Lifestyle Care UK Limited

Glen Arun Care Home

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?	**Good**

Overall summary

This inspection was unannounced and it took place on the 5 November 2014. Glen Arun Care Home is a nursing home which can accommodate up to 35 older people with a variety of long term conditions and physical disabilities. On the day of our inspection 32 people were being accommodated.

Where people lacked the mental capacity to make decisions the home was not guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests. Risk assessments were not complete and had not been reviewed on a regular basis.

The home has a registered manager. 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 felt safe with the home's staff. Relatives had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm.

Summary of findings

Care records contained risk assessments to protect people from any identified risks and help keep them safe. We found risk assessments regarding aspects of people's care were not always kept up to date or reviewed on a regular basis.

Thorough recruitment processes were in place for newly appointed staff to check they were suitable to work with people. Staffing numbers were maintained to meet people's needs safely. People and staff told us there were always enough nursing and care staff on duty.

People told us the food at the home was good and there was always a choice. Staff need to ensure they plan who is taking responsibility to support people at meal times as individual people were supported by numerous staff.

People were supported to take their medicines as directed by their GP. Records showed that medicines were obtained, stored, administered and disposed of safely.

Each person had a plan of care which provided the information staff needed to provide effective support to people. Staff received training to help them meet people's needs. Staff received an induction and there was regular supervision including monitoring of staff performance. People said they were well supported and relatives said staff were knowledgeable.

People's privacy and dignity was respected and staff had a caring attitude towards people. People knew the manager and staff by name. People were given appropriate support and had their independence promoted. Each person was allocated a key worker. We saw staff smiling and laughing with people and offering support. There was a good rapport between people and staff. There was a range of activities people could take part in if they wanted to.

The manager operated an open door policy and welcomed feedback on any aspect of the service. Staff confirmed management were open and approachable. A health care professional told us the manager and staff were very approachable and could follow their professional advice.

There were policies and procedures for quality assurance. The manager and provider completed weekly and monthly checks to monitor the quality of the service provided to ensure the delivery of high quality care.

People and staff were able to influence the running of the service and make comments and suggestions about any changes. Regular meetings with staff and people took place. These meetings enabled the manager and provider to monitor if people's needs were being met.

During this inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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.

Risk assessments were not completed and reviewed to ensure staff knew how to care for people safely.

People were protected from harm. Staff had read and understood policies on safeguarding people and knew to report any concerns they had to the registered manager.

Appropriate recruitment checks were made on all staff to ensure they were skilled and suitable. Adequate staffing levels were maintained with a good skill mix on each shift.

Medicines were stored safely and administered by qualified nurses.

Requires Improvement

Is the service effective?
The service was not always effective.

Where people lacked the mental capacity to make decisions staff were not guided by the principles of the Mental Capacity Act 2005 to ensure decisions were made in the person's best interests

Staff were provided with planned training and support, were skilled and knew how people wanted to be supported. People and relatives said communication between them and staff was good.

People had access to health and social care professionals to make sure they received effective care and treatment.

People were provided with a choice of suitable and nutritious food and drink, planning was needed to ensure all people get support a respectful manner at meal times.

Requires Improvement

Is the service caring?
The service was caring.

Staff were caring and respectful in how they treated people.

Staff showed patience and understanding when interacting with people.

People could exercise their independence but support was available when they needed it.

Good

Is the service responsive?
The service was responsive.

People were provided with care which responded to their individual needs and interests.

Good

Summary of findings

People were listened to and could influence decisions on how their home was run.

People could participate in a range of age appropriate and meaningful activities.

Is the service well-led?

Good

The service was well led.

The registered manager and provider promoted an open door policy; they were approachable and communicated well with people.

Staff were supported in their roles and received regular supervision.

The registered manager and provider monitored incidents and risks to make sure they could learn from these. Staff were supported by the home's management.

There were systems in place to monitor the service offered and plan on-going improvements.

Glen Arun Care 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 checked whether the provider is 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.

This inspection took place on 5 November 2014 and was unannounced.

The inspection team included 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. The expert had experience of caring for people who are living with dementia.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We sent requests for information to health and social care professionals and surgeries who also care for people in the home. We received one reply, which was of a positive nature.

During the inspection we spent time talking to 14 people, four relatives, seven staff, the registered manager and the provider. The matron in this home was the registered manager; she explained some people like to refer to her as the matron. A director of Lifestyle Care UK Limited holds a Registered Managers Award. They work full time and take an active role in the running of the organisation. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed interactions between people and staff. We looked at the staffing records of seven members of staff and records of audits, minutes of staff meetings, residents' meetings and meetings between the manager and provider. We were shown certificates to demonstrate equipment in the home had been serviced and was in good working order.

