GNR Care Limited

Arlington House Residential Care Home

Inspection report

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Tel: 01925267576

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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

This inspection took place on 22 February 2017 and was unannounced. This was the provider's first inspection since registering the service.

Arlington House Residential Home provides accommodation and personal care for up to 21 people, including some people who lived with dementia. There were 21 people using the service at the time of the inspection.

There was a registered manager in post. 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.

The service was well led as the providers strived to achieve an overall outstanding service for people who used the service. They constantly looked for ways to improve the service and used research and 'out of the box' thinking to implement new initiatives to support a continuous improvement in the quality of care.

People received care and support in a personalised way. Care was focused solely on people's needs, wishes, opinions and individual preferences. The provider was responsive to people's needs and did what they could to meet any personal requests people may have.

People were safeguarded from the risk of abuse as staff and the management knew what to do if they suspected someone had experienced potential abuse.

There were sufficient suitably trained staff to safely meet the needs of people who used the service. Staff were supported to fulfil their roles through effective supervision and appraisal. New staff had been recruited through safe robust recruitment procedures to ensure that they were of good character and fit to work with people.

Risks to people were assessed and action was taken to minimise the risks of harm. The providers worked with other agencies to reduce risk and keep people safe.

People's medicines were stored and administered safely. People received regular health care checks. When people became unwell or their health needs changed the appropriate health care support was sought.

The principles of the MCA 2005 and DoLS were being followed which meant that people were consenting to or when they lacked mental capacity were being supported to consent to their care and treatment.

People had a choice of food and drink and were actively encouraged to feedback on the quality of food. People were encouraged to eat and drink sufficient amounts of food and drink to remain healthy.

People were treated with dignity and respect and their right to privacy was upheld. People were involved in planning how their care was delivered. People were able to maintain friendships and relationships at home and in the community.

The provider had a complaints procedure and people felt assured that if they had any concerns that they would be acted upon.

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.

People were safeguarded from the risk of abuse as staff and the management followed the local safeguarding procedures when they suspected someone had suffered abuse.

Risks to people were assessed and prompt action was taken to minimise the risk and further harm to people.

There were sufficient suitably trained staff to safely meet people's needs. New staff were recruited through the use of safe and robust recruitment procedures.

People's medicines were stored and administered safely.

Is the service effective?

Good

The service was effective.

People were cared for by staff who were supported and trained to be effective in their role.

The principles of the MCA 2005 and DoLS were being followed to ensure people were consenting to or when they lacked mental capacity were being supported to consent to their care and support.

People received health care advice and support when they became unwell or their needs changed.

People had a choice of food and drink and were encouraged to eat and drink sufficient amounts to remain healthy.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People's right to privacy was upheld.

People were involved in the planning of their care and in the running of the home.

Is the service responsive?

Good

The service was responsive.

People's views and opinions of the service were sought and action was taken when people made requests or suggestions.

People received care that was personalised and met their individual needs and preferences.

There was a range of varied hobbies and activities available to people based on people's personal preferences and past history.

People felt very confident that they could complain and that their concerns would be listened to acted upon.

Is the service well-led?

Good

The service was very well led.

The providers continually looked for ways to improve the quality of service for people. The systems they had put in place were innovative and had driven improvement throughout the service.

There was an open, transparent and caring culture evident throughout the service with people who used the service at the heart of everything that was being done.

People who used the service, their relatives and staff found the provider very responsive.

Arlington House Residential 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 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 inspection took place on 22 February 2017 and was unannounced. It was undertaken by 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.

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 reviewed this information to inform the inspection.

We reviewed the information we held on the service. We looked at notifications the provider had sent us about significant incidents. Statutory notifications include information about important events which the provider is required to send us by law.

We spoke with eight people who used the service and two relatives. We spoke with the deputy manager, the cook and a member of the care staff. We spoke with the registered manager and the providers.

We looked at the care records for three people who used the service including care plans, risk assessments and medicine records. We looked at staff rosters, two staff recruitment files and the systems the provider had in place to monitor and improve the quality of service. We observed people's care in the communal areas.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. One person told us: "Oh yes I feel very safe, the staff ask us all the time if we are okay". Another person told us: "I'm safe and I'm relaxed and I like the company". Staff we spoke with knew what constituted abuse and what to do if they identified or had concerns that someone had experienced abuse. One member of staff told us: "I would report any concerns to a senior staff member or go above them if I needed to". Another staff member told us: "There is a flow chart in the office which informs us of the process to follow if we think someone has been abused".

