

Andrew Care Ltd

Argyle Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Argyle Residential Home is a residential care home providing personal care to up to 28 people. The service provides support to younger adults and older adults, including those with dementia. At the time of our inspection there were 27 people using the service. The home is split over a number of floors, with people's bedrooms located on each. People have access to communal spaces and a dining area.

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

The providers governance systems did not always ensure effective oversight of the service. Audits were not completed for some key risk areas within the service. Quality assurance checks that were completed did not always identify improvements required to ensure people's safety.

Some aspects of the environment and equipment used were not always safe. People's main risks were identified and assessed, but some improvements were required to ensure consistent detail was recorded in relation to specific health needs. Overall medicines were managed safely, but some minor improvements were required to ensure room temperature checks and medicine profiles were in place. There were enough suitably trained staff to meet the needs of people using the service. The home was clean and well maintained, with staff adhering to current COVID-19 guidance. People told us they felt safe and staff understood how to protect people from the risk of abuse.

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.

A positive culture was promoted within the home. People told us they liked living at Argyle Residential Home. Staff and leaders promoted person centred care, knew people well and respected their equality characteristics. Feedback was actively sought and used to improve people's experience at the home. There were positive working relationships with a range of different professionals and stakeholders.

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

Rating at last inspection

The last rating for this service was good (published 2 December 2017).

Why we inspected

We carried out a focused inspection due to the age of the previous rating.

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 changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. We are assured the registered manager has taken action following the inspection to address our concerns.

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

Enforcement and Recommendations

We have identified a breach in relation to governance at this inspection.

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 well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Argyle Residential 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

This inspection was carried out by 2 inspectors.

Service and service type

Argyle Residential 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. Argyle Residential 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.

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 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 6 people who used the service. We completed informal observations of communal areas within the home. We spoke with 6 members of staff including care assistants, cook, domestic staff, deputy manager and the registered manager. We reviewed a range of records including 6 people's care records, medicine administration records and some records relating to the management of the service.

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 has changed 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.

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

- Safety checks were not completed on all aspects of the environment. For example, we identified two window openings which exceeded the recommended guidelines for care homes. A bath hoist which had failed an external safety check was in use. This placed people at potential risk.
- The registered manager responded immediately and told us maintenance would check window restrictors. The bath hoist was serviced the next day and confirmed to be safe to use. They confirmed suitable checks of the environment and equipment were in place.
- Some people's care plans contained clear guidance on how to support people's specific health needs, such as catheter care, however further improvement was required to ensure this level of detail was consistent across all care plans. We did not find any evidence of people coming to harm from this, because staff knew people well. We raised this with the registered manager and the information was added immediately.
- People's main risks were assessed, and care planned. People were involved in identifying how they wished to be supported to keep safe. For example, a moving and handling care plan detailed how a person liked to be reassured during transfers.
- Accidents and incidents were reported by staff. Immediate action was taken to ensure risks to people were mitigated. For example, following a fall a sensor mat was sourced for one person.
- Accidents and incidents were reviewed monthly by the deputy manager. The document guided them to check action had been appropriately taken following an incident. Staff told us outcomes were communicated to them following an accident or incident through staff meetings.

Using medicines safely

- Overall medicines were managed safely. We identified some improvements were required to ensure room temperatures were routinely recorded and everyone had a medicines profile in place. This document helps staff to understand key information to administer medicines safely and in a person-centred way. We received assurances this would be addressed immediately.
- People told us they received their medicines as prescribed. Medicine administration records (MAR) were completed appropriately.
- Protocols were in place to support staff administering 'as and when required' medicine. These protocols detailed how a person may communicate pain, information about dosage and when to contact a GP. One person told us, "If I need my pain meds I can just ask, and they sort it for me."
- People received their medicines from patient staff who followed best practice guidance. The senior staff member administering medicines during our inspection was observed to explain to people what their

medicine was for, check the corresponding MAR, give simple instructions when giving the medicine and check people felt well.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- There were enough staff to meet the needs of the people using the service. Staff were observed to attend to people's needs quickly and communal areas were supervised. People told us staff came quickly when needed, one person said, "If I needed someone, I would press the alarm button, they are quite quick."
- The provider followed safe recruitment practices. The provider carried out checks such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were safe from the risk of abuse. The provider had a safeguarding policy in place which contained clear guidance on what abuse looked like and how to report concerns about abuse. We spoke with staff who demonstrated an understanding of the policy.
- People told us they felt safe using the service. Safeguarding information was visible around the home, people knew who to contact if they had concerns about their safety and felt they would be listened to.
- The home had not needed to raise many safeguarding referrals at the time of our inspection. However, previous safeguarding concerns had been appropriately reported and investigated. The registered manager worked with the local authority to ensure effective action was taken to keep people safe.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

Visiting in care homes

- The service was supporting people to receive visits in line with current government guidance.

