

Andrew Care Ltd

Argyle Residential Home

Inspection report

24-25 Broad Walk
Buxton
Derbyshire
SK17 6JR

Tel: 0129823059

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected Argyle Residential Home on 10 October 2017. This was an unannounced inspection. The service is registered to provide accommodation and personal care for up to 28 older people, with a range of medical and age related conditions, including arthritis, frailty, mobility issues, diabetes and dementia. On the day of our inspection there were 22 people living at the service.

At our last inspection on 28 July and 14 August 2015 the service was found to be fully compliant and was rated 'Good' in all areas.

A registered manager was in post and present on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received care and support from staff who were appropriately trained and confident to meet their individual needs. They were able to access health, social and medical care, as required. There were opportunities for additional training specific to the needs of the service, such as diabetes management and the care of people with dementia. Staff received one-to-one supervision meetings with their line manager. Formal personal development plans, such as annual appraisals, were in place.

People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were personalised and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

There were policies and procedures in place to assist staff on how keep people safe. There were sufficient staff on duty to meet people's needs; Staff told us they had completed training in safe working practices. We saw people were supported with patience, consideration and kindness and their privacy and dignity was respected.

Thorough recruitment procedures were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were provided with appropriate food and drink to meet their health needs and were happy with the food they received. People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

The provider had systems in place to assess the quality of care provided and make improvements when needed. People knew how to make complaints, and the provider had a process to ensure action was taken where this was needed. People were encouraged and supported to express their views about their care and staff were responsive to their comments. Satisfaction questionnaires were used to obtain the views of people who lived in the home, their relatives and other stakeholders.

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 remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

Argyle Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 10 October 2017 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience of a range of care services.

We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

We spoke with four people who lived in the home, one relative and one health care professional. We also spoke with three care workers and the registered manager. Throughout the day, we observed care practice, the administration of medicines as well as general interactions between the people and staff.

We looked at documentation, including three people's care and support plans, their health records, risk assessments and daily notes. We also looked at three staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

Is the service safe?

Our findings

People and their relatives we spoke with said they or their family member were safe and very comfortable at Argyle Residential Home. One person told us, "It's lovely here and I do feel safe. I have got this [walking aid] and I whizz around with it now." Another person said, "I do feel safe here and the staff are all very caring."

During our inspection we saw there were sufficient staff on duty and people were appropriately supported and did not have to wait for any required assistance. We spoke to people regarding staffing levels who said they felt there was generally enough staff to safely meet their needs. However, some people described times when staff were busy and they had needed to wait for support. One person told us, "To be honest, I think there are times when they could do with more staff, when they're very busy." They went on to say, "We have a buzzer in the room which you can press, but there are times when you have to wait more than others." Another person said, "We all have bells we can ring for help, I rarely use mine, other people need more help. It's difficult, it depends who they [staff] are having to deal with, I'm lucky I can do a lot for myself so it's not such a problem for me."

Throughout the day we observed positive and friendly interactions. People were comfortable and relaxed with staff, asking for help, as required. The registered manager confirmed staffing levels were regularly monitored and were flexible to ensure they reflected current and changing dependency levels. We saw on duty rotas that staffing levels had been increased to reflect people's increased care needs when this was necessary. This demonstrated there were sufficient staff to keep people safe and meet their needs.

Medicines were managed safely and staff involved in administering medicines had received appropriate training. People we spoke with were satisfied they received their medicines in a safe and timely manner. One person told us, "[Staff] get my medicine right all of the time; which is good because they're dealing with drugs so they can't play around with that." Another person said, "I trust the staff to look after my tablets for me. I don't believe there have been any problems." We observed the administration of medicines during the morning. We saw staff checked against the medicines administration record (MAR) for each person and stayed with people until they had taken their medicines.

A senior member of staff told us, "All staff with responsibility for medication have had the necessary training and their competency is regularly assessed." Staff told us they had received medicines training and a competency check when they first started to work at the service. Nurses normally administered all medicines, however, two care staff were trained in medicines administration in order to be able to act as the second checker for controlled medicines. This was supported by training records we were shown and meant medicines were stored, handled and administered safely.

The provider had safe and thorough recruitment procedures. We found appropriate procedures had been followed, before staff were employed, the provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services.

People were protected from avoidable harm as potential risks relating to their care, such as falls, had been identified and assessed to ensure they were appropriately managed. In care plans we looked at, we saw personal and environmental risk assessments were in place. People told us they had been directly involved in the assessment process and we saw this was recorded in individual care plans.

Staff had received relevant safeguarding training and understood what constituted abuse and were aware of their responsibilities in relation to reporting this. They told us that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. Staff also told us they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon. We saw where safeguarding referrals were required they had been made appropriately and in a timely manner.

