

Mrs Beverley Holmes-Patten

Arran Manor

Inspection report

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Date of inspection visit:
25 October 2017

Date of publication:
30 November 2017

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

Arran Manor is registered to provide residential care and support for up to 22 elderly people. At the time of our inspection 20 people were using the service. At the last inspection of this service on 1 October 2014, the service was rated Good. At this inspection we found that the service remained Good.

The home is located in a residential area of Hornchurch in the London Borough of Havering. The provider of the service is an individual who is responsible for the day-to-day management of the service. Therefore, they are not required to have a separate manager that needed to be registered with the CQC.

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.' A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered care homes, 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.

People continued to receive safe care. Staff were appropriately recruited. Sufficient staff were available to provide care and support to meet people's needs. People were protected from the risk of harm and appropriate risk assessments were in place to provide safe care. People received their prescribed medicines from competent staff who were trained to administer medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision, training and on going professional development they required to work effectively in their roles. People were supported to maintain good health and nutrition.

People were encouraged and supported to make decisions about their care and welfare. Where people's ability to consent to their care fluctuated, the manager sought appropriate guidance and followed legislation designed to protect people's rights and freedom.

People continued to develop positive relationships with the staff who were caring and treated them with respect. People had personalised care plans that enabled staff to provide consistent care and support in line with their personal preferences. People knew how to raise a concern or make a complaint. The manager had implemented effective systems to manage any complaints that they may receive.

The service continued to have a positive ethos and an open culture. The manager was a visible role model in the home. People and their relatives told us that they had confidence in the manager's ability to provide high quality managerial oversight and leadership to the home. The manager continued to monitor the quality of the service provided to ensure that people's needs were being met and that they were supported in a way that they wanted.

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 remains Good.

Good ●

Is the service effective?

The service remains Good.

Good ●

Is the service caring?

The service remains Good.

Good ●

Is the service responsive?

The service remains Good.

Good ●

Is the service well-led?

The service remains Good.

Good ●

Arran Manor

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.

This was a comprehensive inspection that was unannounced. The inspection was completed by one inspector on 25 October 2017.

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, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included a report from Healthwatch, which is a national independent champion for consumers and users of health and social care in England.

During our inspection we spoke with four people who used the service, three members of staff and the registered manager. We also spoke with two people's relatives.

We looked at records and charts relating to five people and two staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff and arrangements for managing complaints.

Is the service safe?

Our findings

People told us they felt safe at the service. Comments included "Yes I feel safe here." And "Yes I am safe."

Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm. Staff had received training about how to safeguard people and recognise abuse and how to report any concerns to protect people. Staff were confident any concerns they raised would be dealt with swiftly by the registered manager and they were aware of the registered provider's whistleblowing policy. No safeguarding concerns had been raised in the home since our last inspection and the manager had a good understanding of how to report and investigate any concerns if they were raised.

There were safe and efficient methods of recruitment of staff in place. Recruitment records included proof of identity, two references and an application form. Disclosure and Barring Service (DBS) checks were in place for all staff. These help employers make safe recruitment decisions to minimise the risk of unsuitable people working with people who use care and support services.

Staff had time to interact and support people and rotas showed there were consistent numbers of staff deployed each day. The management team told us they took a flexible approach to staffing and have increased their staffing levels due to currently looking after people with "high" support needs. People were supported in a timely way and staff gave people the time and attention they required.

Risks associated with people's care needs had been assessed and staff were aware of how to mitigate risks to ensure people's safety. These included risk assessments for maintenance of skin integrity, choking, falls, nutrition, moving and handling. Incidents and accidents were reported, recorded and investigated in a way, which ensured any actions or learning from these were completed and shared with staff.

Medicines were being managed safely. People received their medicines in a safe way from the shift leader on duty. Medicines were securely stored in lockable medicines trolleys in a locked room. People's medicines and guidance on how to administer medicines were recorded in their care plan. We saw that the medicines administration records (MAR) included the name of the person receiving the medicine, the type of medicine and dosage, the date and time of administration and the signature of the staff administering it. Medicines that required stricter controls by law (controlled drugs) were securely stored and correctly documented. Regular medicines audits were completed by the manager.

The provider had appropriate systems in place in the event of an emergency. The registered provider ensured that people were protected from harm that could be caused by the building, equipment and grounds. Appropriate risk assessments were conducted, reviewed, acted on. Appropriate gas safety and electrical wiring checks in the building, portable appliance testing and period inspections on lifting equipment like the hoists and passenger lift were carried out by external agencies.

Is the service effective?

Our findings

People received care from staff who were knowledgeable and had received the training and support they needed. Staff training was relevant to their role and equipped them with the skills they needed to care for people living at the home. For example, staff had received specialist training about supporting people with dementia and diabetes. Staff told us that the training was comprehensive and provided them with the knowledge, information and skills they needed to look after people who used the service.

A program of appraisal and supervision sessions, induction and training was in place for staff. Staff told us that they received good support from the management team both in relation to day to day guidance and individual supervision (one to one meetings with their line manager to discuss work practice and any issues affecting people who used the service). This ensured people received care and support from staff with the appropriate training and skills to meet their needs.

Where people had the mental capacity to consent to their treatment, staff sought their consent before care or treatment was offered and encouraged people to remain independent. For people whose capacity to make decisions fluctuated staff took time to support them in making decisions in line with their wishes and preferences.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005. The manager had a good understanding of the processes required to ensure decisions were made in the best interests of people. People were encouraged to make decisions about their care and their day to day routines and preferences. Staff had a good understanding of people's rights to make choices.

