

Mrs Annette Rawlins

# Arun Lodge Residential Care Home

## Inspection report

6-8 Stocker Road  
Bognor Regis  
West Sussex  
PO21 2QF

Tel: 01243866056

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Arun Lodge Residential Care Home is a service that provides care and support for a maximum of 19 older people, some of whom were living with dementia. Nursing Care is not provided. On the day of our inspection there were 16 people living at the home.

At the last inspection carried out on the 14 August 2014 the service was rated Good. At this inspection we found the service remained Good.

We carried out this inspection as part of our routine schedule of inspections and to check that people were still receiving a good standard of care and support.

People told us they felt safe with staff. Relatives had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm.

Potential risks to people had been identified and assessed appropriately. There were sufficient numbers of staff to support people and safe recruitment practices were followed. Medicines were managed safely.

Staff had received all essential training and there were opportunities for them to study for additional qualifications. All staff training was up-to-date. Team meetings were held and staff had regular communication with each other at handover meetings which took place between each shift.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to have sufficient to eat and drink and to maintain a healthy diet. They had access to healthcare professionals. People's rooms were decorated in line with their personal preferences.

Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and these were respected by the staff who supported them. People were involved in decisions about their care as much as they were able. Their privacy and dignity were respected and promoted. Staff understood how to care for people in a sensitive way.

Care plans provided personalised information.. People's personal preferences and their likes and dislikes were documented so that staff knew how people wished to be supported. There was a variety of activities on offer which people could choose to do. Complaints were dealt with in line with the provider's complaints procedure.

Weekly and monthly checks were carried out to monitor the quality of the service provided. There were regular staff meetings and feedback was sought on the quality of the service provided. People and staff

were able to influence the running of the service and make comments and suggestions about any changes. Regular one to one meetings with staff and people took place. These meetings enabled the registered manager and provider to monitor if people's needs were being met.

Further information is in the detailed findings below.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Arun Lodge 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 was planned to check 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.

This inspection took place on 31 January 2017. One inspector undertook this inspection. The inspection was unannounced.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. It asks what the service does well and what improvements it intends to make. We reviewed the PIR and checked the information that we held about the service and the service provider. This included the last inspection report and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we observed how staff interacted with people. We looked at how people were supported in the communal areas of the home. We also looked at plans of care, risk assessments, incident records and medicines records for three people. We also looked at a range of records in relation to the management of the service including quality audits, records of activities undertaken, menus and policies and procedures.

We spoke with six people who used the service to ask them their views of the service provided. We also spoke with one relative, a cook a support worker, the deputy manager and the provider.

# Is the service safe?

## Our findings

People were supported by staff to be safe and people told us they felt safe. One person said, "Yes I feel very safe here". Another said "I am perfectly well looked after and have no concerns". A relative told us they were confident their family member was kept safe.

People were protected from abuse and harm and staff recognised the signs of potential abuse. Staff knew what action to take if they suspected people were being abused. Staff had received training in safeguarding and knew who they could contact if they had any concerns.

Risk assessments were kept in people's plans of care and were associated with each care plan. These were reviewed monthly and gave staff the guidance they needed to help keep people safe.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. There was a minimum of three members of staff on duty between 8am and 2pm. From 2pm to 8pm there was a minimum of two members of staff and from 8pm to 8am there were two members of staff who were awake throughout the night. In addition to care staff the provider and deputy manager worked flexibly alongside care staff to offer additional support as and when required. The provider also employed a cook two part time cooks, a housekeeper, a domestic worker and an admin assisted who all worked flexibly to meet people's needs.

Recruitment practices were thorough and contained all of the required information including two references one of which was from their previous employer, an application form and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. Staff did not start work at the home until all recruitment checks had been completed.

Staff supported people to take their medicines. The provider had a policy and procedure for the receipt, storage and administration of medicines. Storage arrangements for medicines were secure. Medicines were managed so that people received them safely. All staff who were authorised to administer medicines had completed training which included a competency assessment. Records showed and staff confirmed they had been trained and that their training was regularly updated. Medicine administration records (MAR's) that we examined were completed correctly with no gaps or omissions.

## Is the service effective?

### Our findings

People told us they got on well with staff and said staff knew them well. Comments from people included "I am very happy here" and "I like all the staff they are very good". People said the food at the home was good. A relative said they were happy with the support provided by staff.

The provider and deputy manager told us about the training provided for staff. Training undertaken by staff included; Health and safety, infection control, food hygiene, moving and handling, positive behaviour support, Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and first aid. The training provided helped staff to obtain the skills and knowledge required to support the people who lived at the home. Staff said the training provided was good and they confirmed they received the training they needed to carry out their work effectively.

The provider and deputy manager told us that all new staff members completed an induction when they first started work and included receiving essential training and shadowing experienced care staff. New staff were expected to complete the Care Certificate, which is a nationally recognised standard of training for staff in health and social care settings. The provider also encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively.

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005 (MCA). The 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards.

The provider, deputy manager and staff understood their responsibilities in this area and understood the requirements of the legislation. The provider and deputy manager told us that all people currently living at Arun Lodge Residential Care Home had capacity to make their own decisions. The provider knew how an application under DoLS should be made if required.

Staff attended regular supervision meetings were able to discuss issues relating to their role, training requirements and the people they supported. Topics covered in supervision included, training and development needs, staff performance and issues around the individual people they supported.

People were supported to have sufficient to eat and drink and were encouraged to maintain a healthy and balanced diet. There was a four week rolling menu which was changed seasonally and people were offered a choice at each meal. Where people had nutritional needs these were assessed and plans were in place to support people with their dietary needs. For example some people had been assessed using the

Malnutrition Universal Screening Tool (MUST) used to promote best practice and identified if a person was malnourished or at risk of becoming malnourished. People who were at risk were weighed on a monthly basis and referrals or advice was sought as and when required.

