

Argyle Residential Home Ltd

# Argyle Residential Home

## Inspection report

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Date of inspection visit: 28 July and 14 August 2015  
Date of publication: 20/10/2015

### 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 

### Overall summary

The inspection visits at Argyle Residential Home took place on 28 July and 14 August 2015 and the first day was unannounced.

At our last inspection on 15 April 2014, we found the provider was not meeting one regulation. The regulation was in relation to risks associated with unsafe storage and administration of medicines. The breach was in relation to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010. At this inspection we found that the actions required had been completed and the regulation was now met.

Argyle Residential Home is a care home for older people, some of whom have dementia. The home is situated close to the town centre in Buxton, in the Peak District of North Derbyshire. The service is registered for 28 people and at the time of our inspection 27 people were living at the service.

On the first day of our inspection we were assisted by a deputy manager as the provider was unavailable. The provider is also the registered manager of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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 were cared for by staff who had been recruited and employed once appropriate checks had been completed. New staff participated in a thorough induction program which included a period of shadowing an experienced staff member. Staff felt they received training to enable them to meet the needs of people.

There were enough staff available to support and respond to people's needs in a timely manner.

Care records were regularly updated and staff were provided with the information needed to meet people's needs. People's care was planned in a way that was intended to ensure and maintain their safety and welfare.

Staff and the provider were able to explain to us how they maintained people's safety and protected their rights. Staff had been provided with training such as the Mental Capacity Act (2005), Deprivation of Liberty Safeguards (DoLS) and safeguarding.

People and their relatives were happy with the care and support provided and everyone felt their individual needs

were being met. Staff demonstrated they knew the people well and were aware of the importance of treating them with dignity and respect. We observed staff supporting people with compassion and respect.

People knew how to raise concerns and complaints. The provider ensured any complaints were documented and resolved quick and efficiently.

Medicines were managed safely and in line with current legislation and guidance. Staff who administered medicines received training to ensure their practice was safe. There were systems in place to ensure medicines were safely stored, administered and disposed of.

The provider carried out a number of quality monitoring audits to ensure the service ran safely and effectively. This included audits in relation to medicines management, providing a safe environment and records relating to caring for people.

The provider ensured people had the opportunity to voice their thoughts about the service and held regular meetings with the people, relatives and staff.

People were offered drinks and snacks throughout the day. People's nutritional needs were assessed and records were maintained. Where potential risks were identified, people were monitored, referred to relevant professionals and recommendations were followed.

# 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 safe.

Improvements had been made which meant medicines were safely stored and administered and accurate records were kept.

People were protected by a thorough staff recruitment procedure. Staff numbers were sufficient to meet people's needs and staff were aware of how to protect people from the risk of abuse or avoidable harm.

Good



### Is the service effective?

The service was effective.

People received varied, sufficient and nutritious meals. Staff consulted with external health professionals to ensure people's health and care needs were met.

Staff received training, supervision and appraisal to carry out their responsibilities.

Staff received training in the Mental Capacity Act (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed to ensure people's rights were protected.

Good



### Is the service caring?

The service was caring.

People were positive about the staff team and they were supported to maintain relationships that were important to them.

Staff were considerate towards people and their needs and staff took time to get to know people and ensured their needs were met.

Good



### Is the service responsive?

The service was responsive.

Care plans were well organised and maintained, with easily accessible information.

People were encouraged to make decisions about daily living. Staff understood people's likes, dislikes and preferred way of being supported.

A complaints procedure was available and people told us they were confident concerns would be taken seriously.

Good



### Is the service well-led?

The service was well-led.

People and staff had confidence in the management at the service. Staff were provided with support from the management team and clearly understood their roles and responsibilities.

Good



## Summary of findings

There were effective auditing systems in place which provided quality monitoring and assessing as well as recognising ways to develop and improve the service.

# 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 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 28 July and 14 August 2015 and the first day was unannounced. The inspection team consisted of two inspectors 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. For example, experience of services that support people with dementia and services for older peoples.