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 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; Continuous learning and improving care

- The registered manager did not always demonstrate effective oversight of the service. Deputy managers and senior staff were responsible for completing quality assurance checks; however, the registered manager was not always aware of current quality issues and priorities as they had not reviewed these checks themselves.
- Quality assurance checks were not completed on all aspects of the service. For example, not all care plans had been reviewed consistently, with one not reviewed since August 2022. This meant there was a risk care plans did not reflect people's current needs. There was technology to review call bells and see if they were answered promptly, however this was not utilised.
- Oversight of staff training was not effective. A training matrix was in place, however this did not support the registered manager to know which staff had been sent training to complete online, when it was due by or if it was overdue. We were assured staff were suitably trained to carry out their role, however poor oversight increased the risk staff may have expired training.
- Quality assurance systems that were in place were not always effective in identifying risk, or areas for improvement. For example, health and safety audits did not identify environmental safety concerns which were identified during our inspection. Medicine audits had not identified room temperatures or missing medicine profiles.
- Accidents and incidents were reviewed monthly. However, there was a lack of analysis to demonstrate how the audits completed were used to implement change. Some people at the service had frequently fallen, this audit had not explored any potential themes or trends to help prevent re-occurrence.
- It was not clear how the provider-maintained oversight of the service. The registered manager told us the provider did not complete any audits or checks of the service. The provider did not have an action plan, or documents to demonstrate how they were addressing any quality issues. This meant it was not clear how the provider was continuously learning or improving the service. An action plan was created following our inspection.

We found no evidence that people were harmed, however the shortfalls we identified posed a risk that people could be harmed. The provider's governance systems had failed to identify and mitigate these risks. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager took action following our inspection and reviewed their governance system. They

updated all outstanding care plans and assured us all safety checks were now included within their health and safety audits.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A positive culture was promoted. The home had a warm and welcoming atmosphere and people enjoyed living there. One person we spoke with told us they had chosen to move into Argyle Residential Home following their experience when their spouse lived there.
- People and staff were observed to have positive relationships. Staff spoke to and about people with kindness. People's feedback confirmed this, one said "The staff are helpful." Another told us, "They are good, the staff."
- People and staff spoke highly of the registered manager. Staff consistently told us they were happy in their roles and support from leaders allowed them to deliver person-centred care. One staff told us, "[Registered manager] is fair and approachable, they listen."

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 ensured the service was working within the duty of candour. When something had gone wrong such as a person having an accident, staff ensured people's relatives and all relevant external professionals were informed.
- The registered manager understood their regulatory responsibility to submit statutory notifications to CQC when significant events occurred at the service.
- The registered manager was open and transparent throughout the inspection process.

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

- Feedback was encouraged and used to help make improvements. People, relatives and staff were sent regular questionnaires. One questionnaire had highlighted a request for new décor within the home and this was actioned. The registered manager responded to feedback to explain how they will address any issues raised.
- People told us they felt able to raise areas for improvement and these would be addressed. One person told us, "Nothing's a problem, I've raised a couple of things with the manager and they were seen to straight away."
- Staff felt engaged with the service. Staff told us they had regular supervisions and team meetings which they found helpful. One staff told us, "We have regular team meetings, as a whole then separate meetings which are specific to our role, they are helpful as things are always changing and we can make suggestions."
- There were good links to the local community, which reflected the preferences of the people using the service. This included support to meet people's religious needs. For example, the local community had arranged a Christmas light show outside of the home for people.

Working in partnership with others

- The provider had positive working relationships with a range of professionals, such as social workers and GP's. The local pharmacy provided support and training for staff in relation to medicines.
- An effective system to share information had been implemented to support joint working with district nurses who regularly visited the home.

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 17 HSCA RA Regulations 2014 Good governance Systems and processes to monitor the quality of the service and risks to people were not effective. This placed people at risk of harm.