

Whitelodge Alveley Limited

Arden Grange Nursing & Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Arden Grange Nursing and Residential Care Home provides nursing and personal care for up to 45 people including people with dementia. At the time of the inspection there were 23 people using the service.

The home is an adapted building with all care provided on the ground floor. People have access to lounges, dining areas and outdoor spaces. Bathrooms and toilets are situated near to all communal areas.

People's experience of using this service and what we found

Improvement had been made to the environmental risks we identified at our last inspection, but some areas still required some on-going work. People's medicines were not always safely managed.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People were supported to eat and drink but records did not always confirm how much people should be drinking to keep them well. People's care plans had been reviewed and updated since our last inspection. More work was needed to ensure these records always reflected people's preferences and wishes, including their communication needs.

Although the provider had improved their quality monitoring and oversight since our last inspection, further improvement was needed to ensure shortfalls in the service were identified.

Staff understood how to protect people from harm and followed safe hygiene practices to prevent and control infection. People were supported by enough staff who had been safely recruited. The provider had systems in place to make sure lessons could be learnt from accidents, incidents and when things went wrong.

People's needs were assessed and they had care plans in place. Staff had received the training they needed to meet people's needs. People's routine health needs were met, and referrals were made when people needed other health care support or staff were worried about a person's health.

People were supported by kind and caring staff. Staff had developed good relationships with people and their relatives, and they were treated with dignity and respect.

People and relatives felt confident to raise concerns if they needed to.

Staff and the registered manager understood their roles and responsibilities; they felt supported by management and involved in the development of the service. People and relatives praised the service and

felt staff and managers were supportive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 28 December 2022). The provider had breaches in relation to people's safety, consent to care and treatment, dignity and respect, person centred care and governance of the service.

At this inspection we found the provider had made improvements and was no longer in breach of the regulations for dignity and respect and person-centred care but remained in breach of the other regulations.

This service has been in Special Measures since 28 December 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Arden Grange Nursing & Residential Care Home on our website at www.cqc.org.uk.

Enforcement

We have identified continued breaches in relation to the management of people's medicine, consent and the governance of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Arden Grange Nursing & Residential Care Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 3 inspectors.

Service and service type

Arden Grange Nursing & Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Arden Grange Nursing & Residential Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from Healthwatch, the local authority and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 5 relatives. We also received feedback via our website. We spoke with 12 members of staff which included the registered manager, housekeeper, care and nursing staff, the operations manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at 6 care plans and medication administration records. We looked at 3 staff recruitment files and records relating to the health and safety and the management of the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure people were protected from risk. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- At our previous inspection, risks to people had not been fully assessed or managed. We also found environmental risks which could have caused harm to people. Although significant improvement had been made to the home's environment, there were still some areas where effective cleaning would be difficult due to rust and damaged paintwork.
- Risks to people's safety were identified. However, some people's care plans were not always specific about how often safety checks should be carried out for them. One person's care plan stated they could not use their call bell; therefore, staff should complete "regular" checks of the person. However, the care plan did not state what regular was, or how often these checks should take place. Staff did check on the person every 2 hours when they supported them to reposition themselves.

Using medicines safely

- The provider failed to ensure people always received their medicines as directed. We identified 3 people whose medicine had been administered incorrectly. Staff had crushed their medicines despite their care plans and the manufacturer's advice stating not to crush them, which could affect its effectiveness.
- Some people had topical medicines applied, such as creams. However, there was not always instructions on where to apply these. This placed people at risk of not receiving their medicines as prescribed.

We found no evidence people had been harmed, however this is a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- Action was taken by the registered manager in response to the concerns we identified. The registered manager also shared the provider's action plan which showed the environmental improvements were ongoing and planned for.
- Some people had medicines only when they needed them, such as pain relief. Staff had the guidance they needed to know when people may require these medicines and to ensure they were given as prescribed.

Staffing and recruitment

- At our previous inspection, the provider had not made checks with the Nursing and Midwifery Council to ensure nurses were registered and therefore fit to practice. At this inspection we found improvement had been made, nurse registration was checked, and new staff had been safely recruited.
- People were supported safely by enough staff. Staff were not rushed, and people told us they did not have to wait for support.
- Prior to new staff starting work at the home, the registered manager had ensured the required recruitment checks were completed, which included obtaining a Disclosure and Barring (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. The home was clean, however due to issues with the environment effective cleaning would be difficult.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service. The service was not taking new admissions at the time of our inspection. However, discussion with the registered manager gave us assurance of safe admission procedures.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider facilitated visiting at the home in line with the current government guidance.

