

Angel Healthcare Limited

Arden House Residential Care Home

Inspection report

4-6 Cantelupe Road
Bexhill On Sea
East Sussex
TN40 1JG

Tel: 01424211189
Website: www.angelhealthcare.co.uk

Date of inspection visit:
25 May 2016
26 May 2016

Date of publication:
06 July 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Arden House on the 25 and 26 May 2016. This was an unannounced inspection

Arden House is a care home for up to 35 older people that require support and personal care. At the time of the inspection there were 14 people living in the home. The people living at Arden House all lived with a degree of physical frailty. There were also people who were living with a dementia type illness, diabetes, Parkinson's disease and heart disease.

There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The management team had been unstable due to senior staff leaving employment over the past few months. The area manager had also left the organisation since our last inspection. An acting manager had been in post for three weeks. We have been informed that once her role is established she will be submitting her application to be registered with CQC. The provider has arranged for the managers of the sister homes in the organisation to provide regular support and meetings with the new acting manager. The provider confirmed that she is visiting or in contact daily to provide support and guidance.

At a comprehensive inspection in July 2015 the overall rating for this service was Inadequate and it was placed into special measures by the Care Quality Commission (CQC). Five breaches of Regulation of the Health and Social Care Act 2008 (Regulated Activities) 2014 were identified. The inspection in July 2015 found significant risks to people due to the poor management of medicines and people not receiving appropriate person centred care. This was because where people's health needs had changed considerably, care plans had not been updated. Staff therefore did not have the most up to date information about people's health. This meant there was a risk that people's health could deteriorate and go unnoticed. Risk assessments did not reflect people's changing needs in respect of wounds and pressure damage. Accidents and incidents had not been recorded appropriately and steps had not been taken by the staff to minimise the risk of similar events happening in the future. Risks associated with the cleanliness of the environment and equipment had been not been identified and managed effectively. People had not been protected against unsafe treatment by the quality assurance systems. We also found that training had not been delivered where identified as needed and administrative processes to support training, staff supervision and appraisal were inaccurate and incomplete.

Following the inspection, we received an action plan which set out what actions were to be taken to achieve compliance by April 2016.

During our inspection on 25 and 26 May 2016, we looked to see if improvements had been made. At this inspection we found that considerable improvements had been made and the provider was now meeting four of the five previous breaches of Regulation. We could see that action had been taken to

improve people's safety. Whilst improvements in the management of medicines had not been sustained fully, this service is no longer in special measures as the risk was reduced immediately with support from the GP, pharmacist and district nurse. .

People were supported to access health professionals or appointments. However, there was an on-going need to ensure the relationship between the service and health professionals was improved in order for people to get the support required to manage changes to their health in a safe way.

The training plan we first saw during the inspection was not clear or up to date. The provider then showed us an up to date training plan with the confirmation that the training had been undertaken. Staff said they felt supported and confirmed that they were having supervision. We received an up to date supervision record following the inspection. We asked why records were difficult to locate and were told this was due to a gap following the departure of the previous acting manager in March 2016 and the starting of the new acting manager. The provider acknowledged that there had been some issues with the management of the home which had resulted in senior staff moving on and a new staff being employed. The provider said that it could have been a smoother transition, but felt it was now coming together. Their main priority had been ensuring that people's care was appropriate and met their needs.

There were systems and processes to assess and monitor that the service was of a good quality. However, we found the medicine audits had not identified issues around medicine administration in April and May 2016. Following the inspection we received information and supporting documentation which confirmed an in-depth medicine audit had been conducted by the manager of the sister home. It also confirmed support from the dispensing pharmacy and district nurse. All medicine givers had been given further training and the staff had a staff meeting specifically to address management of medicines. The service was working with Commissioners to ensure that clear outcomes for people were identified and worked towards.

People received support in a person centred way and were treated with dignity and respect. People were receiving support which was individualised to their needs.

Accidents and incident reporting had taken place and were recorded. Records contained documented investigation and measures to ensure learning and preventative measures. Staff had training on keeping people safe and understood the process of reporting concerns. Staff had been checked to ensure they were suitable before starting work in the service.