Before this inspection we looked at key information we held about the service. This included notifications the

provider held about the service. A notification is information about important events which the provider is required by law to send to us. We also spoke with local authority contracts and commissioners responsible for the contracting and monitoring of people's care at the home.

During our inspection we spoke with nine people living at the service and four relatives. We also spoke with four staff, a cook, a deputy manager and the registered manager, who is also the provider. We observed how care and support was provided by staff in communal areas and we looked at three people's care plans and other records associated with the management of the service. For example, meeting minutes, medicines records and checks of quality and safety.

As some people at The Argyle Residential Home were living with dementia, we used a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us to understand the experiences of people who could not talk to us.

# Is the service safe?

## Our findings

Our previous inspection found there were no robust systems in place to check staff were administering and recording medicines safely. We found that people had not always been given their required medicines. Medicines were not always being stored safely. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to take action to rectify this. During this inspection we saw improvements had been made and found this regulation had now been met.

People we spoke with said they felt safe living at the home. One person told us, "There is always someone to help us." A visitor told us they thought people were, "Extremely safe at the home." Staff we spoke with were able to tell us what they would do if they had any concerns regarding people's safety. Staff told us they had attended training and understood what signs to look for should they suspect something was wrong. Staff told us they knew where and how to report safeguarding concerns. This led us to believe staff understood their role in protecting people from abuse and they would report any concerns they may have without apprehension.

People, their relatives and visitors told us the staffing arrangements and numbers meant there were sufficient numbers to ensure needs were met in a timely manner. One person told us, "There's always someone to help when I need it." Staff told us that they felt there were enough staff on duty to maintain safety and meet the needs of the people. We saw staff were available when people requested assistance. Staff duty rotas confirmed enough staff were available to meet the need of people at a time when they required assistance.

The provider had effective recruitment processes in place. Relevant pre-employment checks were carried out prior to a new member of staff starting their employment. The checks included obtaining references, proof of identity and undertaking criminal records checks with the Disclosing and Barring Service (DBS). We were told that when new staff started their employment, they undertook a week long induction where they shadowed a more experienced worker. We saw from a new staff's record the induction had taken place. This meant people and their relatives could be assured staff had been checked as to their appropriateness to care for vulnerable people.

On the first day of our inspection we were immediately informed of an issue with the internal lift. The lift was out of action and engineers were waiting for a part to be delivered from abroad. The deputy manager explained and showed us the home had alternative means of going up and downstairs as there were stair lifts for people to use. We also saw that people were given an option of where they wanted to spend their days and eat their meals. People who chose to go downstairs were assisted by staff to safely use the stair lifts. We also saw staff periodically check on people who remained in their rooms. Staff enquired about their welfare and whether they required any assistance with their meal or personal care. This demonstrated to us that staff were aware of ensuring people were safe and continued to have their needs met.

On the second day of our inspection, we saw that the lift was working again and the repair had been carried out. The provider also ensured a statutory notification was sent in relation to the lift problem.

There were emergency plans in place should people need to be evacuated in an emergency. Staff were aware of what to do in the event of a fire. Safety equipment such as fire extinguishers had been serviced within the appropriate timescales. We saw there had been extensive re-decoration of the building and was told there was an ongoing plan of refurbishment to ensure the continued good upkeep of the building. Equipment servicing records were kept up to date for the premises and utilities, and this included water, gas and electricity. Overall, we saw the provider took the health, safety and welfare of people seriously and they strived to promote a safe and maintained home.

Systems for medicine management were planned to promote people's safety. People said they received medicines when they needed them. One person told us they managed some of their own medicines. We saw staff spoke to the person to make sure they had everything they needed to manage and administer the medicines safely.

We saw staff involved in administering medicines had received training and this was confirmed by the pharmacist. We spoke with the deputy manager regarding the policies and procedures for the safe storage, administration and disposal of medicines. We saw medicines being stored correctly and records showed that current legislation and guidance was followed. We also observed medicines being administered. We saw medicines administration records (MAR) for people who

## Is the service safe?

used the service had been correctly completed by staff when they gave people their medicines. We also saw the MAR charts had been appropriately filled in to show the date and time that people had received 'when required' medicines. A deputy manager had taken on a role to ensure systems were in place regarding ordering, storing and administering of medicines. We saw and the pharmacist confirmed the system was working well. This demonstrated to us that the provider had effective systems in place to manage medicines safely.

