

Oldfield Residential Care Ltd

Arden Grange Nursing & Residential Care Home

Inspection report

Derrington Road
Ditton Priors
Bridgnorth
Shropshire
WV16 6SQ

Tel: 01746712286

Website: www.oldfieldcare.co.uk

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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Arden Grange is a nursing home providing personal and nursing care to 37 people aged 65 and over at the time of the inspection. The service can support up to 45 people.

The home is situated in a rural location. The building accommodates people on one level. The home is divided in to three separate areas with one area specialising in care for people living with dementia.

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

The provider reported incidents to the local authority as required and incident forms were reviewed by the registered manager. An improved template for the recording of incidents was being implemented. Risks to people's safety were assessed and reflected professional's guidance.

People were supported by sufficient numbers of staff and a concerted effort was being made to increase the number of permanent nurses. People received their medicine on time and as prescribed.

Infection and prevention controls were in place. However, we raised some concerns regarding the environment. The environment had been improved since the last inspection, but further work was required to bring the home up to standard.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Following the inspection, the provider improving their recording around the swabbing for Covid -19 to ensure there was a clearer audit trail of decisions made.

People's needs were assessed, and people were supported to maintain a balanced diet. People were supported with their health needs and supported to attend health appointments.

Staff received training relevant to their role and worked alongside other agencies to support people in receiving consistent care. Staff were complimentary of the improvements to the culture in the service and governance checks had improved. The registered manager was aware of the work required to raise the quality of the service offered to people.

People told us they knew what was happening in the service and staff were able to join in regular discussions about what was happening and ask questions of the management team. Examples of continuous learning could be demonstrated.

Relationships with partner organisations were being developed and the provider understood their duty of candour.

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 24 October 2020) and there were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 18 and 19 September 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

Further to this we had received concerns in relation to the management of infection, prevention and control and needed to explore these concerns further.

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 coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 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 Care Act 2014.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Arden Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke

with 11 members of staff including the registered manager, operations director, nursing staff, care workers and agency staff.

We reviewed a range of records. This included three people's care records, five people's monitoring charts and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and updated policies and procedures.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

At the last inspection concerns were raised around the safeguarding processes in place and whether the home was reviewing and reporting incidents to the local authority as required. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had improved and was no longer in breach.

- At the last inspection concerns were raised around the safeguarding processes in the home and whether all reasonable steps were being taken to keep people safe. This included submitting reports to the local authority. At this inspection the registered manager told us they contacted the local safeguarding team to discuss all concerns when they arose. The local authority confirmed this did happen.
- We looked at accident and incident forms and could see they had been reviewed by the registered manager. However, we found the form used by the provider did not include space for any actions taken to be recorded. While we were reassured action had been taken, the lack of recording on the form meant it was difficult to track the various responses which could have occurred. For example, whether someone's care plan had been updated or staff training introduced.
- We discussed this with the registered manager who showed us the new template they had devised and were in the process of implementing. They explained they had identified a better form was needed to ensure the analysis and actions taken were recorded alongside the incident. We will review the effectiveness of the new form on our next inspection.
- People told us they felt safe at Arden Grange. One person said, "It's alright here, I do feel safe."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection we found risk assessments did not take in to account all available information and medicine errors were not investigated in a timely manner. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had improved and was no longer in breach.

- Risks to people's safety were assessed and reviewed on a regular basis. Clinical risk assessments were carried out to ensure people's care remained relevant to their needs and action was taken when changes

were reported. For example, if people lost weight their nutritional plan was reviewed and updated.

- Risk assessments were updated when professional guidance had been received and following any incident. For example, if someone had fallen the measures in place were reviewed and monitoring increased.
- Medicine errors had been reviewed and we found no concerns regarding the process in place.

Staffing and recruitment

At the last inspection the provider did not have robust recruitment procedures in place. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had improved and was no longer in breach.

- At the last inspection we found references had been received for new staff, but the detail had not always been explored to ensure people were suitable to work in adult social care. At this inspection we found references were reviewed alongside people's background and qualifications. This ensured staff were suitable to work in the home.
- People were supported by sufficient numbers of staff. We were reassured the home had recruited to all care assistant vacancies but remained in need of more nursing staff. The registered manager told us they were actively trying to fill these posts and had one new nurse starting the following week.
- Due to some staff needing to self-isolate due to Covid-19 there was some agency staff on duty at the time of inspection. We checked and found agency staff's profiles had been requested from the supplying agency before the agency worker commenced their shift. This ensured they had the necessary skill set.
- We observed agency staff who were familiar with the service working as part of the team and new agency staff shadowing permanent staff in order to receive guidance and instruction.

Using medicines safely

- People received their medicine on time from nursing staff who were trained in the safe administration of medicine. People's photographs were printed on each medicine record to ensure agency nurses knew they were supporting the right person.
- Guidance was in place to ensure nursing staff knew what medicine people took and when to administer 'as required' medicine such as, pain relief. We observed a medicine round and saw people received their medicine in a person-centred way. The nurse knew how the person liked their medicine to be presented and stayed with them while they took it. Therefore, people could be assured they would be supported to take their medicine as prescribed.
- Medicines were stored securely and at the correct temperature. Controlled drugs were managed in line with the legal framework and daily counts were completed and signed for.

Preventing and controlling infection

We reviewed the infection control measures in place in light of the covid 19 pandemic.

- We were somewhat assured that the provider's infection prevention and control policy were up to date.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

We signposted the provider to resources to develop their approach. Following the site visit the provider developed their own outbreak plan in line with the Adult social care winter plan 2020. We also recommended the risks associated with gloves being out in communal areas were formally considered. The operations director advised us they would be ensuring the physical environment was improved.