Staffing levels were stable and sufficient in numbers to meet people's identified needs. People felt comfortable with staff and said, "Great staff, caring with a sense of humour." There was a lot of laughter and banter between people and the staff. We also saw some positive interaction between staff and the people they supported.

Staff had an understanding of the Mental Capacity Act 2005 and had received refresher training.

Staff had attended staff meetings to enable them to raise concerns and discuss issues collectively.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Arden House was safe and was meeting all the legal requirements that were previously in breach. However some areas required time and further support to become fully embedded into everyday practice.

Improvements in medication practices had not always been sustained to consistently manage medicines safely.

Management of people's individual risk assessments to maintain their health, safety and well-being were in place for everyone.

There were enough staff to meet people's individual needs. Staffing arrangements were flexible to provide additional cover when needed, for example, during staff sickness or when people's needs increased.

Staff had received training in how to safeguard people from abuse and were clear about how to respond to allegations of abuse. Staff recruitment practices were safe.

Requires Improvement 

Is the service effective?

Arden House was effective and was meeting all the legal requirements that were previously in breach. However some areas required time to become fully embedded into everyday practice.

Processes were now in place to make sure each person received appropriate person centred care and treatment which was based on an assessment of their needs and preferences.

Training had been identified as required and the training plan confirmed training completed, and training in progress. This meant staff were working with the necessary knowledge and skills to support people effectively.

Mental capacity assessments met with the principles of the Mental Capacity Act 2005.

People received a nutritious and varied diet. People were provided with menu choices and the cook catered for people's

Requires Improvement 

dietary needs.

Is the service caring?

Good ●

Arden House was caring

Staff knew people well and had good relationships with them. People were treated with respect and their dignity promoted.

People and relatives were positive about the care provided by staff.

People were involved in day to day decisions and given support when needed.

Is the service responsive?

Requires Improvement ●

Arden House was not consistently responsive. Whilst we saw improvements had been made, there were areas that still needed to be improved to ensure that peoples' changing health needs were appropriately responded to.

People were involved in choosing activities and able to spend time doing things they enjoyed.

A complaints process was available, and contained all required information people needed to formally make a complaint.

People were asked their views about the service delivered and changes were made where possible.

Is the service well-led?

Requires Improvement ●

Arden House was not consistently well-led. Whilst improvements had been made, they needed to be embedded in to everyday practice and further developed.

A new quality assurance system was in place. However, some areas of documentation needed oversight to ensure they were completed properly and information was appropriately recorded.

The acting manager and staff in the service were approachable and supportive.

There had been a number of positive changes made to the day to day running of Arden House and there was a clear programme in place for continual improvement.

Staff and people spoke positively of the management team's approach and availability.

Arden House Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

The inspection took place on the 25 and 26 May 2016. This visit was unannounced and the inspection team consisted of two inspectors.

Before our inspection we reviewed all the information we held about the service. We considered information which had been shared with us by the Local Authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We contacted the Local Authority and Clinical Commissioning Group (CCG) to obtain their views about the care provided by the service. CCGs are clinically led groups that include all of the GP groups in their geographical area. We looked at the action plan supplied by the provider following our last inspection in July 2015.

During the inspection, we spoke with 10 people who lived at the service, one relative, the acting manager, the provider, seven care staff, hospitality manager and the deputy manager. We looked at all areas of the building, including people's bedrooms, the kitchen, bathrooms and the lounge and dining room.

We reviewed the records of the home, which included quality assurance audits, staff training schedules and policies and procedures. We looked at five care plans and the risk assessments included within these, along with other relevant documentation to support our findings. We also 'pathway tracked' five people living at Arden House. This meant we followed a person's life and the provision of care through the home and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Is the service safe?

Our findings

At our inspection in July 2015 we found that people's health safety and welfare was not always safeguarded. The provider had not taken appropriate steps to ensure that there were measures in place to keep people safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had also found there were not sufficient, experienced staff deployed to keep people safe or assist them to receive appropriate care and support. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was submitted by the provider which detailed how they would meet the legal requirements by April 2016. Whilst we found that some Improvements had been made, the improvements in medicine practices had not been sustained and were not fully embedded in to everyday safe medicine delivery. Due to the immediate and prompt actions of the provider the risk to people was mitigated.