The last inspection was carried out on 25 September 2013. At that time we identified no areas of concern.

Requires Improvement

Is the service safe?

Our findings

People said if they had any concerns they would speak to the registered manager. People knew the registered manager and staff by name. One person told us, "I'm safe on all counts". One relative told us "It's reassuring to know that when we go home and leave Dad that we know he's safe here. We have 100% confidence in this place".

The lack of detail in care plans did not ensure staff working in the home had enough information to ensure all a person's risks were known and could therefore be met or reduced. Care plans identified risks, but some risk assessments had not always been completed to ensure the risk could be reduced. The Waterlow assessment for one person (this gives an estimated risk for the development of a pressure sore) identified the person as a "high risk" and stated the risk should be evaluated each month. The evaluation sheet was blank. The risk also stated the person should be turned every two to four hours. From the records we could not see this was happening as regularly as the risk assessment identified. This placed the person further at risk of their skin breaking down. In one mobility risk assessment it stated the person walked with sticks, during the day we noticed the person was moved with the aid of a wheelchair. The risk assessment did not ensure the person would be assisted in a safe manner. Staff may have used unsafe methods in regards to mobilising the person. In another care plan the assessment made reference to pain and medication had been prescribed. The care plan made no reference to a risk assessment for monitoring the person's pain. This placed the person at risk of inconsistency and of receiving the medicine when it was not indicated and not receiving it when it was in their best interests to do so.

This lack of detailed care plans and risk assessment was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activates) Regulations 2010), which corresponds to regulation 9 (3) (a-h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had appropriate information and policies on safeguarding and general information on abuse and the different types of abuse. Staff had received training in safeguarding and knew to report any concerns to the registered manager and had confidence the manager would act on any concerns raised. One staff member told us, "People here are well looked after and safe. I would be the first to whistle blow if I thought anyone wasn't." Safeguarding incidents had been reported and had been fully investigated. The home worked in co-operation with other agencies to ensure people were protected and remained safe. A log of all accidents and incidents demonstrated these were monitored to ensure if any regular patterns emerged regarding risk and these would be addressed.

The provider, manager and other members of the management team attended a meeting on a weekly basis. This looked at all areas of the running of the home and considered all aspects regarding the safety of the home and the safety of people. This made reference to staffing levels, and the annual development plan. It also included information on how they were progressing with plans to continually improve and ensure the environment of the home was safe. Copies of contracts demonstrated and ensured the equipment in the home was serviced, by appropriate bodies, and deemed safe. A recent fire report, in September 2014, from the fire and safety officer stated the home was compliant with all their regulations and the fire safety arrangements were safe and satisfactory. In care folders people had individual Personal Evacuation Plans (PEPS) to ensure there was adequate information on how to evacuate them safely in case of a fire.

Staffing levels were organised to ensure there was enough staff on duty to meet the needs of people. This meant if the needs of someone increased, staffing levels would increase to ensure people were safe. Three new staff were on duty and all confirmed they were receiving adequate support to know the needs of people. One new member of staff told us, "People are kept safe; they receive 24 hour constant care". All staff told us there was enough staff on duty at all times to meet the needs of people.

Recruitment records for staff included proof of identity, two references, including one from the last employer, application form and Criminal Record Bureau (CRB) checks and Disclosure and Barring Service (DBS) checks. DBS checks identify if prospective staff have a criminal record or are barred from working with vulnerable people. Staff did not start work at the home until all recruitment checks had been completed.

Staff supported people to take their medicines in a safe manner. Medicines were administered in a timely and respectful manner by staff. The home had a policy and

Requires Improvement

Is the service safe?

procedure for the receipt, storage and administration of medicines. Storage arrangements for medicines were secure. Records relating to controlled drugs were correct. Some prescription medicines are controlled under the Misuse of Drugs Act 1971 and these medicines are called controlled drugs or medicines.

Medicines Administration Records (MAR) were up to date with no gaps or errors and medicines had been administered as prescribed. Only qualified nurses in the home were responsible for administering medicines. There were clear protocols for when people were prescribed when required (PRN) medicines.

Requires Improvement

Is the service effective?

Our findings

There was a lack of recording and knowledge regarding the Mental Capacity Act (MCA) 2005 and the use of the Deprivation of Liberty Safeguards (DoLs). People told us, they considered the staff to be skilled and confident at their job. One person told us, "Oh yes they know what they're doing here and they're good and the same with everybody". Another person told us, "They are very patient with us all because sometimes it's difficult".

