

Arden Manor Care Limited

# Arden Manor Care Home

## Inspection report

67-69 Birmingham New Road  
Lanesfield  
Wolverhampton  
West Midlands  
WV4 6BP

Tel: 01902498820

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Arden Manor Care Home is a care home providing support with personal care to 20 people at the time of the inspection, some of whom were living with dementia. Accommodation is provided in one adapted building and the home can accommodate up to 23 people.

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

Effective infection control systems were in place and these were understood and followed by staff. The home was clean and fresh and there was regular wiping down of touch points and equipment. Visiting arrangements followed current government guidance. However, we found some areas of the home were in need of repair and items of furniture needed replacing. These were in the process of being addressed by the registered manager.

The provider's procedures for the recruitment of staff protected the people who lived at the home. People told us they felt safe living at the home and with the staff who supported them. There were sufficient staff to meet people's needs. Staff knew how to recognise and report any signs of abuse. People received their medicines when they needed them from staff who were trained and competent to carry out the task.

There were effective systems to monitor and improve the quality of the service provided. The views of people who used the service and staff were valued and responded to. The registered manager worked in partnership with others to ensure a positive outcome for the people who lived at the home.

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

### Rating at last inspection

The last rating for this service was good. (Report published 23 February 2019).

### Why we inspected

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. This included checking the provider was meeting COVID-19 vaccination requirements.

We received concerns in relation to management oversight, care planning and staff training and support. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Arden Manor Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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?

Good ●

The service was safe

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Arden Manor 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 included checking the provider was meeting COVID-19 vaccination requirements. 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 two inspectors.

#### Service and service type

Arden Manor 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 Manor Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced. We telephoned the provider from outside the home to find out the COVID-19 status in the home and discuss the infection, prevention and control measures in place.

#### What we did before the 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. 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 five people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, deputy manager, senior carer and care staff. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three 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. 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 good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we met with appeared comfortable in their surroundings and with the staff who supported them. Staff interactions with people were kind and respectful.
- People told us they felt safe at the home and with the staff who supported them. One person said, "I am very happy here and feel safe. All the staff are lovely and very friendly." Another person told us, "I am well looked after and the staff are very nice."
- Staff had been trained to recognise and report any signs of abuse. Staff spoken with were confident about reporting concerns and that action would be taken to keep people safe. A member of staff said, "I've never seen anybody being treated badly here. If I did, I would report it straight away."

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed. These included risks associated with falls, eating and drinking and skin integrity. Care plans contained information for staff about how to manage and mitigate risks to people.
- The provider completed checks to ensure the physical environment was safe for people to live in. These checks included testing of the fire protection systems to ensure detection, alarms and emergency lighting and exits were safe and functional. Other assessments on the environment included a legionella risk assessment. Legionnaires' disease is a potentially fatal form of pneumonia caused by the inhalation of small droplets of contaminated water containing Legionella. This included testing and flushing of cold and hot water systems.

Staffing and recruitment

- The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures.
- People were supported by enough staff who were available to safely support them. We saw staff were available to support people promptly when needed but also had time to interact with them in an unhurried and valuing way.
- The provider followed safe recruitment checks. This included checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with others.

Using medicines safely

- People received their medicines when they needed them from staff who were trained to carry out the task. One person told us, "I always get my tablets on time." We heard a member of staff asking people if they needed their prescribed pain relief.

- People's medication administration records (MAR) had been fully completed and medicine stocks tallied with the records maintained. This showed people received their medicines when they needed them.
- Medicines were stored securely at temperatures in accordance with the manufacturer's safe limits.

### Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. Staff followed cleaning and decontamination practices when supporting people. This included cleaning mobility equipment immediately after use. However, we saw some areas of the home were in need of repair and items of furniture needed replacing. This included, but was not limited to, toilet outlet surrounds, clinical waste bins and over chair tables. These issues hampered effective cleaning practices. The registered manager had already identified these issues and was in the process of addressing them. We have also signposted the provider to resources to develop their approach.
- 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 were assured that the provider's infection prevention and control policy was up to date.
- The provider was supporting visits in line with the Governments guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

### Learning lessons when things go wrong

- The provider had systems in place to review any reported incidents, accidents or near misses. For example, the registered manager analysed all incidents and if necessary, would refer individuals to other healthcare professionals to see if additional support was required.



# 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 good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Everyone we spoke with said the management team was approachable and they felt supported by them. One person said, "The management are good. I feel listened to." A member of staff told us, "[Name of registered manager] is really supportive and is always ready to listen."
- People's equality characteristics were considered. People's care plans contained information about their likes, dislikes, how they wanted to be supported and information about their social history, religious preferences and the important people in their lives. This helped staff to get to know the person and to enable them to support people in accordance with their wishes.
- People and where appropriate, their relatives were involved in planning and reviewing the care they received.
- People's views were sought on a day-to-day basis and there were satisfaction surveys where people and staff could express their views on the quality of the care provided. The registered manager analysed the responses and took action when required. We saw one person's comments had been acted on and the person received feedback on the outcome.

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 was aware of their responsibilities under the duty of candour. The duty of candour is a regulation which all providers must adhere to. Under the duty of candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- Systems were in place to investigate, feedback and learn when things went wrong. Records showed that people's relatives had been informed of any accidents or concerns about people's well-being.

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

- A registered manager was in post and was present throughout this inspection.
- The provider had effective quality monitoring systems in place to identify and drive improvements. For example, they completed regular medicine audits to ensure all records were up to date and medicines were ordered without unnecessary delay.
- The registered manager and provider had appropriately submitted notifications to the Care Quality

Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

#### Continuous learning and improving care

- The registered manager kept themselves up to date with changes in adult social care and Government guidelines. This included regular updates from the CQC, the clinical commissioning group, public health England and also from their area manager.

#### Working in partnership with others

- The registered manager had maintained good links and working relationships with local health providers, for example the local GP and district nursing teams. This promoted effective and timely intervention for people when needed.
- The registered manager worked in partnership with the local authority and commissioners to achieve better outcomes for people and to improve the quality of service people received.