Since the last inspection we saw the organisation had put systems in place to ensure the proper and safe management of medicines. We looked at past audits from November 2015 until March 2016 which showed that the management team had acted on poor recording and mismanagement of medicines however this had then lapsed in the two months. This inspection found there were a number of issues. For example, discrepancies in the recording of insulin, the lack of temperature checks for the medicine fridge and the room temperatures of where medicines were stored. The lack of checking of temperatures means staff were not assured that medicines were stored safely. Skin creams, insulin and eye drops need to be kept at certain temperatures to maintain their medicine life. Immediate action was taken by the provider, who arranged for a full audit to be undertaken by a manager from another home in the organisation. Training and competency assessments were arranged for all medicine givers at Arden House and advice sought from the district nurse, pharmacy and GP. The provider sent us all the relevant documentation within 24 hours of the inspection. We were assured that people were therefore protected by medicine practices within 24 hours of our inspection. The provider contacted the local authority and raised a safeguarding. The provider explained there had been a lot of changes with staff at all levels due to the drive for improvement since our last inspection and this had impacted on the completion and follow through of audits. A number of errors seen on the MAR charts were from staff who had now left the organisation following discussions of their performance, which had mitigated the risk to people. The proper and safe management of medicines was an area that required further improvement.

At this inspection we found risks to people's health, safety and well-being had been identified, and a management plan put into place. People had a computerised care plan with accompanying health and environmental risk assessments completed. We saw that risk assessments which included the risk of falls, skin damage, nutritional risks and moving and handling had been completed. The care plans also highlighted people's health risks such as diabetes, memory loss and Parkinsonian disease. However we found that new instructions received from the GP last month for managing a person's diabetes was not clear. Whilst documented in the daily notes it had not been transferred in to the plan of care. This meant that it may be missed by staff if they had not been at working or were new. This information was transferred immediately when we identified the issue.

At our last inspection people had been at risk from developing pressure damage from poor management of positioning and use of equipment. This inspection found that people at risk were monitored and repositioned regularly to reduce pressure and risk of skin damage. Pressure relieving mattresses were in place to help reduce the risk of developing a pressure ulcer. Mattress settings were checked daily by staff to ensure that they were on the correct setting and adjusted accordingly. Wound records and risk assessments were up to date and demonstrated clear management strategies. One person told us that "Staff are always checking I'm comfortable and make sure I have my cushion." During our inspection people were regularly offered a change of position and bathroom breaks.

The home was adequately clean and hygienic. People's bedroom carpets previously identified as soiled and malodorous had been replaced. The hospitality manager undertook weekly visual audits on the home and checks that cleaning schedules were completed and up to date. Any problem areas were reported to the provider for immediate action.

Accident and incident forms had been completed. Pro-active plans had been put in place to prevent a reoccurrence where required, such as hourly visual checks and sensor mats. Incident and accident reporting reflected risk assessment reviews and mitigated against future risks.

Where medicines were given to people when needed (PRN), there was guidance in place to support this and records were complete. For example, the use of analgesia for pain control.

People had a personal emergency evacuation plan (PEEP). These are important to ensure that people's evacuation needs are identified and they can be helped from the building safely in the event of a fire or other emergency. The main emergency and evacuation plan was in place and staff received regular fire and evacuation training

At our last inspection we had concerns that the staffing levels were not sufficient to meet people's needs. This inspection found people's care needs were met because there were enough staff on duty. People, staff and visitors all said there were enough staff. One person said, "The staffing levels are fine get a staff member when I need one." Another person said, "The staff are quick to help, I don't have any complaints."

Staffing levels were sufficient so staff could work at a calm pace to support people to get up and ready for the day. Personal care was completed in the way people wanted. One person told us, "I like to get up and sit in the dining room." Other people had a late breakfast as they liked to sleep in and staff accommodated this. People were seen to be supported to go out to local venues as they wished and staff ensured they were supported to get ready when they wanted. Staff sat and spent time with people in communal areas throughout the inspection, which was enjoyed by people and which told us that that staffing levels were appropriate at such times. One staff member said, "Our residents have changed recently for various reasons and are not as dependent so we can spend time with people and not rush. Also we have not had admissions which has meant we can concentrate on the people we have."

