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# Arden House

## Inspection report

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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

About the service:

Arden House is a residential care home. It provides accommodation and personal care for up to eight people who have learning disabilities and additional needs. Six people were living at Arden House at the time of the inspection.

People's experience of using this service:

- We received exclusively very positive feedback from people, relatives and professionals about the service provided at Arden House.
- Staff were proud of the homely environment and their approach to care. The service was bright and comfortable, and staff were kind and compassionate.
- There were enough staff to meet people's needs, and several of the staff team had worked at Arden House for many years. Safe recruitment procedures were in place.
- Staff felt well supported and received training, induction and supervision to help them carry out their role.
- People were protected from the risk of harm as far as possible. Policies, procedures and checks were in place to protect people and staff. Information was available for staff to enable them to manage risks safely. We have made a recommendation about window safety risk assessments.
- People's medicines were administered as prescribed and managed safely by competent staff.
- People were encouraged to eat and drink enough and maintain a balanced diet. People enjoyed the meals provided, and staff sought the advice of specialist professionals when necessary.
- People were supported to participate in a wide range of activities and were active members of the local community.
- People had care plans which were personalised and identified what was important to them, including their likes and preferences. Care plans provided relevant guidance for staff and were reviewed and updated regularly.
- Care records contained detailed and highly personalised end of life plans.
- Checks and audits were carried out regularly at the service. Audits included action plans which enabled the provider to monitor and improve care for people
- The provider worked within the principles of the Mental Capacity Act, and any restrictions on people's liberty were appropriately and safely managed.

Rating at last inspection:

This provider had not previously been inspected by CQC.

Although there had been a change to the service provider name, Arden House is a well-established care home.

Why we inspected:

This was a planned inspection following a change of service provider.

Follow up:

We will continue to monitor the service through the information we receive. We will visit the service in line with our inspection schedule, or sooner if required.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Arden House

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was carried out by one adult social care inspector.

#### Service and service type:

Arden House is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates the premises and the care provided, and both were looked at during this inspection.

The registered provider managed the service. This means they have equal, legal responsibility for how the service is run and for the quality and safety of the care provided. For this reason we have referred to them as 'the provider' throughout the report.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider had completed a Provider Information Return (PIR). This is a form that asks for some key information about the service, what the service does well and improvements they plan to make.

We looked at the notifications we had received for this service. Notifications give information about important events the service is legally obliged to send us within required timescales. We used all this information to plan our inspection.

During the inspection, we looked at the care records of three people who use the service and everyone's medication records.

We looked at records about the management of the service. These included checks and audits, meeting minutes and health and safety documents. We reviewed policies and procedures including safeguarding, whistleblowing, complaints, mental capacity and medicines. We looked at information about recruitment, training, induction and supervision in staff files. We considered all this information to help us to make a judgement about the service.

During the inspection we spoke with five people who lived at the service. Some people were unable to share many of their experiences of living at Arden House because it was difficult for them to communicate these thoughts. We used observation to help us understand people's experience.

We spoke with four members of staff and the provider during our inspection. After the inspection, we spoke with the relatives or friends of three people who lived at the service. After the inspection, we contacted seven people who represented organisations who worked with the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and knew how to keep people safe from abuse or harm.
- Staff were clear they would always raise any concerns they had. They told us what they would do to ensure people were always safeguarded from harm.
- Information was available for staff about safeguarding and how to raise concerns.

Assessing risk, safety monitoring and management

- Individual risk assessments were in place and gave guidance to staff about supporting people safely. Risk assessments related to areas such as smoking, specific behaviours and diabetes.
- The environment and equipment were safe and well maintained. Risks were assessed and regular checks were in place. Risks assessed included fire, infection control and the environment. The provider should consider completing a risk assessment relating to the pets living at the service.
- We noted that windows did not have devices to restrict their opening, however the section that opened was high up, and the provider had assessed the risk of harm was low.

We recommended that the provider consider recording their window risk assessments.

- Emergency plans were in place, and fire systems and equipment were regularly checked. People had a personal emergency evacuation plan (PEEP) to ensure they received the support they needed to stay safe in the event of an emergency. These were up to date and reflected people's current needs.

Staffing and recruitment

- There were enough staff to meet the identified needs of people who lived at the service. Several of the staff team had worked at Arden House for many years.
- Safe recruitment and selection procedures were in place. Staff files had pre-employment and other checks in place that confirmed staff were suitable to work with people.

Using medicines safely

- Systems were organised and people received their medicines when they should. The provider followed safe protocols for the receipt, storage, administration and disposal of medicines.
- Medicine administration records (MAR) were accurate and clear and these confirmed people received their medicines as prescribed.
- Only staff who were trained and assessed as being competent administered medicines. Staff knew people's preferences when taking medicines and this information was clearly recorded.
- Audits were carried out to monitor safety and ensure any risks were managed.

#### Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. The service was clean and there were no malodours.
- Staff had received infection control training and followed safe practices.
- Cleaning schedules and regular checks were in place to ensure standards were maintained and infection control risks were monitored. Safe systems and practices were in place to manage higher risks, such as hazardous waste and soiled linen.

#### Learning lessons when things go wrong

- There had been no recent accidents or incidents at the service.
- Systems and processes were in place to record and review accidents and incidents.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and preferences were assessed before they came to the service.
- People's care and support needs were regularly reviewed, and changes made where needed.
- Information and guidance about current best practice was available for staff.

Staff support: induction, training, skills and experience

- New staff received a detailed induction, local orientation and shadowed more experienced staff when they started in post. Staff told us this equipped them to carry out their role. One member of staff said, "At first I didn't know anything. Now I'm happy doing anything."
- All staff received regular, ongoing training with a professional training provider attending the service every fortnight. This was confirmed by the records we reviewed. Staff told us training was useful. One said, "The courses and training are very good."
- Staff could review their work and development needs through regular supervision and appraisal.
- Staff told us they felt well supported. One staff member said, "We all talk about things all the time. It's really supportive."

Supporting people to eat and drink enough to maintain a balanced diet

- People were encouraged to eat and drink enough to maintain a balanced diet.
- People told us they enjoyed the meals, which were all prepared by staff at the service, and sometimes included vegetables grown by people at their allotment. Some people told us that they didn't know what food they were going to have each day, although a pictorial menu booklet was available on the dining table.
- Fruit and nuts were available as snacks between meals. People and staff told us that they didn't really need snacks because they ate enough food at mealtimes.
- People's weight was regularly monitored, and guidelines were in place for staff to ensure people received a diet which met their needs. For example, some people had different types of diabetes. One person said, "Staff know about my diabetes, they help me."
- Staff sought the advice of specialist professionals when they identified a need, for example to carry out choking assessments and diabetes reviews.
- Staff were aware of people's preferences, individual nutritional requirements and specific dietary needs.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People were supported to access routine and specialist healthcare services. Records contained the details of people's appointments and any actions or future plans.

- A professional who had regular contact with the service told us, "They always keep me up to date. They're very conscientious and they seem to follow every rule to the letter."
- Each person had a document which they could take to hospital or other appointments. This provided detailed information about their individual needs and preferences.

#### Adapting service, design, decoration to meet people's needs

- The environment met people's needs and preferences. One person who could not manage stairs had a bedroom on the ground floor.
- People's bedrooms were decorated to reflect their interests and preferences. A vacant bedroom had been freshly painted in a neutral colour so that the next person to have the room could decide how they wanted it decorated.
- There were photographs and items that people had made around the home. The provider decorated the service seasonally and at the time of our visit, there were Easter decorations and interesting items both inside and outdoors. This gave a very welcoming and homely feel.
- The presence of pet dogs, cats, and fish added to this homely feel, and all the people living at the service interacted with the pets.

#### Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- DoLS applications had been made when required. No one had conditions associated with their DoLS authorisation.
- When people could not make a particular decision, mental capacity assessments and best interest decisions were discussed and recorded.
- Staff received training in the Mental Capacity Act and DoLS. They put training into practice by giving people choice and asking for their consent when offering support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were kind and caring and who treated them compassionately.
- Staff knew people very well and there was a warm, family atmosphere. Comments from staff included, "They're not blood, but they're family," and, "It's not like coming to work. This is like home. I love them like I love my own family."
- People told us that they were happy living at Arden House. Comments included, "Happy, yes," "Oh yes, very happy," and other people nodded to show their agreement. One person told us, "It's a lovely place. I don't think you could have a better place anywhere round here."
- Relatives said, "I think it's wonderful," and "I can't imagine a better place." Another relative added, "We're really happy with it."
- A professional told us, "Everyone goes above and beyond what would be expected from them and the focus at all times are the residents and what is best for them." Another said, "The guys are really well looked after. I can't believe it's a care home."
- Not long before our inspection, a person who had lived at the service for many years had died. Staff were visibly upset about this loss and spoke with tenderness about the person and the impact on everyone at the service.
- The provider respected people's needs under the Equalities Act 2010. For example, some people were very active in the local church, and others were supported in specific religious practices at the home.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and be involved in decision making as far as possible. People regularly met with staff, and some information was available in easy to read formats to ensure people could understand it.
- People were able to make decisions about different issues. Some people required assistance to make decisions about more complex matters, and the provider was securing regular meetings with advocacy services to support people.
- Relatives told us that they were involved in decision making and care reviews. One relative said, "They're always ringing up, we definitely know what's going on."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and they described how they did this, for example when supporting people with personal care activities.
- People were supported to be independent in some areas, such as personal care and looking after their room and belongings. People had limited opportunity to maintain or develop skills in areas such as

domestic or cooking tasks. When we asked about this, staff said, "It's hard to change them and their ways."