Risks of harm to people were assessed and action was taken to minimise those risks. We saw several people had experienced falls. The falls were recorded and analysed to identify why the fall had occurred and what action could be taken to reduce the risk of further falls. One person had been falling regularly so a GP visit and a medication review had taken place to try and identify if it was a health related issue. Following on from this the person had been referred to the 'falls team' and an occupational therapist. Risk assessments were then put in place following the recommendations of the health professionals, which clearly instructed staff how to minimise the risk of the person falling. We saw the recommendations that had been made in ensuring a sensor mat was in place in the person's bedroom and that it was secured to the floor had been followed and there had been a reduction in the number of falls they had. This showed that the provider was taking action and looking for ways of minimising the risk of further falls.

Several people required support with their mobility. Some people had walking frames to support them with mobility whist maintaining a level of independence and other people required the use of hoists to move from chair to wheelchair. Staff we spoke with knew people's individual needs in relation to their mobility and knew how to move people safely. Some people had slings which could be left in place under them; these are called 'In Situ' slings. Not all slings can be left under the person as they can cause pressure damage. Staff we spoke with knew which slings could be left in place and which ones could not and we observed the correct slings were in use. We observed two staff supported one person to move with the use of a hoist and a sling and saw that they used safe moving and handling practices to keep people safe.

Regular checks of equipment throughout the building were undertaken by the maintenance person to ensure that the environment and equipment was safe. The provider had implemented a requisition form for the maintenance person, which highlighted the level of risk associated with the task to be undertaken, the risk levels were from 1-5. If the risk was judged as (1 Risk) this would take priority over all other tasks where as if the task was judged as (5 Project) this was a task that needed completing over a longer period of time and when all other tasks had been completed. This showed that the provider was ensuring that the environment and equipment was safe for people who used the service and all possible risks reduced.

People told us they had their medicines when they needed them. We saw that medicines were stored in a locked trolley attached to the wall in the office. We observed the registered manager administered people's medicines following safe procedures. Only staff that had been trained and had been observed and judged as competent administered the medicines. One staff member told us: "I have recently had medication training but I have not been supervised giving it out yet so I can't do it". We saw medication was audited regularly

and any errors in the recordings were addressed with the individual staff members involved to minimise the risk of further errors. This meant that people's medicines were stored and managed safely.

Staff told us and we observed that there were sufficient staff to meet the needs of people who used the service. We saw that people were supported with their personal care needs when required, assisted with walking and mobilising safely and staff were able to spend quality time talking with people. The provider had a dependency tool which helped them decide safe staffing levels, although they told us that staffing levels could be increased if people's needs changed.

The provider showed us that they followed safe recruitment procedures to ensure that prospective new staff were fit and of good character to work with people who used the service. Pre- employment checks included disclosure and barring service (DBS) checks for staff. DBS checks are made against the police national computer to see if there are any convictions, cautions, warnings or reprimands listed for the applicant. The provider told us that during the first three days of induction the new staff were closely monitored to ensure that they were competent to fulfil the role. On occasions new staff had their induction extended to give the provider more time to assess their competence. The provider told us that there had been occasions when they had to let some staff go as they had not made the required standard. This showed the provider was ensuring that new staff were competent and fit to fulfil the role they had applied for.

Good

Is the service effective?

Our findings

People who used the service were supported by staff who received regular training and supervision to be effective in their role. One person told us: "The staff are exceptional". Staff told us and we saw that they had regular supervision and appraisal with a member of the management team. One staff member told us: "The providers have recently promoted two staff into senior roles; they make you feel valued and invest in us". Another staff member told us: "The providers are very understanding and helpful". The providers had formulated supervision and appraisal based on the five domains within our (CQC) methodology (Safe, effective, caring, responsive and well led) which was to help staff understand the role they played in meeting the regulations. This showed that staff were being supported to maintain high standards of care.

The provider and registered manager followed the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw where able people had consented to their care at the service by signing contracts and their care plans. Where people lacked the mental capacity to agree to their care we saw that support from their representatives was gained to make an agreement in the person's best interest. On the day of the inspection we saw an 'Independent Mental Capacity Advocate (IMCA) was visiting two people who used the service to support them with a decision. IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions: including making decisions about where they live and about serious medical treatment options. This showed that people were being supported to consent to their care and support in their best interests.

