

# Ardtully Retirement Residence Ltd

# Ardtully Retirement Residence

## Inspection report

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Date of inspection visit:  
01 February 2017

Date of publication:  
21 March 2017

## 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

The inspection took place on 1 February 2017 and it was unannounced.

Ardtully Retirement Residence provides accommodation and personal care for up to 26 older people. On the day of our inspection there were 18 people living in the service.

The service had 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 told us they felt safe and staff told us they carried out regular checks on people to make sure they remained safe. Care staff knew how to protect people against the risk of abuse and had completed training in safeguarding people so they knew how to recognise abuse and poor practice.

Our observations during the inspection confirmed that staffing levels in the home were appropriate to meet people's needs. Staff members did not start to work at the home until satisfactory employment checks had been completed.

People we spoke with told us they enjoyed living at Ardtully and were very complimentary about the staff who supported them. They told us they enjoyed the food and received good support with their health needs.

People consented to care and had the freedom to make their own choices. People were relaxed in the company of staff. Staff interactions were friendly, respectful and caring.

Meetings were arranged with people who used the service, and their relatives to facilitate feedback about the quality of the service provision. People were confident to raise anything that concerned them with staff or management and satisfied that they would be listened to.

There was clear leadership within the service and the provider carried out regular checks on the quality of care and services to identify any areas that required improvement.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff understood how to protect people from abuse or poor practice.

People, relatives and staff informed us that there was enough staff to meet people's needs. Safe recruitment procedures were followed.

There was an effective medicines management system in place.

### Is the service effective?

Good ●

The service was effective.

Staff were trained and supported and had the skills and knowledge to meet people's needs.

People enjoyed the choice of food they were given and had their nutritional needs assessed and monitored.

### Is the service caring?

Good ●

The service was caring.

Staff treated people with respect, were attentive to their needs and respected people's need for privacy.

People were encouraged to express their views and staff respected these

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs.

People knew how to make a complaint if they needed to.

### Is the service well-led?

Good ●

The service was well led.

The service had an open and friendly culture and the staff were approachable and helpful.

The provider and registered manager used audits to check on the quality of the service.

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# Ardtully Retirement Residence

## **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 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 was an unannounced inspection carried out by three inspectors on 1 February 2017.

Before the inspection we reviewed the information we held about the service. We looked at information received from agencies involved in people's care and there was no information showing concerns about this service. We analysed information on statutory notifications received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We considered this information when planning our inspection to the service.

We spoke with eight people and one visitor. We also spoke with five care staff, a housekeeper, the area manager, the registered manager and a visiting healthcare professional. We looked at a range of records including eight care plans, three recruitment files, complaints received and medicine records. We also looked at the provider's quality monitoring records including quality audits, staff and resident meeting notes and incident and accidents at the home.

# Is the service safe?

## Our findings

All the people we spoke with said they felt safe and secure in the home. These were some of the comments people made, "It doesn't feel like an institution it feels like my home," "I would not want to go anywhere else," and "I am quite comfortable."

Our observations and discussions with people who used the service as well as staff showed there were sufficient staff members on duty to meet people's needs and keep them safe. The registered manager reported the staffing levels were monitored and reviewed regularly to ensure people received the support they needed. The registered manager had temporarily increased staffing at the time of our visit to support a person that was unwell.

When we visited people in their rooms, they showed us their call bells which were to hand; with some people wearing alarms on their wrists and some had them attached to their Zimmer frames as they walked about. People told us that staff responded to the call bell promptly and there were enough staff on duty at any one time. One person said, "Yes there are just enough staff." Another said, "Yes there are more or less, they are very good." A third person told us, "I cannot fault them; they have wonderful patience morning, noon and night. I press the bell at night and they arrive."

Most staff we spoke with said there was enough staff to meet people's needs. One staff member told us, "We have enough staff; we have time to spend with people, not always rushing around." Another staff member told us, "We have enough staff when people aren't off sick or on annual leave, the manager and deputy will cover when we are short staffed." Another said, "Staffing is actually very good, we are not too busy and have time to spend with people."

We spoke with staff about their understanding of protecting vulnerable adults. Staff had an understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with said they would report any concerns to the registered manager. Staff said they were confident the registered manager would respond appropriately.

Staff employed by the service had been through a robust recruitment process before they started work to ensure they were suitable and safe to work with people who lived at the home. Records showed that all necessary checks had been undertaken before each staff member began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the manager to confirm that staff were suitable for the role to which they were being appointed.

We looked in people's care records and saw where risks had been identified, there were assessments in place to ensure these risks were managed. For example, care records showed assessments were carried out in relation to falls, manual handling, food, nutrition and medication.

Staff were aware of the risks to people and knew how to keep them safe. For example, one staff member said, "[Person] can get quite low in mood and needs lots of encouragement and motivation." Another staff

member said, [Person] has bad knees, they need help standing up and must use their frame."