- We reviewed issues identified at the last inspection and found they had been resolved. Bins were no longer over-flowing and kitchen waste had been removed from the premises.

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

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

- The property layout was suitable to people's need. However, we found there remained a need for refurbishment across the property. This was raised at the last inspection.
- On the day of inspection, we identified a radiator had collapsed resulting in a bathroom needing to be put out of order, chipped paint along handrails, walls needing painting and flooring still needing to be replaced in certain areas.
- We saw work had been carried out since the last inspection and work was underway on the heating system. We were advised the pandemic had caused some delays in getting contractors in to the building. However, a new maintenance person was due to start at the home and progress would continue. At our next inspection we will check to ensure the refurbishment work has been completed.
- The building had been adapted in certain areas to support the needs of people living with dementia. Items known to occupy those who walk with purpose were strategically placed along the corridors such as additional seating and twiddle boards. This helped keep people stimulated. The provider told us they were planning on developing these areas further.

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

- People's needs were assessed prior to them moving in to the home and then on a monthly basis to ensure the care plans remained effective and in line with what people wanted.
- We found there were some gaps in the assessments completed over the past year but the last few months of assessments had been carried out. We found the gaps coincided with changes in the management and nursing team and were not reflective of the current team in place.
- One staff member told us, "There is still some work to do on the care plans, but we are confident the essential plans are in place. Once the nursing staff increases it will be easier to keep on top of them all." People received care which was tailored to their individual need and respected their personal wishes. For example, the home supported a number of couples who wanted to spend their time together and the staff facilitated this wherever possible.

Staff support: induction, training, skills and experience

- The provider advised us they had recently changed training provider and all staff were working through the new courses. The plan was for everyone to have completed their training within the coming months.
- The impact of Covid-19 had required the provider to review how training was sourced to ensure the staff team remained compliant.
- We asked staff about the training they received, and staff were complimentary. One staff member said, "I

completed loads of training since I started, and I am looking forward to completing my diploma in care."

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

- People were supported to eat enough and were offered regular drinks throughout the day. We observed staff offering people a choice at meal times and finding an alternative if people had changed their mind about what they wanted.
- Where people had lost some of their independent functioning skills, we saw staff were sensitive in their approach. We observed staff guiding people's hand to use their cutlery and only taking over when absolutely necessary. This ensured people received their meal without becoming unnecessarily dependant.
- Due to building work in the property the dining room in one part of the building was out of action. This meant people needed to be given their meals on tables in the lounge. People could tell us why this was happening and told us, "Things will be back to normal soon."

Staff working with other agencies to provide consistent, effective, timely care

- We reviewed a number of care files and saw records of the engagement with the various professionals involved in people's care. For example, GP, gastronomy nurses and specialist dementia nurses.
- Professional reports were gathered as part of the pre-admission process to ensure people received consistent care when they moved in to the home. These were available for staff to read in the care files.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care services. We saw referrals to health care services had been recently made and staff were continuing to support people to attend hospital appointments.
- People's care plans outlined their health care needs and the level of support they required.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make decisions was assessed and best interest meetings were held when needed. Where people had refused treatment, this was documented to ensure staff were aware of the persons wishes. For example, one person did not want to see the community dentist
- Records were kept regarding the flu jab. However, we could not find evidence of MCA assessments for the Covid swab tests. We discussed this with the registered manager. They advised they had been gathering consent but had not formally documented the outcome. Following this inspection, the registered manager shared with us new forms they had implemented to ensure people's capacity to have the Covid swab test was clearly recorded.
- We reviewed the Dols authorisations in place and found any conditions were being met. For example, one person's authorisation requested a referral to the speech and language service was made to support them with deteriorating communication skills. The referral had been made and the person was awaiting an appointment.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

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

At the last inspection we found the provider did not have effective governance systems in place and the staff reported the culture in the home was poor. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had improved and was no longer in breach

- At the last inspection staff reported a poor culture whereby they felt they could not always speak up. On this inspection staff told us the culture was much better. Staff told us they enjoyed working at Arden Grange and the new manager was having a positive impact. One staff member told us, "Things are very different now, we work as a team and can discuss anything." Another staff member said, "I feel well supported and the registered manager is great."
- The governance systems in the home had also improved. Previously the systems did not ensure there was robust monitoring of the quality of the service provided. At this inspection we saw an increase in the audits carried out and the registered manager demonstrated an awareness of all the work required to raise the quality of the service being offered people. Action was underway in various areas such as the environment, the documentation used and staff development.
- The registered manager advised us they had prioritised the work that needed doing in the home and developed the team to ensure staff had clear roles and responsibilities in order for the work to be achieved.
- All the audits completed by the registered manager were monitored by the operations director. This provided another level of oversight which was not previously in place.

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 provider understood and acted upon their duty of candour. They could demonstrate information had been shared with relevant parties when certain events occurred.

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

- People told us they were kept up to date about what was going on in the service. People knew about the pandemic and why certain things were in place.
- We found evidence of regular meetings and discussions taking place within the team to ensure staff knew of any changes and developments and were able to contribute their views. One staff member told us, "We talk about what is good, where we need to go and can raise concerns and ask questions. This is much better for us all."

Continuous learning and improving care

- The registered manager ensured staff had access to up to date information on best practice. Notice boards displayed current themes in social care areas to assist staff in knowing what changes to practice were being recommended. For example, the drive for better oral health care.
- We saw copies of example incident forms displayed within the various office spaces highlighting the standard of reporting expected. This ensured staff were providing the level of detail the registered manager needed to complete an effective review.

Working in partnership with others

- Since the last inspection there has been a number of management changes. The new management team were in the process of building relationships with partnership organisations.