Learning lessons when things go wrong

- Systems and processes were in place to record and follow up on incidents.
- The provider reviewed any accidents and incidents to look for patterns or trends. Where needed, people were referred to relevant health care professionals to try to prevent future incidents.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and told us they felt safe living at the home and with the staff who supported them. Relatives told us they were happy their family member was safe living at the home.
- The provider had safeguarding procedures in place to protect people. Staff completed training to help them understand and recognise the types of abuse people could experience.

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.

At our last inspection we rated this key question requires improvement. At this inspection, the rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider was not meeting the requirements of the MCA. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11.

- At our previous inspection, the provider had not assessed whether people had the capacity to make specific decisions about their own care and had stated they could not make decisions because of their health conditions. This went against the principles of the MCA and did not ensure people were supported to have maximum choice and control of their life.
- At this inspection, we again found some people's care plans assumed people did not have capacity due to their health conditions. MCA assessments needed improving to better reflect the specific decisions being made in their best interest and to ensure they were in line with guidelines and legislation.
- The provider had not followed the MCA principles when requesting permission to use people's photographs on social media. Where people lacked capacity to give their informed consent, no capacity assessments or best interest decisions had been completed and staff instead had sought consent from relatives who had no legal right to make decisions on people's behalf.

- Although staff understood the importance of gaining consent from people, their knowledge of the MCA needed improvement. Staff had received training in the principles of the MCA but had not always put their learning into practice.

We found no evidence people had been harmed however the registered persons had not demonstrated they understood and complied with the MCA. These issues constitute a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- People and relatives told us they felt staff were well trained and knew how to meet their needs effectively. One relative told us they were very happy in the way their family member was cared for and that staff "knew them well".
- Staff had received the training they needed to help them understand their job roles. The registered manager told us they had already identified staff knowledge of the MCA needed improving and further training was being arranged. The registered manager monitored staff training to help ensure it was completed and refreshed as needed.

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

- The home was clean and tidy, and the environment was much improved since our previous inspection. The provider had an action plan in place for on-going improvements.
- Some areas of the home, such as some flooring still needed some attention, but we are aware these are being addressed by the provider.

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

- Some people's care plans stated staff were to ensure they had "enough fluids throughout the day". However, there was not always information given to say much fluid was "enough" for the individual person.
- People received a choice of what they wanted to eat and drink. The breakfast menu gave a good selection of choices, which included a "Build your own" cooked breakfast, if wanted.
- A dietician was employed, who supported staff throughout all of the provider's homes. The dietician completed nutrition assessments and reviews to help ensure people received enough to eat and drink.

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

- Since our previous inspection, there had been improvement made in the use of and checking of pressure relieving equipment. Staff completed checks of pressure relieving equipment and these were used in accordance with people's needs.
- The provider used a range of nationally recognised tools to assess people's needs. This included NHS resources for oral care. People's physical, mental, and emotional wellbeing were regularly assessed, and care plans reflected these assessments.

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

- People's care records showed how staff had made referrals to external professionals for additional support and assessment when a person's needs had changed.
- Relatives told us people received regular checks by health care professionals. One relative said, "I know they have worked with the GP to help [person's name]. The staff always call me if they have any health concerns."

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant people were not always cared for or treated with dignity and respect.

Ensuring people are well treated and supported, respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider did not ensure people were consistently treated with dignity and respect. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10. However, further improvement was still required to achieve a rating of good.

- The provider had not ensured people were always treated with dignity and respect. This was due to the concerns we found with people's medicines and consent, and the potential impact this could have on their rights and safety.
- At our previous inspection we found the provider had shown a lack of care and respect towards people. At this inspection, we found improvement had been made to the environment people lived in and to the systems in place to demonstrate they were respected and their dignity was supported at the home.
- At our previous inspection we had found staff did not respect people's communication needs or provide the support they needed with eating. We also had concerns because people's care was not provided in a timely way. We found improvement had been made at this inspection.
- Staff were attentive to people's needs and we saw positive, caring interactions between them throughout our inspection. Feedback from people and their relatives was positive and staff were praised with the care and support they gave. One relative told us, "The staff are fantastic and [person's name] has a good bond with them."
- Some people had access to dementia dolls and animals to help sooth them. We saw staff ensured they had these within their reach.

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

- Relatives told us they felt involved in their family member's care. One relative told us staff would telephone to discuss their family member's care and update them on any changes. All relatives told us they were always made to feel welcome at the home.
- People told us they had choice, felt the staff respected them and cared for them well.
- People and relatives were given the opportunity to provide feedback and be involved in making decisions about their care, which included meetings and questionnaires. The registered manager told us a key theme

at the last resident meeting had been a discussion around improving activities at the home now that COVID-19 restrictions were no longer in place.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider did not ensure people's care was person centred. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9. However, further improvement was still required to achieve a rating of good.