Staff understood people and their needs well. This was confirmed in discussions with people. People told us staff were available to help and assist them whenever they asked. We spoke with staff and it was clear they had a good

understanding of people and their individual needs. This included any specific and individual risks. Staff were aware of how to provide care and assistance in the safest way. Staff were clear and understood their responsibilities should anyone have an accident or incident. They were able to tell us actions they would take to respond to people. Staff were also able to tell us how they would ensure information was documented and passed on to the rest of the staff team for continuity. We could see from the information we received from the provider that they understood their responsibilities in promoting peoples safety. Records showed that accidents and incidents had been reported as necessary to the local authority and CQC.

# Is the service effective?

## Our findings

People told us they liked living at the home and we could see this from our observations. One person told us, “I get the care I need, when I need it.” Another person told us, “I really can’t grumble.”

Staff told us they were given the opportunity to further their own professional development. Staff also completed training deemed necessary by the provider and local authority contracts and commissioning team. One member of staff told us they had regular supervision and they were constantly learning. Staff explained when they first started they shadowed more experienced staff for a week to gain knowledge about the people and the role. Staff told us they had training in different ways. Examples given were training whilst, “On the job,” as well as formal training or through the use of assistive technology. A staff member told us how their training enabled them to support people effectively. Another staff member told us they were keen to further develop their knowledge and understanding of dementia and would discuss this further in their supervision. Staff records we looked at confirmed they had access to training and received support through support sessions, appraisals, and team meetings. This meant the provider ensured staff were supported to deliver effective care to meet people’s needs.

The principles of the Mental Capacity Act 2005 (MCA) had been followed. The MCA is a law that provides a system of assessment and decision making to protect people who do not have the capacity to give consent themselves. We discussed the MCA with staff found they had a basic understanding of this legislation. Care records did however show that assessments of capacity had been carried out in relation to specific decisions. For example, regarding people’s understanding of why they were prescribed medicines. The provider had a good understanding of the MCA and was aware of the need to involve people in decisions about their own treatment and care. This ensured people were included and their rights in relation to capacity and decision making was respected.

We discussed with staff how they ensured the care people received was in line with what they wanted. One staff member explained that care records were regularly updated and used as a guide to ensure their needs were being met. They went on to tell us they regularly read care records to see if anything had changed regarding the

person, to ensure the person was receiving the care they required and in the correct way. We saw and heard staff establish people’s wishes and gained their consent before providing any assistance or support.

The provider had made applications to deprive people of their liberty. The Deprivation of Liberty Safeguards 2009 (DoLS) are a law that requires independent assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. The provider had recognised some people may have been cared for in a way that was restrictive and deprived them of their liberty. The provider had recognised people who were at risk of being deprived of their liberty and followed the appropriate process to ensure this had been lawfully authorised.

People told us the food was good. One person told us, “The food is good and there’s always a choice.” Another person told us, “The food is very good and we get snacks throughout the day.”

We looked at the food and drink people were offered during our inspection and observed the lunchtime meal. We saw the meal was freshly prepared, nicely presented and nutritious. People had been supported to make a choice of food and drink and were provided with appropriate support to eat their meal whilst remaining as independent as possible. Throughout our inspection, we saw people were provided with regular offers of hot and cold drinks as well as biscuits and fresh fruit. Staff explained they offered a choice of food at meal times the day before but people were able to alter their choices on the day of the meal or at serving time.

One member of staff told us that the speech and language therapist was approached for advice when people required increased assistance at mealtimes or had difficulty swallowing. We saw where fortified and special diets had been recommended, the provider and staff ensured they were followed. This demonstrated to us that staff understood the importance of following guidance from the specialists and ensure individual needs were met.

People told us they had been supported to see relevant health professionals when they needed to. One person told us they had recently been seen by the dentist. They told us the staff had been helpful in making the appointment and



## Is the service effective?

supporting them through it. We saw records which confirmed that staff monitored and responded to people's changing health needs when required. This promoted their health and well-being.