People's medicines administration records (MAR) instructed staff on how prescribed medicines should be given, including medicine that should be given as and when required (PRN). It also included how each person should be supported. These records showed that medicines had been administered as prescribed. Medicines were stored appropriately and the service had systems in place for the re-ordering and safe disposal of medicines. Staff training records showed that staff were trained on the safe administration of medicines.

Senior staff administered medicines and checks were in place. The registered manager carried out regular audits of medication.

# Is the service effective?

## Our findings

We looked at staff training records which showed staff had completed a range of training sessions, which included infection control, moving and handling, dementia awareness, health and safety, management of medicines and safeguarding adults. Staff we spoke with told us they had completed mandatory training courses.

Staff told us they received an induction when they joined the service which involved shadowing more experienced staff and spending time with the registered manager. Two staff we spoke with said they didn't get training as they had up to date training from previous jobs but that they did sit with the registered manager and talk about their skills and experience so they could assess what they knew. Records viewed demonstrated that staff skills and knowledge had been observed and assessed. We also viewed the training plan that confirmed refresher training had been undertaken or planned. One member of staff told us, "I have completed all the training and I am now doing a diploma in health and social care."

The registered manager told us they regularly observed staff working to identify if they were putting into practice the policies and procedures of the provider. Where issues with staff performance were identified, further training was provided. Staff confirmed they attended regular supervisions. All staff said they felt supported by the registered manager. One staff member said, "The registered manager is always about, observing us, we get feedback about our work, he often acts as a carer and will remind us if we don't wear our aprons." Another staff member told us, "I feel supported here, it's completely different to my last job, here they listen to us and if you have a problem they will help."

A staff member who had been employed at the service for four years said they had a yearly appraisal. They said, "This gives me a chance to talk about any concerns and any learning needs."

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 Act 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Care records confirmed that the management team carried out mental capacity assessments to consider people's ability to make day-to-day decisions. The dementia response team was visiting the home for one individual and we discussed with the registered manager whether the person required a deprivation of liberty authorisation referral. The registered manager told us they would consult with the dementia response team. Following the inspection the registered manager confirmed that this authorisation had been applied for to ensure any restriction on their liberty was in their best interests.

Most people living in the service were able to make their own decisions and consent to care and treatment.



Throughout our inspection we observed that staff discussed issues with people and obtained their consent before any actions were taken. People told us that staff always consulted them before providing support. One staff member said, "I will tell people the options, sometimes they might say I will do what you say but I say no, it's your decision."

People thought the food was good; they had a choice of where to eat meals, in either their room or the dining room. One person said, "The staff come and tell me what's on the menu, if I don't like it I can have something else." Another said, "It's very nice food, I can't grumble and they are very accommodating if I don't like something they get me cheese and biscuits as they know that's my favourite, they are very thoughtful."

People were involved in devising the menu, the registered manager told us that people were asked about their preferences, likes and dislikes as part of the development of the menu for example, people had requested the service use red salmon rather than pink salmon and this had been changed straight away.

It was quiet and calm during the meal, people sat in their friendship groups. People had a choice of drink including alcohol and there were tablecloths on the table. Food was nicely presented and people were offered a choice of condiments. Staff chatted to people as they served them and offered help if needed. For example, "Do you need me to help cut that up for you?" People were asked if they had finished their meal before it was taken away. We did notice that dessert arrived with custard already poured on it, when we discussed this with the registered manager they told us that staff were very familiar with people's choices, but said they would remind staff that checking with people at the time of the meal would demonstrate that people had made their own choices.

People said they had access to healthcare services, including their GP, the community nurse and a chiropodist, in a timely way. There were records of these visits as well as the outcome. A health care professional told us, "They work really well with me, they give me regular updates and return calls promptly, and they are good communicators. Whatever I say, they do, they always follow the plan."

## Is the service caring?

### Our findings

People told us they liked living at the home and staff were kind to them. One person told us, "This is home from home" and another person said, "I came here to be near my daughter and it is very nice." A third person told us, "It's a good home, all the staff are very caring and they have got to know me and what I like, I was told to make the place my home and I have." A relative told us, "Since we arrived everybody has been lovely." People were supported to maintain contact with friends and family and told us they were able to visit at any time and were always made welcome.

Throughout the day we observed many interactions between people that used the service and staff, which showed us the levels of understanding staff have about people's needs and personalities. Staff regularly knocked on the door before entering peoples' rooms, and treated people with the utmost respect and politeness. People's privacy was respected and all personal care was provided in private.

It was obvious that people knew the staff well, often calling them by name, and engaging in laughter and friendly banter with them. Staff always called people by name, and often asked, 'Is there anything else you need?' before they left. A person said, "They [staff] are very thoughtful and respectful of my privacy which I like, I always get a lady to help me which is my choice." Another person said, "I like to be called [their name] and staff always do that as I don't like it to be shortened." Throughout our visit we heard staff using this person's preferred name. Staff explained that the person's visitors used a shortened version of the person's name but as the person had asked the staff not to, they respected this.