The registered manager told us they monitored incidents and accidents to identify any themes or patterns. This reduced the likelihood of accidents or incidents reoccurring and we saw other evidence to support this. This demonstrated a culture of learning lessons and a commitment to ensure the safety and welfare of people who used the service.

Is the service effective?

Our findings

People we spoke with felt staff knew them well, they were aware of their individual needs and understood the best ways to help and support them. One person said, "[Staff] here all know us and they can't do enough for you." Another person spoke of the improvement they had made since moving into the service. They told us, "It's absolutely fine here. Everybody who sees me now, who knew me before are amazed at how well I am doing. I'm more independent than I was."

A visiting health care professional spoke positively about the effective communication with the service. They also said they had confidence in the registered manager and staff team. Staff we spoke with said they had completed all mandatory training and were confident and competent to carry out their responsibilities. One member of staff also described the effective induction they had received and told us they had the opportunity to shadow more experienced colleagues when they first started work at the service.

Staff we spoke with felt confident and well supported in their roles both by colleagues and the registered manager, who they described as, "Very supportive." One member of staff told us, "It's lovely here and I wouldn't want to work anywhere else." Another member of staff said, "Communication is really good here and we all support one another. People genuinely love working here and the morale is very good."

Staff confirmed they received regular supervision – confidential one to one meetings with their line manager - which gave them the opportunity to discuss any concerns or issues they had, identify any specific training they needed and to gain feedback about their own performance.

Individual training records we saw showed staff were up to date with their essential training in topics such as moving and handling, infection control and dementia awareness. The registered manager told us they provided a detailed induction for new staff and kept training updated to ensure best practice. This was supported by training records we saw and demonstrated the care and support needs of people were met by competent staff, with the skills, knowledge and experience to meet such needs effectively.

People spoke positively about the quality and choice of the food provided and said there was always an alternative option available. One person told us, "[Staff] will offer an alternative at times, but the alternative seems to be jacket potato most of the times. Although I suppose when you've got a number of people, you can't please all of the people all of the time." Another person said, "A young lady comes round today and asks what you want tomorrow. I suppose it works okay." We observed lunch being served and saw tables had condiments and jugs of squash on them. When staff put food in front of people they told each person what was on the plate and used people's names. The food looked and smelt appetising and we saw, where appropriate, staff discreetly supported people to eat their meal. We saw staff asked each person if they wanted sauce and if so, where they wanted it on the plate. Staff also asked people if they wanted second helpings. This demonstrated people were supported to have sufficient to eat and drink.

People told us they could see a doctor or other health care professional as necessary. One person told us, "They have a practice nurse come in and she's around if you need her. Although I'd rather see my own GP, so

I do and they [staff] support me to do that." In individual care plans we looked at we saw well maintained records of appointments to and visits by health care professionals. This demonstrated people were supported to maintain good health and had appropriate access to health services, as required.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 service was working within the principles of the MCA and DoLS. Staff had knowledge and understanding of the MCA and had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, staff involved their family or other healthcare professionals as required to make a decision in their best interests in line with the MCA.

Staff we spoke with were aware of the principles of the Mental Capacity Act (2005) and the application to their practice. They said if a person refused care, they would explain why the care was needed and try to gain their cooperation. They said they may leave them a while and try again later or ask another member of staff to approach the person. We saw evidence of mental capacity assessments and best interest decision making when people were not able to make some decisions for themselves. When people were being deprived of their liberty in order to maintain their safety, applications to the Local Authority were submitted in line with requirements. The registered manager confirmed there was one DoLS authorisation in place and two further applications had been submitted. We saw appropriate documentation to support this.

Is the service caring?

Our findings

People and their relatives spoke positively about the caring environment and the kind and compassionate nature of all staff. One person told us, "The staff here do a wonderful job, they have such patience, they are very good." Another person said, "It's very nice here, they [staff] care as much as any."

Throughout the day we observed many examples of friendly, good natured interaction. We saw and heard staff speak with people in a calm, considerate and respectful manner. People were called by their preferred names, and staff always spoke politely with them. Staff we spoke with emphasised the importance of developing close working relationships with the people they supported. One member of staff told us, "Everyone here is different and we work and talk with them as individuals." They went on to say, "It's often the quiet ones you have to watch. The ones who aren't loud or demanding – but they still have needs." Another member of staff said, "It's the little things; knowing who needs what and going that extra mile. We celebrate people's birthdays and we always ask what cake they would like." This view was supported by the registered manager who told us, "We know our residents really well ... really well."

We saw staff were patient with people, and took time to check that people heard and understood what they were saying. Conversations with people were not just task related and staff checked people's understanding of care offered. We observed staff talking and interacting sensitively with people about what they were doing. They communicated with people in a friendly good natured manner, reassuring and explaining what was happening and what they were going to do. This demonstrated the kind, caring and supportive attitude and approach of the staff.