# Is the service caring?

## Our findings

People we spoke with were all complimentary about the staff and the care they received. One person told us, “It’s smashing here,” and, “The staff really look after us.” Another person told us, “Staff really do care for us well.” The staff we spoke with were knowledgeable about the people they supported and knew what was important to them. We heard people and staff speaking to each other in a familiar way that led us to believe there was good rapport between them.

We saw staff used effective communication skills such as listening and gentle touch to reassure people. We saw staff take time chatting with people and being person focused rather than concentrating on tasks. Staff had recognised the importance of adapting their approaches depending on the person they were caring for. For example, one member of staff told us they was a, “joyful” person but acknowledged some people would prefer a quieter approach and they respected this.

Another member of staff told us, “One thing I like about here is that it feels like a home, like a family.” One member of staff told us that it was important that people were given time and were listened to. Staff explained to us they knew people’s preferred names and took time to get to know each when one when they first moved in. We saw positive relationships between the staff and the people who lived in the home and everyone was treated in a respectful way.

Staff told us that when a new person moved in the provider time with them and their relatives to develop their care plan. One member of staff told us they always made the effort to find out about new people and how they would like to be cared for when they first arrived.

Another member of staff also told us they used the information in people’s care plans to get to know them and described it like piecing together a jigsaw.

We saw people’s dignity was promoted. For example, staff knocked and waited for permission before they entered a person’s room. One member of staff explained to us how they promoted people’s dignity and independence. They closely, yet discretely observed someone when they chose to walk around. The staff said by discretely observing the person they were quickly available and on hand, should the person require assistance. This showed the staff had an understanding of the need to promote people’s independence whilst balancing risk. The provider told us they were currently collating evidence and working towards their Derbyshire Dignity Award and hoped to submit the application in the near future. This showed us the provider acknowledged the importance of being aware of promoting people’s dignity.

Staff explained how they felt it was important to treat people with dignity and respect when they were assisting with their personal care. We read in some care records that some people had indicated they had a preference whether they were assisted by male or female staff. We spoke with staff who said it was important that people’s wishes were followed and they would endeavour to ensure this happened. At our inspection we saw people’s personal preferences being respected.

# Is the service responsive?

## Our findings

People told us staff were helpful and responded to requests for assistance in a prompt and timely manner. People told us they were well looked after and our observations supported this. We saw the staff understood people's needs. One person said, "Staff are always helpful." People and their relatives were complimentary about the staff and the home in general and everyone maintained they were happy with all aspects of the care and support being provided.

People were very complimentary about the staff and the care and support they received. People told us their friends and families were always made welcome when they visited. We saw visitors coming and going throughout the day and without specified visiting times. Visitors told us they were always warmly welcomed.

Staff told us that when a new person moved to the home, a care plan was formulated and personalised to reflect the individual. A staff member told us there was a continuous assessment process in place and care plans were regularly reviewed and updated to ensure people received the appropriate care and treatments. We saw and heard the staff were knowledgeable about the people they cared for. Staff knew people's care and health needs and what was significant to them in their lives. We saw staff responding to the needs of people in a timely manner.

We saw staff take time to ensure people's needs and requests were understood and listened to. At a mealtime, we saw staff make sure people had the meal they had requested. Some people changed their mind and staff offered an alternative. Staff checked on people's welfare during the meal and made sure people had sufficient to eat and drink.

Records we looked at gave details of the decisions people had made about their care and also recorded people's likes, dislikes and personal preferences. We saw people's care plans were reviewed and regularly updated by staff. This demonstrated people's individual needs, preferences and choices were taken into account.

We were shown personalised booklets that had been compiled about individuals. The booklets were reflective of the individual and used as a way of recognising and describing what is important to the person; their past, their strengths, their future decisions and the support they require to make things happen. The booklets were a really useful means of ensuring the person was at the centre of their care.