Staff spoke with warmth and affection about the people they supported. One staff member said, "[Person] is lovely, they have a great sense of humour, they like to do things for themselves, they are very independent." A staff member said, "The best thing about working here is the residents, trying to improve their lives and for them to be happy."

We saw that people had been supported and motivated to be independent and this had impacted positively on their health and wellbeing. For example, one person had arrived at the service unable to walk but with persistent encouragement of staff was now up and about and able to take themselves to the bathroom independently. One staff member told us, "We let people do the things they can do for themselves, if they are having a bad day we will help but never force people as it's their choice."

The registered manager and staff told us people were generally able to make daily decisions about their own care and, during our observations, we saw that people chose how to spend their time. A person told us, "They are all cheerful, there is a television in our rooms and in the lounge, we can choose where we want to be."

People we spoke with told us the staff had discussed the care and support they wanted and knew this had been recorded in their care records. People we spoke with told us that care from staff was given as they wished it to be given and told us they had been fully involved in their care planning. We saw plans were individualised and care plans were signed by the person or their representative. People who used the service

along with families and friends had completed a life history with information about what was important to people. Staff we spoke with knew people well. One staff member said, "[Person] loves music and dancing, they are very bubbly, always happy and very social." Another staff member said, "[person] has travelled all over the world, they love to joke with me about being on a cruise."

## Is the service responsive?

### Our findings

People told us they were given the opportunities to say what they liked to do. People told us about recent activities, which had included exercise classes, quizzes, singers and a tea dance once a month. On the day of our visit we saw that there was a singer entertaining people in the lounge area and the activity organiser was supporting people with one to one activities around the home.

People we spoke with said they were happy with the activities that were provided. One person told us, "A lady finds us things to do, if you want to do something you can." Another person said, "I like shopping and they do take me, they have their own bus."

The activity organiser told us that people were asked for comments following every activity or event and spoke to people about what they liked to do. They went on to explain that some people were comfortable with group activities while other preferred the one to one activities. For example, one person liked nature and got involved with potting up plants, walking in the garden or enjoyed a ride in the car. They told us, "I try to keep a box of resources that can cater for everybody; some people are making things for valentine's day at the moment." The activity organiser also told us that they had a student starting shortly that would be visiting once or twice weekly to introduce some additional therapies for people that used the service.

People told us they used the garden in the warmer weather and pleasant seating areas were provided. People said they could attend religious services if they wished and the home would provide transport.

All of the care records we looked at showed that people's needs were assessed before they moved in. These had been regularly reviewed and updated to demonstrate any changes to people's care. The care records contained detailed information about how to provide support, what the person liked, disliked and their preferences.

There was a policy in place for dealing with any concerns or complaints and this was made available to people and their families. People said they would speak with the registered manager if they had any concerns or make a complaint but they had not needed to, as they were happy with the care and support, they received. One person said, "When I first came here I had to make a complaint, I wrote a letter, they dealt with it very well, I have never had to make a complaint since." Another person said, "I have never had to make a complaint." The home had not received any recent formal complaints, the registered home manager told us that any minor issues were sorted out straight away but agreed that recording these minor concerns could support learning in this area.

## Is the service well-led?

### Our findings

People we spoke with were happy living at the service and felt it was well-run. They were complimentary about the staff team and the registered manager. One person said, "I feel listened to, they act on anything I say, I couldn't be happier and would recommend this service to others, I feel very lucky to live here, I think it's the general comfort and homeliness that makes it such a nice place to live." Another person said, "Yes [the registered manager] is here all the time, it is good really." The registered manager was visible around the service and people told us they would often have a chat with them and ask them if they were happy with the service they were receiving.

All staff told us they would have no concerns about speaking to the manager if they wanted to raise issues about the delivery of care or running of the service. One staff member said, "He is very good with the residents, that's the main thing." Staff said the registered manager was very approachable and hands-on.

Staff felt supported and valued by the management team and each other. One member of staff said, "We work as a team and help each other." Another staff member told us, "Staff work hard here and it is a good atmosphere, this is my second home."

People who used the service were encouraged to share their views in regular reviews of their care and residents meetings. We found that people's views, comments and concerns had been appropriately considered and responded with an outcome carried forward to the next meeting. One person said, "Staff always ask our opinion on things."

We found the registered manager had implemented an effective quality assurance system to ensure the risks to people were being assessed, monitored and responded to. These included regular reviews of people's care plans and risk assessments, audits of staff training, weekly checks for pressure relieving equipment and medicine management with regular competency checks of staff performance. The registered manager had created an action plan following any audits, the action plan demonstrated that the registered manager was working on any shortfalls identified from the audits. A quarterly health and safety check was also carried out alongside a provider's audit. This meant that the provider continued to review its operations in order to improve the quality of service being provided.