Staff had little knowledge about the MCA 2005 and its principles. Staff were unsure what was meant by a Deprivation of Liberty Safeguard (DoLS) and its application. There was little information regarding assessing and detailing people's capacity to make decisions. People's records included standard statements in relation to asking people about taking photographs and the use of bed rails. These did not take into account the person's ability to make these decisions. Details of people's capacity to make decision on other parts of their care plan had not been completed. Care plans made reference to people's mental state and included comments such as "History of dementia" and "Can be muddled". However these statements had not been considered when planning the person's care. We saw bed rails being used without capacity assessments being undertaken. There was concern with regards to one person accessing the community. There was no evidence a capacity assessment or best interests meeting had taken place. The service did not take into account people's capacity to make decisions and consent to their care. One person was on a soft diet and on food supplements, but did not enjoy these and we were told often ate solid food. This had not been assessed to see if the person had capacity to make this decision or was in their best interests.

This lack of understanding and application of the MCA principles was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activates) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In the information sent to us before the inspection the provider told us "Training is provided by a variety of means including face to face in-house training, e-learning and distance learning courses". This helped staff to obtain the skills and knowledge required to support people effectively. Following training a certificate was awarded to evidence that the training had taken place. Staff told us they had received adequate training and felt equipped to carry out their roles. One member of staff told us they felt if they asked for specific training they would be supported to attend this training. The manager had a training plan and this showed what training each staff member had completed, the dates for future training and the dates when any refresher training was required. All new staff completed an induction period and the manager assessed their competency for the role they were undertaking. Staff received regular supervision sessions, which they found supportive and helpful. Staff and the supervisor signed the supervision record.

The food was good and people had enough choice at all meal times .People told us, "The food's beautiful, it is", "I have mine liquidised and it's still tasty", " If you want snacks you only have to ask", "There's good variety of food and you get fresh fruit and vegetables and you can make suggestions about the food too". We saw menus were displayed around the home and included a choice at all meal times. Staff were seen to ask people what they would like for the evening meal.

At lunchtime people sat at clusters of tables which had tablecloths, placemats, juices, condiments, and cutlery. Staff also supported people in the other lounge where people needed one to one assistance and people who were bed bound in their rooms. One person in their room on the ground floor was supported intermittently by at least two different care workers who had to move between this person and the others who needed assistance back in the lounge. This did not provide these people with respectful and consistent support with their meal. One person in the lounge had wanted to sit in the dining room to join in with the birthday celebrations. They needed staff support to access the dining room and staff had forgotten to assist the person until they served the person lunch. Staff immediately offered to take the person to the dining room, but the person declined. This demonstrated staff had not taken the time to ensure this person was supported with their choices at the mealtime.

People's healthcare needs were met. People received prompt and effective health care when required and were confident a doctor would be called if they became poorly. People told us, "Oh yes the GP, dentist, optician and chiropody all that's taken care of" and "I landed on my back

Requires Improvement

Is the service effective?

and I had an X ray ...they saw me straight away". Details of people's medical conditions were included in assessments and details of visits by health professionals were recorded. A health professional told us the manager contacted them appropriately and would always have time to discuss the person with them. They advised any recommendations they made were followed to ensure the person received effective care. A health professional also said the manager had worked well with the local hospice nursing team to care for a terminally ill person to ensure their care was safe and effective.

Good

Is the service caring?

Our findings

People consistently told us how good the care was. “It’s very pleasant here and my family love coming here to see me.” and “They’re (staff) always popping in to see if I need anything”, “They’re kind and caring, like angels, its hard work for them”. A visiting relative told us, "You can come anytime and you’ll always find the same, it’s not put on today because you’re here. They are always friendly, it’s clean and immaculate.”

Staff responded to people as individuals and knew how to address them. Staff smiled, were polite and affectionate towards people, offered them choices and checked how they were feeling as they were going about their care tasks. Staff members offered reassurance as appropriate and communicated in a non-patronising manner. People and relatives knew the staff well, including the chefs, housekeepers, care workers, nurses and managers alike. One person told us, “We’ve just had three new girls start and they’re all very good too and they’re busy learning from the others at the moment”. A new staff member confirmed they were learning from more experienced staff and had time to read people’s care plans so knew the needs and preferences of people.

People were treated with respect and dignity. We observed staff knocking on people’s bedroom doors, calling people by their preferred names, using a blanket to cover a person’s lap when assisting them to move with a hoist and undertaking this task with care and gentleness. Care staff noticed when someone was rubbing their tummy and went to check on them and took action when they saw the sun was shining on someone’s face. Throughout the day we saw staff respond to people in a caring and respectful manner.

Five people did not have access to their call bell in their rooms. One person responded they wanted it near to them when asked, one person had their call bell wrapped around their commode but said it was ok there. The other three people were asleep. The manager told us all people should have their call bells near to them and would ensure everybody had them close to them. This was not good practice as people need to have full access to their call bells at all times.