Staff were respectful of people's individual decisions about how they lived their lives. We saw staff offered people choices about how they received their care. One staff member told us, "I always look at it how I would want to be treated. Or how I would expect my mum to be treated." Staff told us that when working with a person who was living with dementia they would check their care plans to look if risks had been identified and how to lessen these risks.

We were told staff handovers took place at shift change overs and were seen as an important and essential part of promoting continuity. The handovers gave staff an overview of people, any changes to their health and welfare and any activities participated in that day.

People told us they knew how to raise a concern and who to make a complaint to. Staff were familiar with the providers complaints procedure. We saw there was a noticeboard with lots of relevant information on display. Included was information in relation to how to complain and the telephone number to make a referral to the local authority safeguarding team.

We saw regular meetings took place with the people, the provider and staff. Staff told us the meetings were used as a means of monitoring the quality of the service as well as discussing any changes, any areas for improvement and any requests for specific activities, trips or entertainment. This showed us the provider listened and responded to the needs of the people, took on-board their suggestions and made a commitment to develop and improve.

# Is the service well-led?

## Our findings

People told us the home was well managed and run. One person told us, “Everything seems to run smoothly.” A visitor told us, “It’s well managed and has exceeded all our expectations.” They went on to say when they visited they were always made to feel welcome by the staff and the provider. Everyone we spoke with was positive about the staff, the management team and the service in general.

Staff told us, and we saw that, deputy managers were very involved in the day to day activities and caring in the home. Staff also told us the provider took an active role and would assist people and the team when required. Staff told us the management were very approachable and they would take time to have a discussion. They said everyone was kept informed of any changes or requests from the provider. One member of staff told us, “We can see what they are doing. We have regular staff meetings and there are always notices in the office.” Another told us that the leadership was “Very good.” We were told that problems and concerns were listened to and acted upon. This demonstrated to us the management structure was working together to provide a cohesive team.

People told us they were invited to meetings with staff and the provider. They went on to tell us they were given the opportunity to discuss any requests or concerns. One person told us they felt comfortable discussing any concerns with the provider or the deputy managers and they were confident they were listened to.

One member of staff told us they thought the managers and the provider, “Understood their responsibilities.” They went on to say they felt appreciated as managers were, “Friendly and there’s always a thank you.” Another staff member told us there was a mutual respect between the managers and the staff which resulted in a happy and settled atmosphere.

We also saw was that each person was given the opportunity to speak each month with an independent adviser. This gave the people the opportunity to share their views about the service in a relaxed and unobtrusive way. The feedback was then collated and given to the provider, who then acknowledged any concerns and ensured action was taken and documented. This showed the provider was willing to listen to people and implement change to provide a good service.

This showed us the provider was conscious of ensuring people were listened to and given the opportunity to express themselves in a number of different ways. People and relatives could therefore be reassured any concerns they may have were taken seriously.

The provider recognised the need for continuous assessing and monitoring of the service to mitigate and reduce potential risks relating to health, safety and welfare of the people. We saw a variety of records required for the running and management of the service were maintained and stored safely. The provider and the deputy manager told us they carried out a number of checks and audits to ensure they provided a quality and safe service. Examples were audits of medicines and a number of checks carried out to ensure a safe environment was provided. The provider recognised the need to assess, evaluate and reduce potential risks relating to the health, safety and welfare of people.

The provider understood the need and importance of continuous improvement and the monitoring of the services being provided. We saw there was effective analysis of incidents and accidents. The provider was aware of the need to look for any emerging patterns or trends to help reduce the likelihood of such incidents occurring again. The provider sent us written notifications to inform us of important events that had taken place. For example, the death of someone using the service.

One member of staff told us there was not a high turnover of staff and they believed this to be a reflection of how well they worked together for the people. Another member of staff told us that they felt the management and the staff worked well and together they were, “A good team.” There was an on-going program of training, supervision and appraisal for all the staff. Staff told us they were aware of the need to complete training and keeping their knowledge and understanding updated. Staff also said they understood the need for supervision and appraisal and looked at it as way of addressing any concerns they may have as well as talking through their own personal development. This showed us the provider was aware of promoting the need for continuous training and this was recognised by the staff.