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. We saw that several people had DoLS authorisation in place as the registered manager and providers had recognised that they may be restricting people of their liberty to maintain their safety. For example some people would be stopped from leaving the service as they would be at risk if they went out alone. One person had conditions attached to their DoLS authorisation and we saw that these conditions were being met. This showed that people were being lawfully restricted of their liberty in their best interests.

People told us they liked the food. One person told us: "I love the food". Another person told us: "The food is good". We saw that people were offered a choice of food. The cook told us that one person always asked for soup so they made substantial soups often out of the same ingredients that were in the main meal so that it was nutritious. We saw that midmorning, people were offered fresh fruit and during the afternoon there was cake and biscuits. There were hot and cold drinks available throughout the day. At lunchtime we saw the dining tables were laid out with table cloths and condiments and people experienced a leisurely meal time which was unrushed . People were regularly weighed and advice was sought if people were noted to have lost weight.

People's health care needs were met. One person told us: "The local Dr is very good." When people became unwell or their needs changed we saw that the appropriate health care support and advice was gained. The provider had agreed to pilot a project with a 'cluster' nurse who visited the service weekly to discuss any health concerns that anyone might have. This helped to prevent unnecessary visits by the GP as the nurse was able to take observations and monitor people's less complex health needs such as blood pressure.

Good

Is the service caring?

Our findings

People who used the service told us they were treated with dignity and respect by the staff and that they were happy living at the service. One person told us: "They're not staff, they have become friends." Another person told us: "I'm perfectly happy." Relatives we spoke with confirmed that the staff were kind to people. One relative said: "The staff are exceptional, ask for something and they will get it."

All the interactions we observed between staff and people were caring and compassionate. One of the providers arrived at the service and immediately went and greeted people who used the service in the dining room before interacting with ourselves. A member of staff told us: "The owners go and speak to everyone every day and ask them if they are happy or if they want anything. I would put my mum in here". We observed the maintenance person waiting for someone to pass them walking slowly with a walking frame in the corridor and the person apologised for holding them up. The maintenance person said: "It's okay, there is no rush" whilst patiently waiting for them to pass. This showed that people who used the service were being treated respectfully and being put first.

People's relationships were encouraged and respected. The provider told us how they had arranged for a married couple to be able to share a room with an ensuite when one became available, as on admission they had to have single rooms due to availability. As soon as the room had become available it had been offered to the couple who happily accepted and now resided together. People told us that their friends and relatives could visit at any time and we saw several visitors throughout the day.

People's right to privacy was respected. We saw that staff knocked on people's doors before entering and that people where they were able to freely came and went within the home. Some people liked to spend time in their bedrooms rather than in the lounge and this was respected. One person had been falling when alone in their room and the providers and staff had done what they could to make the person safe from falls by gaining and following professional advice.

The provider showed us that they purchased people's choice of toiletries for them at no cost to people themselves. We saw that the toiletries purchased were branded quality items as chosen by people. The provider also told us that in addition to the usual daily menu, they regularly ordered fish and chips from the local chip shop, fresh cream cakes from the bakery and also arranged for the local ice-cream man to visit the home. People were encouraged to go outside and order from the van just like they would have done when they had lived in their own home with their families.This showed that the providers cared about the people they offered care and support to and did what they could to make people happy and content at the service.

Good

Is the service responsive?

Our findings

People who used the service were at the centre of the care being provided and consideration to their views and individual preferences were at the heart of the service. The providers were responsive to people's needs, likes, dislikes and wishes. This included gaining people's opinions and views, for example on the food and planning future recreational and social activities. One person told us: "The owners come round and ask us if we are happy, I am very happy here, the staff are delightful". Another person told us: "The people who own the premises ask us what we like all the time". We saw that on each dining table the providers had created a card which read; 'Who says you can't have your cake and eat it? It went onto read please keep telling us what you think about our food, it's the only way we can improve and give you what you like. One of the providers explained the ethos behind the card by saying: "This is an environment where people need to be able to speak up, so we can give them what they want". This showed that people were being actively encouraged to have say in how their service was run.

Each person had a 'This is Me' document which had been put together with people and their families that recorded information on people's history and their individual preferences. The provider told us: "Our staff work with residents and their families to create a life story on their arrival to the home this helps to celebrate their life, enables us to get to know them quicker and offer a more person centred approach". We were told that one person had been a cook so activities of cooking and baking cakes had taken place to involve them and recognise their previous occupation.