Staff had received training on safeguarding adults. Staff confirmed this and knew who to contact if they needed to report abuse. Staff were confident any abuse or poor care practice would be quickly spotted and addressed immediately by any of the staff team. Policies and procedures on safeguarding were available in the office for staff to refer to if they needed.

Policies and procedures on all health and safety related topics were held in a file in the staff office and were easily accessible to all staff. Staff told us they knew where to find the policies.

Records showed that all appropriate equipment had been regularly serviced, checked and maintained. Hoists, fire safety equipment, water safety, electricity and electrical equipment were included within a routine schedule of checks.

The provider had safe recruitment procedures in place. The staff recruitment records we reviewed showed all of the relevant checks had been completed before staff began work. These included disclosure and barring service (DBS) checks, evidence of conduct in previous employment and proof of identity. A DBS check is completed before staff begin work to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. Staff were not allowed to start work until these checks had been completed. This helped to ensure that staff employed by the service were safe to work with the people they cared for. Staff confirmed there was a robust interview process in place and that they had been required to provide all the relevant documentation before they started working for the provider.

Is the service effective?

Our findings

At the last inspection in July 2015, the provider was in breach of Regulations 11 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care delivery was not always effective and consistent, and staff had not received appropriate training, professional development and staff supervision.

The Provider submitted an action plan detailing how they would meet their legal requirements by 30 April 2016. Improvements were made and the provider was now meeting the requirements of Regulation 11 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst improvements had been made in respect of staff training and development, there were still areas that required further time to be embedded and structured.

People told us that they were happy with the care at Arden House and thought the staff were well trained. One person told us, "Really good care, look after me very well."

Staff said they had training to make sure they had the skills and knowledge to provide the support people needed. Training was provided in the form of booklets, which staff completed and returned to the provider which were then sent to an external agency for marking. The programme identified that staff had received essential training. It was acknowledged that due to a recent high turnover of staff that training was on-going as staff completed their induction and there were staff midway through completing booklets. Two staff had undertaken diabetes training and the provider told us all new staff will progress to specific health training as soon as they had completed the essential training, and were confident in their role. This would include nutrition, Parkinson's disease, strokes and dementia training. There was some confusion over the competency of two staff giving insulin. There was no documentation found from the previous management team of who had supervised and signed off these staff as competent. Following the inspection, these staff were referred to the district nurse for training and competency tests. Until this happened, the staff withdrew willingly from this role.

We looked at the induction training for new members of care staff; we also discussed the induction with a staff member. A new staff member told us that they were really enjoying the induction and the staff team were very supportive. They confirmed they were on a shadow shift to meet the people and staff at Arden House, and that their induction programme had started. We were also told that newly appointed staff shadowed other experienced members of staff until they and the manager felt they were competent in their role. We were able to confirm this from the induction paperwork and talking to staff.

Staff supervision was in place for staff. Supervision helps staff identify gaps in their knowledge. This was supported if necessary by additional training. Staff said "Supervision has been happening as we work on the floor." Staff records of supervision confirmed that staff supervision had been undertaken. The content of the supervisions shared by staff were lacking in direction and content but the person who was undertaking the supervision sessions was no longer working in the service. Due to the short employment histories, staff appraisals had not been undertaken. The provider confirmed the new acting manager will receive training in

conducting meaningful supervision sessions and this will include observational supervision. This was an area that needs to be embedded into practice.

At the last inspection we found that information and care requirements were not always specific to individuals, making it difficult to know if their health care needs would be effectively managed, such as Parkinson's disease and diabetes. At this inspection we found people's individual needs had been re-assessed and specific management strategies put in place. People's continence needs were managed effectively. Care plans identified when a person was incontinent, and there was guidance for staff in promoting continence such as taking the individual to the toilet on waking and of prompting to use the bathroom throughout the day. Continence assessments had been completed. Mobility care plans contained guidance for staff to maintain what mobility people had and encouraged people to retain their mobility. For example, they offered people the opportunity to move regularly. We saw that staff approached people throughout our inspection asking if they would like to move to a different chair or go for a walk.

