, it had been raised before that managing two homes meant the registered manager struggled to maintain oversight. Actions had been taken to address this, including a creating a team manager and home administrator posts but these were not effective.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Consent had not been obtained in line with legislation and guidance.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments were not always completed accurately, and care plans did not give staff all the information they needed to provide safe care.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not enable the registered manager to have full oversight of the service.