Everyone had a detailed dependency assessment which informed the care plans and risk assessments which staff used to safely care for people based on their individual needs. We saw that people's care records were regularly reviewed and up dated when people's need changed. A regular handover was conducted by staff at the end of every shift with the use of a handover sheet which recorded any relevant information to pass on. Care records we looked at were clear, comprehensive and well organised. Staff we spoke with knew people well and knew what was in their care plans. This meant that care was provided in a responsive person centred way, staff had all the information they needed to meet people's individual care and support needs.

People were encouraged to ask for anything they may like. The provider had implemented a 'wish list' record which documented when people had asked for something and when they had made it happen for people. We saw examples where people had asked for or expressed an interest in something and it was facilitated for them. For example; one person had told a member of staff, 'I could eat a piece of galaxy'. The following day a bar of galaxy was purchased for the person. Another person had wanted a glass of red wine and a bottle was brought the same day. Another person had asked for a 'Victoria' sponge and the cook made this the same day and someone else had asked for a 'pint and fish and chips so an outing to the local pub had been arranged for them. These were a few of many examples of how the provider had responded to people's individual requests and showed that people's individual wants, needs and wishes were being respected and acted upon.

The home was being refurbished to meet the needs of people living with dementia. The National Institute

for Clinical Excellence (NICE) guidelines state that 'care providers have a responsibility to ensure everyone has an awareness of the important role the environment can play and very simple things, such as labelling cupboards and rooms, or changing the colour of the toilet seat, can make it easier for people living with dementia to continue to find their way around independently and reduce anxiety'. The dining room had items and memorabilia that gave the feeling that it was a 'tea room'. The main wet-room had been renovated to make it more modern, bright and relaxing. We saw consideration to dementia friendly features had been included such as a coloured toilet seat and shower curtain and traditional/retro bathing pictures on the wall. The carpet in the main lounge had been changed to a block colour as the providers had noted that some people had been thinking that the previous patterned carpet had bits in it and they had been trying to pick them up. We saw that new chairs had been purchased for the main lounge and were due to be delivered the following day. The chairs had been discussed with people and a note reminding people that new chairs had been ordered was on the notice board. This showed that the provider was responsive and creative in relation to people's needs and ensured the environment was adapted to meet people's individual needs.

People were supported to engage in hobbies and activities that met their individual needs in relation to social stimulation. One person told us: "We don't get bored". Some activities took place in the community. One person told us: "I've been on lots of outings. I go in a wheelchair. I go to various places. I've been into the village. I've even been to a party at Stockton Heath". The provider had employed an activity coordinator for two days a week and we saw that there were planned activities such as gentle exercise and a religious service for those who wished to attend. As well as the usual activities programme staff told us and we saw records that confirmed that the providers often personally carried out various activities, such as pub quizzes on weekends or wine and nibbles with people in the evenings. The provider told us: "Activities are based on individual resident's interests and abilities. We closely monitor those residents who do not participate in the broader activities and devise a more personal, often one to one approach for them, subject to their wish". The provider gave us some examples of where people had received one to one activity time with them such as one person who used to be a cook had been supported to bake cakes with the cook. Another person who spent time with one of the providers having wine, nibbles and a chat of an evening in their room. This meant the provider was creative and innovative to support people to live a life as full as possible.

The provider told us that they encouraged links with the local community. They told us that with the consultation of people who used the service they had invited 20 people in December 2016 from the local 'Contact the elderly' group for a tea party at the home. They told us that people who used the service had enjoyed interacting with some new faces over tea, cakes and sandwiches. There had also been numerous festive events arranged over December 2016. The provider told us that one of the most notable events was an International gospel choir who sang and interacted with people. They told us: "The feedback we received for this specific event was outstanding and it brought many a tear to the eyes of the residents and their family members. Due to the feedback from the residents, the same choir re-visited the home in Feb 2017".

There was a positive, open, transparent culture about complaints and concerns and we saw the provider had implemented several ways of gaining people's feedback on the service they received. Feedback was actively sought from people and their representatives. People we spoke with told us if they have any complaints or concerns they could speak to any of the staff or providers. One person told us: "The owners ask us how we are all the time". The provider had a complaints procedure and we saw that this was visible in the hallway. The provider told us that there had been no formal complaints to investigate.

Good

Is the service well-led?

Our findings

People who used the service and staff told us that the registered manager and providers were supportive and approachable. A member of staff told us: "The owners are very professional and very approachable. They speak to everyone every day and come and find us to say goodbye when they are leaving". We observed the providers speaking with staff and people who used the service asking if were okay or if they had any concerns. The registered manager had worked at the service for many years and knew people well. We saw they worked alongside the care staff delivering care as well as their management duties. This meant that the management encouraged an open and supportive environment to live and work in.