Staff understood the principles of consent and therefore respected people's right to refuse care or treatment. Staff were understanding and patient of people who initially refused assistance by allowing them time to settle and approaching them again to gain their participation or consent. We saw one person initially refuse their meal. Staff removed the food and just sat and chatted before asking, "Would you like your meal now." The person was happy this time to accept their meal. All staff working had received training on the Mental Capacity Act 2005 (MCA) and mental capacity assessments were consistently recorded in line with legal requirements. The care plans contained mental capacity assessments and gave guidance to staff on how to continually assess people.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS form part of the Mental Capacity Act (MCA) 2005. It aims to make sure that people in care settings are looked after in a way that does not inappropriately restrict their freedom, in terms of where they live and any restrictive practices in place intended to keep people safe. At this time there was nobody that required a deprivation of liberty safeguard (DoLS). Staff had received training in this area and were confident of the processes in place to support people.

As a guide to maintaining people's health, people were weighed when they moved in to the home and then monthly. Any significant weight gains or losses were reported to the manager and GP referrals made. We saw some people were referred to dieticians and speech and language therapists for advice about nutrition and eating difficulties. Each person had a nutritional assessment, showing any concerns about weight and any specific dietary needs. Where needed, some people received fortified meals and supplement drinks. The cook regularly discussed meals and food with people, so that they were aware of people's preferences. Since the last inspection the organisation had introduced a meal delivery service of pre-prepared frozen food. The feedback in respect of the meals now provided was positive. Comments included "Great meals," "Wide choice" and "Never boring." The hospitality manager was previously the chef and said, "It's a system that is nutritious and of the correct consistency, no chance of error." Staff said, "It's worked out well."

People received a wide variety of nutritious meals, fresh fruit and home baked cakes. People were provided with menu choices and the staff ensured people's dietary needs were taken into account when ordering meals. The hospitality manager also ensured that people who liked certain food such as crab sticks, had a supply in the fridge. A menu planner showed lunch and supper time meals and choices of desserts and we heard staff reminding people what there was to eat. People told us breakfast was usually cereals or toast, and snacks were available at any time. Mid-morning and mid-afternoon drinks were served with a choice of biscuits/ cakes. Drinks, both hot and cold were available at people's request. People had jugs of water and juice in their rooms. The food served was well presented, looked appetising and was plentiful. People were

encouraged to eat independently and supported to eat when needed. Staff asked people if they enjoyed their meal and if they wanted any more. We saw people accepted second meals. Drinks were provided during meals in accordance with people's choices.

Is the service caring?

Our findings

People spoke positively about the home. Comments included, "Brilliant." "The carers are very good." One person said, "I love everything about living here." One relative told us, "The staff are good, they care and are kind."

People spoke highly of the care received. One person told us, "The staff are caring." A relative told us, "I'm happy with how care is provided." Staff demonstrated commitment to listening and delivering kind and supportive care to people. Staff were kind, caring and patient in their approach with people and supported people in a kind way.

The atmosphere in the home was calm and relaxing. When we arrived, people were spending time in their bedrooms or the communal lounges. Staff were regularly checking on people, ensuring they were comfortable, had drinks to hand and items of importance. One person told us, "They look after me very well." Throughout the inspection, we saw staff sitting and chatting with people and checking on their well-being.

At the last inspection we found that the staffing levels had impacted on the care delivery and people had not always received care in a way they wanted. At this inspection staff had the time to ensure that people received their care and support as they desired. People's dignity was promoted. People's preferences for personal care were recorded and followed.. People confirmed that they had regular baths and showers offered and received care in a way that they wanted. One person said, "They know how I want my care given.". Throughout our inspection we observed that people were prompted and offered the opportunity to visit the bathroom. People who were not independently mobile were taken regularly to bathrooms. People told us they were treated with dignity and respect, "Staff are helpful and caring," "They are all very nice, helpful people here. I have a good laugh with them all. Staff are friendly here," and "They've been awfully good to me here. They look after me."