Assessments had been completed and care plans had been developed from these. Care plans were personalised and had information on the support people needed together with information on what the person could do for themselves

The manager held a minimum weekly visit with each person to gain feedback on the service provided and to ensure people were happy. There was little evidence people were involved with their written care plans although people reported they felt included in the planning of their care. “Residents meetings” were held regularly and minuted. Those not wishing to attend were asked if they would like to raise any issues. One person told us, “They thought I should have my door open more at night so they could keep an eye on me but I said I wanted my door closed at night for some quiet and privacy. They were happy to do this for me”. Where people had raised a concern the name of the person to investigate was detailed and issues raised were addressed.

Good

Is the service responsive?

Our findings

People were not aware of their written care plans, but could remember discussing their needs and paperwork being completed when then they first came to the home. People expressed they were not interested in seeing their care plans but felt their needs were met. People told us they were not involved in any reviews of their individual care although they felt staff knew their needs on a day to day basis. One person told us, “Yes I do as I like, but will ask for help if I need to” and another person told u, and “On the whole you get on with things yourself, which I like. I don’t want too much interference”.

Care plans were up to date and had been reviewed. Some sections had not been updated to reflect the person’s changing needs in a particular area, for example mobility or skin integrity. This meant staff would not have a clear plan to know how to meet the person’s needs in this area. The manager agreed with this and advised all care plans would be reviewed to ensure they were up to date in all areas.

At each shift the nurse on duty handed over to the next nurse identifying any changes in people’s needs. This information was related to the senior care staff member who would ensure all care staff were aware of any changes in people’s needs. Each person had a key worker. A key worker is a person who has responsibilities for working with certain individuals so they can build up a relationship with them so they can help and support them in their day to day lives and give reassurance to feel safe and cared for. People‘s relatives had been sent the name of the person’s key worker and the letter explained the role of the key worker. Relatives had a contact point who they could contact to discuss their relatives up to date needs and support.

People’s care plans contained a document entitled “This is me” which had been completed by the staff in consultation with the person and their relatives. This gave information on the person and their social background and included information on likes/dislikes and people’s personal preferences.

There was an effective complaints system available and any complaints were recorded in a complaints log. Complaints had been dealt with within a reasonable timescale and the complainant had been given details of the outcome of their complaint. People were listened to and influenced decisions on the running of home. People felt it was their home and this was echoed when speaking to staff. They saw the manager daily; one person said, “I spoke to her about my meal being too early and she got it sorted out straight away”. People felt able to complain or express any concerns and found the staff approachable.

People had personalised their rooms with their own photos and possessions. In one person’s room there were some sheets of poetry which had been printed and crosswords which she told us she liked solving. In another person’s room there was specific instructions about their personal care and preferences. We were told by the person this was carried out consistently for her.

People were offered a range of activities which were advertised around the home. These were planned a month in advance and included a range of activities which were well attended by people.

Good

Is the service well-led?

Our findings

People had regular residents meetings to share their views about the home. One person told us, “I think we have them about every three weeks or so”. Another person said, “That’s when they ask us about things like the food or when we can bring things up to talk about”. “Residents meetings” were well attended. They were used to confirm people’s wishes and preferences and to offer the chance for people to be involved in the recruitment of staff. The tone of the meeting was very much about encouraging people to share their views.

The home had a registered manager in post who was approachable. The manager was a visible presence within the home and the culture was one which had an open door policy. There was positive communication between the staff as a whole group, and a sense that staff cared about each other. Established staff were keen to ensure the new staff had the confidence to carry out their duties. Staff told us the home had an open culture where they could report any concerns to the management and felt they would be listened to.

The provider was also a visible person in the home on a daily basis. The manager and the provider had weekly meetings. They addressed any areas of concern and looked at any issues regarding the safety and welfare of people, the environment, staffing and complaints. Nurses and care workers and staff as a group had regular meetings. Staff felt the meetings were beneficial and they were able to raise any subject which could be discussed at the meeting. People, relatives and staff completed questionnaires and shared their views on the home. The questionnaires had been analysed and made positive comments about the home and staff.

The provider had a policy and procedure for quality assurance. The manager and provider had a range of weekly and monthly checks and audits which took place to ensure the home ran well and was safe. These included medication, food hygiene, health and safety, fire and care plans. Audits of medicines were conducted daily. Where an error or concern had been identified an action plan was put in place to address the issue.

The manager kept a log of all accidents, incidents and falls on a monthly basis. We could see the manager was analysing this information monthly to see if there were any regular patterns which could be learnt from to prevent further falls or accidents.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 **The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **Risk assessments had not been completed or reviewed to ensure the risk could be reduced or prevented.**