People were encouraged and supported to take decisions and make choices about all aspects of their care, and their choices were respected. Staff involved and supported people in making decisions about their personal care and support. Relatives confirmed that, where appropriate, they were involved in their family members' care planning. They also said they were kept well-informed and were made welcome whenever they visited.

Individual care plans contained details regarding people's personal history, their likes and dislikes. This enabled staff to meet people's care and support needs in a structured and consistent manner. Staff were aware of individual needs and personal preferences. They supported people in the way they liked to be cared for.

People had their dignity promoted by staff who demonstrated a strong commitment to providing respectful, compassionate care. For example, staff always knocked on bedroom and bathroom doors to check if they could enter. This was supported by people we spoke with who said staff were professional in their approach and they were treated with dignity and respect. One person told us, "I usually like to keep my door shut, but staff will always knock before they come in." This demonstrated people were treated with respect and the care and support they received promoted their privacy and dignity.

Is the service responsive?

Our findings

People received personalised care from staff who were responsive to their individual care and support needs. Before moving to the service, a comprehensive assessment was carried out to establish people's individual care and support needs to help ensure any such needs could be met in a structured and consistent manner. One person we spoke with regarding choices told us, "I'm usually the last to bed, but I can go when I want to. The staff know what I like; they encourage us to make choices and be independent." Another person said, "I like to have a bath and they leave me to have a soak which I like...I never feel rushed."

The registered manager confirmed that, as far as practicable, people and their relatives were directly involved in the assessment process and planning their care. We saw individual care plans were personalised to reflect people's wishes, preferences, goals and what was important to them. They contained details of their personal history, interests and guidelines for staff regarding how they wanted their personal care and support provided

Staff we spoke with were aware of the importance of knowing and understanding people's individual care and support needs so they could respond to meet those needs. Each care plan we looked at had been developed from the assessment of the person's identified needs. We also saw evidence of plans being reviewed and updated to reflect an individual's changing needs. We also saw personalised activities, were co-ordinated, both in groups and on a one-to-one basis by a 'creative therapist'. This demonstrated the service was responsive to people's individual care and support needs.

A member of staff told us they worked closely with people, and where appropriate their relatives, to help ensure all care and support provided was personalised and reflected individual needs and identified preferences. People told us they were happy and comfortable with their rooms and we saw rooms were personalised with their individual possessions, including small items of furniture, photographs and memorabilia.

The provider had systems in place for handling and managing complaints. People and their relatives we spoke with knew how to make a complaint and who to speak with if they had any concerns. They were confident they would be listened to and their concerns taken seriously and acted upon. One person told us, "If I had a complaint, I'd tell [Deputy Manager], she's always around ... you can always ask when she's next in and she'd have a word with you." Another person said, "I would be happy to tell any of the staff here, if I was unhappy about something." The registered manager told us any concerns or complaints would be taken seriously and dealt with quickly and efficiently. Records confirmed that complaints were investigated and responded to appropriately. This demonstrated the service was responsive and people's comments and complaints were monitored and, where necessary, acted upon.

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager and said they liked the way the service was run. One person told us, "I think the home is very well run and [Registered manager and deputy manager] are both very approachable." A relative told us, "There's a good atmosphere in the home, the manager is always around. She knows what's going on and everyone knows her." Another relative said they felt well informed and confirmed they had attended two residents' and relatives' meetings in recent months. This demonstrated an open and transparent service and good, effective and visible leadership.

There was an effective management structure in place and staff were aware of their roles and responsibilities. Staff spoke positively about the experienced registered manager, who they described as approachable and very supportive. One member of staff told us, "The manager and deputy are amazing and because of them, the staff here feel motivated. They lead by example and will always encourage us to spend time with the residents."

Staff we spoke with also described the open and inclusive culture within the service, and said they would have no hesitation in reporting any concerns they might have. They were also confident that any such issues would be listened to and acted upon appropriately. Staff said they felt informed and fully involved in contributing towards the development of the service. One member of staff told us, "Everyone here is clear what is expected of them, communication is very good and we all know what we're doing." They had clear decision making responsibilities and understood their role and what they were accountable for. We saw staff had designated duties to fulfil such as checking and ordering medicines, reviewing care plans and contacting health and social care professionals as required.

The registered manager had appropriately notified the Care Quality Commission of any significant events as they are legally required to do. They had also notified other relevant agencies of incidents and events when required. The registered manager also confirmed they took part in reviews and best interest meetings with the local authority and health care professionals, as necessary.

Arrangements were in place to formally assess, review and monitor the quality of care. This included regular audits of the environment, health and safety, medicines management and care provided. This demonstrated a commitment by the registered manager to develop and enhance the performances of staff and systems, to help drive improvements in service provision.