- Care plans gave guidance to staff about what people could do for themselves and how best to provide support.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had care plans which were personalised and identified what was important to them, including their likes and preferences. Care plans were reviewed and updated regularly.
- Care plans gave staff guidance about how to meet people's needs and preferences. For example, one care plan outlined a person's preferences about using deodorant and aftershave and another highlighted activities which would help maintain an individual's mental health and wellbeing.
- Staff told us they were kept up to date with changes to people's needs and the support they required. Regular handovers and ongoing communication within the small team enabled this.

• People enjoyed a wide range of activities that reflected their interests and preferences. For example, attending day centres, gardening projects, creative groups, social and physical activities. Everyone particularly enjoyed going to a farm project and told us about their favourite activities there. Staff told us people could choose whether they attended activities. On the day of our inspection, some regular groups had been cancelled due to Easter holidays, but staff had organised alternative activities and people were happy to join these.

• A person who worked with the service said, "They're constantly in the community and doing all sorts of activities," and a staff member told us, "They have a better social life than me!"

• The service understood people's information and communication needs. These were identified, recorded and highlighted in care plans. The service met individual's communication needs and shared these with other professionals when necessary.

Improving care quality in response to complaints or concerns

- The service had not received any complaints in the previous 12 months.
- Systems and policies were available for recording and dealing with complaints. This included an easy to read version of the complaints policy to help people understand how to raise concerns.
- Relatives told us they had never felt the need to make a complaint but added that they would feel confident in doing so. One relative said, "I would, but I've never had a problem with it, we've no reason to complain."
- Staff told us they were able to raise concerns or complaints, and a whistleblowing policy was available.

End of life care and support

- No-one at the service was receiving end of life care at the time of our inspection. If a person needed end of life support, the provider told us they would seek specialist support on an individual basis.
- Care records contained personalised end of life plans. These were detailed and included care preferences, funeral choices and other specific information, such as what the person would like to wear or have with them after death.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider understood their responsibilities and had informed families, the Care Quality Commission and other agencies about events that had occurred within the service when necessary.
- The provider had values which were reflected in the practice of staff during our inspection. Staff told us, "We are proud of our homely atmosphere," and, "The lads always come first."
- Everyone we asked talked positively about how the service was managed and led. One staff member said, "The provider is very good at keeping up with things. I don't know how they do it." Another staff member told us, "The provider is very good to us all; the residents and the staff."
- Relatives told us the provider communicated with them regularly.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was organised and well run. The provider was actively involved in all aspects of the service. Staff felt supported by the provider to provide high quality, person-centred care.
- Staff said they were clear about what was expected of them. They explained this was outlined when they started in post and reviewed through regular ongoing supervision and discussion.
- Effective systems were in place to monitor and review quality and performance and to ensure risks were well managed. This included internal and external checks and audits of medicines, care plans and health and safety matters.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Resident's meetings were held regularly. Minutes of recent meetings showed a range of issues had been discussed, and actions taken to make changes and improvements. For example, one person had complained that some meal portion sizes were too large for them. In the notes of the next meeting the person said they had appreciated the provision of smaller meals.
- Staff meetings took place regularly, although all staff said that they could raise concerns or suggestions at any time. Issues discussed at staff meetings included training, care issues and future plans.
- The provider used surveys to obtain feedback. There had been positive comments made about cleanliness, activities, food and staff.

Continuous learning and improving care

- The provider carried out regular audits to assess standards and the quality of care. Audits included action plans which enabled the provider to monitor and improve care for people.
- Staff told us the service provider was always prepared to invest to improve care. One staff member said, "[Name] doesn't stint on anything. Anything you need they'll get for you," and another added, "You just have to ask for something and it will be there the next day."

#### Working in partnership with others

- Staff worked in partnership with other professionals and the local community. A staff member told us, "We get lots of support from the community and from other people."
- People were involved in services and activities at the local church, accessed community groups and events and had an allotment. One professional told us, "They enrich the group. They are real members of the community."
- Specialists provided support and guidance to ensure people received effective care, and to promote best practice in the service. The provider engaged the services of experts in matters such as health and safety, fire and quality assurance to ensure they met all standards.