People had access to healthcare professionals and the service worked in collaboration to ensure that people's needs were met. The provider and deputy manager said people had access to a range of healthcare professionals and these were arranged through GP referrals. Visits from professionals were recorded in people's care notes, along with any advice or guidance given.



## Is the service caring?

### Our findings

People were happy with the care and support they received. Comments from people included, "All the staff are very good, they are very attentive", "The girls are always kind and gentle "and, "I am very happy, everyone is kind and treat me very well, I am very content". People were seen to be well looked after and staff were kind and caring when providing support.

We saw that staff took time to explain to people what they were doing and communicated with them in a way that people could understand. We saw staff kneeling down to maintain eye contact when talking to people. Staff used people's preferred form of address, showing them kindness, patience and respect. Staff respected people's privacy and dignity. They knocked on people's doors and waited for a response before entering. We observed that people were dressed appropriately for the time of year. People's rooms were decorated in line with their personal preferences and people were able to bring in personal items to decorate their rooms.

One member of staff told us "Personal care is always carried out in private in people's own rooms" They explained that they made sure the bedroom door was closed and always checked with people before carrying out any care tasks. Another staff member said "Dignity and respect is so important to people, they would like to do things for themselves but this is not always possible so we support them discreetly, but allow them to do as much as possible for themselves".

People were confident and comfortable with the staff who supported them. We observed that staff spent time listening to people and responding to their questions, we saw staff engaging with people and chatting as they went about their duties. Throughout our visit there was a good rapport between staff and people. We observed there was a relaxed atmosphere and people were confident to approach staff. Any requests for support were responded to quickly and appropriately. We observed people moving around the home independently, some used walking frames and staff were on hand to offer support if required. We saw that staff offered encouragement and support and allowed people to go at their own pace

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed verbally in private, at staff handovers or put in each individual's care notes. This helped to ensure only people who had a need to know were aware of people's personal information.

People were encouraged to be as independent as possible by the staff. One person told us "The staff let me do as much as I can for myself". Staff said they encouraged people to make their own choices and decisions about what they wore each day, what they wanted to eat and drink, what time they wanted to get up and what time they wanted to go to bed. One staff member said, "They can do what they want – it's their home".

## Is the service responsive?

### Our findings

People were well looked after. People told us they liked living at Arun Lodge. One person said, "They (staff) look after me very well, they know what I like and don't like and help me whenever I need it". Another person said, "I am extremely happy, I wouldn't like to live anywhere else".

Each person had a care plan which included, risk assessments and other information relevant to the person they had been written about. The care plans provided staff with detailed guidance on the care and support people needed and how this should be delivered.

Care plans were regularly reviewed and when a person's needs had changed the care plan was updated to reflect this. For example, the care plan review for one person dated August 2016 stated the person was having trouble with their catheter which was occasionally leaking. The review in September 2016 stated the district nurse had visited and had recommended a flip/flow valve be fitted so the person could have some bladder independence. This was obtained and fitted and was working well for the person concerned.

Staff told us they were kept up to date about people's well-being and about changes in their care needs at the handover meeting which was carried out before commencing their shift. Staff told us that the handover meeting was really valuable in getting to know people's current care needs. The handover meeting and updated care plans ensured staff provided care that reflected people's current needs.

We observed that staff were knowledgeable about the people they supported and were able to tell us about the people they cared for. They knew what support people needed, what time they liked to get up, whether they liked to join in with activities and how they liked to spend their time. This information enabled staff to provide the care and support people wanted at different times of the day and night. During the course of the inspection we observed that when people requested assistance by using their call bells, these were responded to swiftly by care staff.

A range of activities were provided for people including visiting entertainers, quiz, Pets As Therapy (PAT) dogs who visited, excursive to music, and bingo. The provider and deputy manager said birthdays were always celebrated with a cake and present and that seasonal events took place such as Christmas. Easter, Mothers and Fathers days and special occasions such as the Queens jubilee.

There was an effective complaints procedure in place and a copy was given to people and their relatives when they moved into the home. A copy was also on display on the notice board in the home. The provider and deputy manager said that he had not received any complaints since the last inspection. They said if any complaints were received they would be discussed at staff meetings so that the provider and staff could learn from these and try to ensure they did not happen again.

## Is the service well-led?

### Our findings

People told us the provider and staff were good and they were always around to listen to them. Relatives confirmed the provider, deputy manager and staff were all approachable and said they could raise any issues with them. They told us they were consulted about how the home was run and were invited to reviews".

The home was managed by the provider who was in day to day charge and worked alongside staff in order to provide care to people. The provider is a registered person and 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 provider told us she operated an open door policy and welcomed feedback on any aspect of the service. She encouraged open communication and supported staff to question practice and bring her attention to any problems. Staff were able to confirm this and said she was open and transparent.

The provider had a policy and procedure for quality assurance. The provider ensured that weekly and monthly checks were carried out to monitor the quality of service provision. We saw records that showed the checks and audits that took place included; food hygiene, financial audits, health and safety, care plan monitoring, audits of medicines, audits of accidents or incidents and concerns or complaints.

People, relatives, staff and stake holders were supported to question practice and asked for their views about the home through a quality questionnaire organised by the provider. These were sent out by the provider who then received and collated any responses.

The provider and deputy manager said they learned from any incidents, accidents or complaints by organising a staff meeting where the issue could be discussed openly and so that lessons could be learned. Staff told us that staff meetings also enabled them to express their views and to share any concerns or ideas about improving the service.

Records we requested were accessed quickly and were consistently maintained, accurate and fit for purpose. All care records for people were held in individual files which were stored in the office at the home and records were stored securely.