The providers told us that they wanted to go 'the extra mile' for people who used the service and they showed us they had a plan to become the best care home in Warrington service by April 2017 and achieve an outstanding rating. We saw they had implemented a 'strategy document' and one of the providers told us: "We have created a one page visual document outlining our vision and mission for the care home. This document has been presented to each staff member so that they can 'buy into' and become part of our mission". We saw the document explained how staffs actions impacted on people who used the service and the overall quality of care being provided. For example; implementing the 'wish list' led to delivering dignity, independence and empowerment to people. This showed that staff were being encouraged to think about how they acted and what they did and how it ensured positive outcomes for people who used the service.

The providers had implemented a staff appraisal and supervision format which was aligned to CQC's five domains. The provider told us: "All management appraisal documents have been aligned to CQC's five key criteria, Safe, Effective, Responsive, Caring and Well-led. On the same CQC criteria, we have done a bespoke staff supervision which encourages all staff members to understand the principles behind any CQC inspection". We saw that staff were encouraged to have input and suggest ideas for improvements through regular meetings, supervisions and a suggestion box. One staff member told us: "It was my idea to code the care plans so we could quickly see who had a DNACPR and a DoLS, so when you need the information it's there". We saw people's care records were clearly marked and extremely well organised. The provider told us that they had planned to meet with the domestic staff to discuss cleaning materials. They told us: "Different staff like different products so we will meet up and discuss what works best for them".

A stringent recruitment and induction procedure had been implemented to ensure that prospective new staff met the desired high standards set by the providers. We saw that induction and probation periods were extended if shortfalls had been identified in a new member of staff's performance and several new staff had not met the desired standard and had been let go. The provider had recently recruited a HR consultant to support them in any employment related issues. We also saw that staff were rewarded for attendance at work through a bonus scheme and that they were fully involved in discussions on how to improve the quality of service they delivered. This showed that staff were being respected and valued for the roles they played in providing a high quality service for people who used the service.

The providers worked in partnership with other organisations to make sure they followed current best practice guidance and provided a high quality service. For example, they had volunteered to pilot a scheme

with a local nurse group to ensure the proactive management of good health amongst the people who used the service thus reducing the need for greater GP contact and hospital admissions. The providers also attended the local 'provider forum' where care providers met and shared best practise. They also told us: "We actively follow CQC and other care-related organisations on Twitter, so we are fully up-to-date on any important news and best practices within the industry". This meant that the service being delivered met the requirements of a good service.

People who used the service were being encouraged to help the providers improve the service through regular meetings, an annual quality questionnaire. the 'You can have your cake and eat it' initiatives and informally through the provider spending time talking to people. We saw last year's questionnaire had been analysed and a minor issue in relation to a lack of activities for people had be highlighted. Following the questionnaire more one to one activities had been implemented. This showed that people's views were sought and acted upon to constantly improve the quality of service.

The providers completed regular checks and audits to ensure that care was safe, effective, caring, responsive and well led. These included a care plan audit, medication audit and analysis of falls and other accidents/incidents. We saw examples of where shortfalls had been identified through the audits and improvements made. For example some people had falls mats installed in their bedrooms following a fall and medication errors were quickly addressed with the staff involved. As part of the on-going modernisation of the home, the providers had implemented a 'Room MOT' project, where they completed an audit on each bedroom and communal area and devised a list of all mandatory, aesthetic and equipment/furniture/fittings work that may be required. All updates were then carried out by the maintenance manager with people fully involved in any decisions around décor and choosing their new wallpaper, paint and fixtures and fittings. We saw the building was well maintained and nicely decorated throughout and we saw on-going improvements were planned as new lounge chairs were being delivered the following day. On-going improvement was seen by the providers as essential for providing a quality service.

The providers demonstrated a passion and determination to deliver an outstanding quality service. They showed us that they actively engaged with and involved the people who used the service, staff and relatives in looking for ways to improve and looked for new ways of working to improve people's experience at the service. They had implemented new systems and sought advice from other agencies to find ways to improve the service they delivered. They exhibited an excellent value base by responding to people's individual preferences and treating people they cared for with dignity and respect. They went above and beyond what was expected of them by spending their own time with people in the evening and at weekends engaging in chats, games and social evenings.