People's need for privacy was promoted and their privacy respected. For example, staff ensured that people's dignity was protected when assisting them. We saw that people's personal care was of a good standard and undertaken in a way that expressed their personality. People were supported to wear make-up and jewellery, and wear clothes of their choosing. When prompting people to visit the bathroom staff talked in a quiet manner ensuring that other people did not hear. Relationships between staff and people receiving support consistently demonstrated dignity and respect. Staff understood the principles of privacy and dignity. Throughout the inspection, people were called by their preferred name. We observed staff knocking on people's doors and waiting before entering. Staff were patient and responsive to people's mood changes and dealt with situations well by using diversional verbal tactics and a kind word.

Staff demonstrated they had a good understanding of the people they were supporting and they were able to meet their various needs. One staff member told us, "I really love working here." Staff were clear on their roles and responsibilities and the importance of promoting people to maintain their independence as long as possible. One staff member told us, "We always try and keep people to be independent. For example,

we'll always encourage people to wash themselves or do as much for themselves as possible." Another staff member said, "We have some people that go out daily to town and it's really good that we can encourage them to be independent." One person told us that they went out every day and staff always supported their decision, "Staff make sure I'm safe, never stop me going out, but do make sure I return."

At the last inspection we found that people were not always offered choices of where and how they spent their time. At this inspection people were offered choices and enabled to make safe use of all communal areas of the home. People were encouraged to help themselves to cold drinks and fresh fruit in the communal areas. Senior staff shared ideas that they were exploring to encourage people to be independent and make choices of what they did and how they spent their time. Where people had remained in their room they were now offered opportunities of visiting communal areas, joining activities and of visiting the main communal area to meet people. Staff told us, "It's really better now we are moving forward with improving our home."

Relatives told us that they felt welcome at the home at any time. They said: "We are always welcomed with a smile," "They make us feel welcome and offer drinks" and "We are all welcome, it's an open door here and we come at all times". Relatives described the care as positive and felt staff genuinely cared about the people they supported. A relative told us they thought their family member looked "Well looked after."

Is the service responsive?

Our findings

At the last inspection in July 2015, the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, this was because the provider had not ensured that the care and treatment was person centred to meet with people's needs and reflect changes to their health.

An action plan had been submitted by the provider detailing how they would be meeting the legal requirements by May 2016. Whilst improvements had been made there were further improvements needed to fully meet the requirements of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People told us, "Really good care, wouldn't want to be anywhere else," and "Some little niggles but very happy."

This inspection found that whilst care plans had been reviewed and improvements made to the documentation, some care plans had not been updated to reflect changes to people's specific health problems. For example one person suffered from seizures, their care plan stated they were not regular, but the person told us that they were happening now on a weekly basis. The care plan did not reflect this increase in seizures. We spoke with staff who were not aware of these changes as they were newly employed by the service. This meant that the reasons behind the increase in number of seizures had not been investigated, referred to the GP or monitored. The person was aware of the triggers but not all were documented. For another person who lived with diabetes, finger prick tests showed increase in blood sugars in the evening. This had been identified to the GP who had given additional instructions about the administering of insulin which had been written in daily notes on the day instructions given but not on the care plan for staff to see. The instructions therefore were not clear to staff. We found also that staff were unsure of the reasons for the instructions and were unsure of whether they should administer the insulin later than prescribed. They had not sought further guidance or support to understand the care or treatment with a competent health care professional or balance the risks and benefits involved in changes to their treatment; This was a breach of Regulation 9 (3) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported and encouraged to take part in activities inside and outside of the home. Activities included outings, shopping trips, quizzes, bingo and ball games. People said they enjoyed the activities. The activity coordinator was currently off work but activities were still provided by care staff. External exercise therapy teams visited bi-monthly and was enjoyed by people. We saw an exercise class being held and this was a fun hour for people with a lot of laughter.

People told us, "I don't get bored, I like to go out, I read and watch television," and "I am content, I like to stay in my room most of the time, but I join in celebrations." The people were all very able to express their views on the lifestyle at Arden House and were happy there. One person said, "It's a home from home, might not be posh but its homely and staff are good." Another said, "Always something to do, there are books to read, games and we get trips out." Another said, "I look after the plants in the conservatory, staff help me if I need it."