- Since our previous inspection care plans had been updated and continue to be reviewed. The registered manager told us they recognised these had been "generic". However, further improvement was still needed to ensure these records fully reflected people's wishes and choices.
- People had social profiles completed on admission which gave information on their backgrounds, preferences, what they liked to do or talk about. Some of these had not been fully completed and had not been updated since admission. Even when people's wishes were noted, staff were not always aware of these. One person was cared for in their bed and on both days of our inspection they had no access to any sensory stimulation, including their preferred music or television.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Although people had communication plans in place some contradicted people's other care plans. One person's communication plan stated they could make a choice when presented with options. Yet their capacity assessment stated staff were to make choices for them in her best interests. This placed people at risk of not having their communication needs met.
- Menus had photographs of the meals on them, which supported people to understand their meal choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We received positive feedback from people and their relatives about the opportunities available to people to engage in activities they liked and enjoyed.

- People were supported to maintain contact with family. One relative told us staff supported their family member with telephone calls so they could keep in contact.

Improving care quality in response to complaints or concerns

- People told us they would share concerns with staff and relatives told us they felt confident to raise complaints.
- The provider had systems in place to record, investigate and to respond to any complaints raised with them. Only one complaint had been received, which had been responded to in line with the provider's systems.

End of life care and support

- At our previous inspection, improvement was needed to ensure people's end of life wishes were reviewed and correctly recorded. At this inspection we saw improvements had been made.
- People and their relatives had been supported to engage in Advance Care planning (ACP) to express their end of life preferences.

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.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

At the last inspection we found the provider's governance and quality systems were not effective. This was a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although improvement has been made, not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider had responded positively to our previous inspection findings and at this inspection we found improvement throughout the whole service. There were still areas the provider needed to make improvement in, including strengthening their audits and identifying shortfalls, particularly with regards to the management of medicines.
- People's care records had been reviewed and updated but more work needed to be done to ensure these matched people's care needs. We found some care records contained contradictory information. This included contradictions in the level of support people needed and the management of their fluids and medicines.
- Improvement was still required to ensure the principles of the MCA were met. People's records did not always show how decisions made for them were deemed to be in their best interests.

This is a continued breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The improvement in quality monitoring systems had led to improved record keeping for cleaning, equipment checks, the environment and checking water temperatures.
- New systems for monitoring the practice of staff, including dignity, and moving and handling, had been introduced since our previous inspection. The registered manager told us these were able to be used to help improve staff practice and help identify if further training was required.
- The registered manager understood their responsibilities in relation to their registration with us. Statutory notifications had been submitted to CQC as required about incidents which had occurred at the service. These notifications ensure we are made aware of important events and play a key role in our ongoing monitoring of services.

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

- We received positive feedback about the service from people and relatives. One relative told us, "I have nothing but glowing reports. They always make time for me and are supportive."
- Staff confirmed they had the opportunity to share suggestions to improve the care people received, through one-to-one meetings and informal discussions with the registered manager.
- Staff received daily handovers between shifts to ensure they were kept up to date with people's needs in order to be able to provide effective care. The registered manager also had daily meetings with key members of staff so information was shared and actions agreed as necessary.

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager responded to concerns raised during our inspection visit and demonstrated a commitment to put things right. Following our inspection visit, they continued to share updates and actions they had taken in response to our findings.
- Staff told us they had seen improvements since the last inspection. One staff member told us that for a very long time they felt confident in the management of the home. They said, "I feel we're on the right road. The (registered) manager has a good approach, is fair and will always listen, especially to the residents."
- The registered manager was aware of their duty of candour including the need to admit when things went wrong, to attempt to put things right and to offer apologies.

Working in partnership with others

- Records we reviewed evidenced where other professionals had visited the home or where people had been supported to attend appointments with health and social care professionals in relation to their health, safety and wellbeing.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>Further improvement was required to ensure the environment was safe and able to be cleaned effectively to reduce the risk of infection.</p> <p>The provider had not ensured the safe management of all medicines.</p> <p>Regulation 12(1)(2)(b)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider had not ensured their governance and quality systems were sufficient to assess, monitor and improve the quality and safety of care as needed.</p> <p>The provider had not ensured all care records were accurate and complete.</p> <p>Regulation 17(1)(2)(a)(c)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The provider had not ensured the principles of the Mental capacity Act 2005 had been followed. The provider had not ensured consent had been obtained from the relevant persons. Regulation 11

The enforcement action we took:

The provider was served with a warning notice