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 (DoLS).

Assessments had been conducted to determine people's ability to make specific decisions and where appropriate Deprivation of Liberty Safeguards (DoLS) applications had been submitted to the local authority and approved. When we staff asked what they would do if a person refused their support, one said, "I would try again later. We just keep asking. It's their choice."

People were supported to maintain a healthy balanced diet and eat well. They told us the food was very good and they enjoyed it. One person said, "The food is very nice, can't fault it. I choose from the menu." Staff understood the importance of good nutrition and encouraged people to eat well.

Care plans identified people's specific dietary needs and the cook had records of these. Special diets such as those for people who required a soft or diabetic meal were catered for and the cook had information about any allergies people may have and their likes and dislikes. A four week rolling menu of meals was provided and the cook was able to prepare other options for people if they did not want the daily selections. All food

was freshly prepared and staff had guidance about how to ensure the consistency of food and drinks were correct to meet people's needs.

Records showed health and social care professionals visited the service as and when required. For example, care records held feedback from GP's and community nursing staff. Records of visits by professionals showed that staff identified people's needs and involved them appropriately.

Is the service caring?

Our findings

People developed positive relationships with staff and they were treated with compassion and respect. One person told us "The staff are caring and very kind." One person's relative told us "I can't fault the care they have given [the person]. They pay attention to detail. The care and interaction are very good." A second relative commented, "I think they're very caring. I've always found the staff very welcoming. They always approach me and tell me what's been happening with my [the person]."

We saw that staff were encouraging and supportive to people, who were relaxed in their company. We observed that staff knew people well and encouraged them to engage in conversation and activities.

People were treated with dignity and respect. Staff spoke of respecting people's choice at all times for example, where they wanted to have their meals, what activities to participate in and when to support a person with personal care. We saw that staff were aware if people became anxious or unsettled and supported them in a reassuring manner. Staff approached people calmly, made eye contact and held people's hand to provide reassurance if required. We found people were appropriately dressed and were addressed by their preferred names. We saw that the service supported people's independence as far as possible.

Staff had received end of life training. They sought the support of health care professionals to ensure people could remain at the home at the end of their life and receive appropriate care and treatment. They spoke about how they supported people and their families at this difficult time. One member of staff told us about how they had recently supported one person at the end of their life and that they had all worked together to make it a calm and supportive process.

Is the service responsive?

Our findings

People received care that met their individual needs. A range of assessments had been completed for each person and personalised care plans had been developed with the involvement of people living at the service and where appropriate their relatives. Comments from people included "The staff are excellent. Very attentive", "I am very happy. I really like my room. I have no complaints."

Staff knew people well. They were aware of peoples' backgrounds and the level of care and support they needed. Care plans we viewed contained pre-admission assessments that had been carried out by the manager, in order to ensure the service was able to meet the person's needs before they moved in.

Arrangements were in place to meet people's social and recreational needs. An activities timetable was displayed on a noticeboard and we observed that staff carried out activities with people. They gently encouraged people to participate in activities if they chose to. We saw that staff sat beside people in order to engage them in the activities. We noted that soft music was played in the background for people's enjoyment and that the television was not switched on, unless requested by people. Some people chose to remain in their rooms or go out with their relatives. There was a wide range of activity equipment available for people to use such as board games, reminiscence materials, arts and crafts and as well as books and magazines.

The manager displayed information about the home such as a pictorial complaints procedure and other documents such as menus and activity schedules in a format which people could easily access and view. This meant people had access to the information they needed in a way they could understand.

The provider had a complaints procedure in place to record concerns and the action that had been taken as a result. We checked the complaints log and found that the service had not received any complaints since our last inspection. People and their relatives knew how to make a complaint and were confident that their concerns would be carefully considered. A relative told us "We are very satisfied with the service. I haven't got any complaints."

Is the service well-led?

Our findings

The provider of the service had responsibility for the day-to-day running of the home. People and their relatives felt the service was well led and spoke highly of the provider and all the staff at the home. People told us the manager is very "Attentive" and "Caring." They felt comfortable raising any concerns with the provider as and when they arose and were confident that these would be addressed.

Feedback was regularly sought from people and their relatives through the use of quality surveys and face to face contact. These showed people and their relatives were happy with the care provided at the home. The staff at the home had received many compliments from people and their families. Comments included "Thank you for all the love and care you have given to my [the person]" and "Thanks for making my stay at Arran Manor a pleasant and relaxing time. Also to [name] the cook for my lovely meals."

The registered provider and other members of staff completed a program of audits to ensure the safety and welfare of people. Any actions identified through these audits were completed. These included audits about medicines, care records, infection control, environment, equipment checks and fire safety.

Staff had a good understanding of their role in the home and the management structure which was present to support them. The registered provider and senior staff provided leadership in the home to ensure smooth running of the home. Staff told us they felt supported through supervision, appraisal and team meetings which were used to encourage the sharing of information such as learning from incidents and participation in updated training.

The registered provider promoted an open culture for working which was supportive to all staff. They were visible in the home and encouraged people and the staff to be proud of their home. A member of staff told us "We can talk to the manager whenever we need to. Management are fantastic. They are doing a great job and care for the people and staff." Another staff member told us "Everything is ok. The manager listens to us." A third member of staff said "I really like coming to work. It is very nice. They all get looked after really well."