The manager told us they were not dealing with any complaints at the time of our inspection. People and visitors told us they did not have any complaints and did not wish to make any. They told us they knew the staff and provider by name and were confident that, if given cause to complain, it would be resolved quickly. The complaints procedure was displayed for people and visitors and was clear and accessible.

Is the service well-led?

Our findings

At the last inspection in July 2015, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were concerns identified within the quality assurance process, such as audits not being acted upon to drive improvement and identify shortfalls in care.

An action plan was submitted by the provider detailing how they would meet their legal requirements by 30 April 2016. Improvements had been made and the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was met. However some areas of quality assurance needed to be developed and needed time to become fully embedded into practice to be fully established in to everyday care delivery

Whilst there was no registered manager, a manager had been employed and had been in post for one month. The manager told us she was going to submit an application to become registered manager.

Leadership of the service was not firmly established. There had been a large number of staff changes since the last inspection. The previous management team had all left, as had senior staff. A new manager, deputy manager and senior care staff had been employed over the past month. This meant changes were still occurring and time was needed to embed staff in their new roles. The deputy manager had a nursing diploma and would be acting as a clinical lead, whilst the manager has management qualifications and leadership skills. Due to these changes to management, not all information to assist the inspection process was easily found. Information in respect of training, supervision, emergency plans were forwarded to us following the inspection.

The provider's audit systems had been developed since the last inspection. The audits were picking up issues but there were no action dates or dates of when the issue was resolved. This related to the environmental and infection control audits. The hospitality manager was new to completing these audits and told us it was a 'journey of learning.' The audits were thorough and identified what we found. There were maintenance issues which were being undertaken but not yet completed. These were fully discussed and we saw that these were being attended to. For example a fence between Arden House and their neighbours had blown down in recent storms reducing the security and safety of the premises. Medication audits had fallen behind since the previous deputy manager left in April 2016 and therefore had not identified the errors highlighted at our inspection.. Action was taken immediately which reduced risk to people. We have since been informed of medicine training refreshers, staff meetings to discuss medicines, support by district nurses and the pharmacist from the dispensing pharmacy. The reason for the lapse was due to senior staff leaving and no one picking up their vacated responsibilities or the ownership of medicine audits and checks.

Staff felt their suggestions were now listened to, and communication at all levels was improving. Regular weekly resident meetings were held and the feedback from the people was used to inform the weekly staff meeting held the following day. We saw minutes of staff and resident meetings which highlighted the points

and of the action to be taken following discussion. Staff said the meetings were really good because they got to meet all staff new and old and this meant team building. Staff also told us they could make suggestions and these were taken seriously. For example, more training for moving and handling. Staff told us the acting manager operated an 'open door' policy. They said they felt able to share any concerns they may have, in confidence with them.

The provider used questionnaires to seek people's views on the quality of services provided. A range of people's views were sought, this included staff and people's relatives. All of the questionnaires we saw responded positively about the service.

Throughout the inspection, the acting manager and staff were open to different ideas when we raised matters. Their responses showed they were keen to develop the service, so they could meet people's needs safely and effectively. The manager was encouraging staff to take ownership of the care they delivered and to document this daily in to the 'care doc' system. Previously it had only been the senior who made entries. One staff member said, "It made me realise that we do have a responsibility to ensure that documents reflect what we have done, makes me really proud."

The provider's philosophy of care stated the service strived to 'preserve and maintain the dignity, individuality and privacy of residents within a warm and caring atmosphere.' In their statement of purpose they said their aim was to 'to build personal and open relationships with residents and their loved ones, in order to support each individual's right to comprehend the full benefits of the care structures we develop with you.' The staff we spoke with summed up their philosophy by stating "It's all about the resident, they deserve to get the best."

Staff told us that they attended regular staff meetings and felt the culture within the home was supportive. Staff told us they felt confident about raising any issues of concern about care practices at the service, including using whistleblowing process if needed.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had not ensured the enabling and supporting relevant persons to understand the care or treatment choices available to the service user and to discuss, with a competent health care professional or other competent person, the balance of risks and benefits involved in any particular course of treatment.</p>