

Arranmore Park Limited

Arranmore Park Rest Home

Inspection report

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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

This inspection took place on 5 June 2018 and it was unannounced. We last inspected Arranmore Park Rest Home (Arranmore Park) on 3 September 2015. At that time we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to premises and equipment and safe care and treatment around the management of medicines and infection control practices.

Following our last inspection we asked the provider to complete an action plan to show us what they would do and by when to improve the key question of safe to at least good. At this inspection we found the provider had made the improvements required in accordance with their action plan, so the key question of safe was found to be rated as good.

Arranmore Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

Arranmore Park provides accommodation in single and shared rooms over three floors for up to 35 adults, who require help with personal care needs. The home is situated in a residential area of Burscough, with the village centre and local amenities being nearby. Some rooms have en-suite facilities and a passenger lift is provided for access to the first and second floors. Some parking spaces are available at the front of the building and there is easy access to public transport links and the motorway network.

There was a registered manager in place. The registered manager assisted throughout the inspection. 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.

We found the premises to be well maintained, clean and hygienic throughout. However, the extension beyond the manager's office on the ground floor was tired looking and in need of freshening up.

We noted one mattress to be longer than the bed base and could pose a risk to people if they sat on the end. Personal Emergency Evacuation Plans (PEEP's) were in place. However, these could have been more informative. We made a recommendation about this.

We found a wide range of risk assessments had been conducted in relation to the environment and people's health and social care needs. However, these had not always been updated at regular intervals. We made a recommendation about this.

People told us they felt involved in their care and making decisions. The plans of care we saw supported this information. We found people's care plans varied in quality. Some were very informative and were written in

a person centred way. Others provided basic details only. We made a recommendation about this.

At this inspection, we found 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. We found areas covering the mental capacity act and consent to be satisfactory. People's decisions had been made in their best interests and good information was provided around Lasting Power of Attorney. This helped to ensure people received care and support in a way which was best for them.

During our inspection we observed staff transferring people. Each manoeuvre was conducted in a safe and competent manner with people's privacy and dignity being protected. Systems were in place to ensure accidents and incidents were recorded appropriately

Medicines were being managed safely, although there were some minor areas where improvements could have been made. The registered manager addressed these at the time of our inspection.

People had access to external health care professionals including dietitians, occupational therapists and the speech and language team. We noted meals to be presented well and these were well balanced and nutritious.

On the day of our inspection we found that recreational activities were provided in the morning and also in the afternoon. People were happy with the activities provided and were seen to be enjoying these.

Systems and equipment within the home had been serviced in accordance with the manufacturer's recommendations and clinical waste was being disposed of in the correct manner.

We looked at how the service protected people against discrimination, bullying, harassment, avoidable harm and abuse. We found staff had received training in safeguarding adults and demonstrated a good understanding about the meaning of abuse. We found the service had made safeguarding referrals in line with the home's policies and procedures.

We looked at the personnel records of three members of staff and found recruitment practices adopted by the home to be robust. This helped to ensure that only suitable people were appointed to work with this vulnerable client group. We found there were sufficient numbers of suitably qualified staff employed to meet people's needs and to promote people's safety. Staff told us they felt supported in their roles and had received training to help them understand their role and responsibilities. We looked at the training records and found that staff were provided with a wide range of training courses, as well as regular supervision sessions and annual appraisals.

Audits and quality monitoring systems were in place and these were completed regularly. Meetings were held for those who lived at the home, their relatives and staff members. People with an interest in the home had been asked, in the form of surveys about their views of Arranmore Park and the care and support provided.

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 

This service was safe.

The premises were found to be well maintained and clean throughout. Risk assessments had been conducted in relation to the environment and health and social care needs. However, these could have been reviewed more often.

People were protected by the safeguarding policies and procedures in place at the home. The management of accidents and incidents was satisfactory.

The management of medicines was generally satisfactory, although some minor issues were identified. Recruitment practices were robust and staffing levels were sufficient.

Is the service effective?

Good 

This service was effective.

Staff told us they received good levels of support. Records showed that regular supervision and annual appraisals were conducted. A wide range of training was also provided.

The rights of people who did not have capacity to consent to certain elements of their care or support were promoted because staff were working in accordance with the Mental Capacity Act 2005.

People told us they enjoyed the meals served. People were assessed against the risk of malnutrition and advice from community professionals was sought as required.

Is the service caring?

Good 

This service was caring.

We observed kind and caring interventions being provided and people were treated equally. Interactions with people were meaningful and compassionate.

People's privacy and dignity was respected and independence

was promoted as far as possible.

Information was readily available around access to local advocacy services.

Is the service responsive?

Good ●

This service was responsive.

People were supported to maintain an independent life style when possible and staff members were responsive to people's requests.

We found care plans to vary in quality. Some were very well written, person centred documents. Others provided basic information and could have been more detailed. However, staff we spoke with were fully aware of people's assessed needs.

Complaints were managed well and people we spoke with said they would be comfortable in making a complaint, should they need to do so.

Is the service well-led?

Good ●

The service was well led.

We found that the service had systems in place to monitor quality assurance. The registered manager had been in post for six years and showed knowledge about the needs of people who lived at Arranmore Park.

Meetings were held for service users, relatives and staff members. Feedback was actively sought from those who lived at the home.

Staff told us that they enjoyed working at the service and felt supported by the registered manager.

Arranmore Park Rest 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 5 June 2018 and it was unannounced. This meant the home did not know we were going to inspect. The inspection was carried out by two adult social care inspectors from the Care Quality Commission.

Prior to our inspection we reviewed all the information we held about this service, which included notifications informing us about significant events, such as serious injuries, deaths and safeguarding concerns. We looked at any information received from other professionals, people who used the service and their family members.

We had received the Provider Information Return (PIR) within the timeframes requested. This is a form that asks the provider to give us some key information about the home, what the home does well and any improvements they plan to make.

We contacted community health and social care professionals for their feedback about the quality of service provided, as well as local commissioning groups responsible for the external monitoring of the service.

We used a planning tool to collate all this evidence and information prior to inspecting the home.

At the time of our inspection there were 30 people who lived at Arranmore Park. We spoke with six of them and five relatives, who visited the home whilst we were there. We also spoke with five members of staff and the registered manager. We 'pathway tracked' three people who lived at the home. This enabled us to determine if they received the care and support needed and if risks to health and wellbeing were being appropriately managed.

We also looked at other documentation, which included medicine records, three staff personnel files,

training information, minutes of meetings, surveys, audits of the service and other quality monitoring systems.

Is the service safe?

Our findings

Everyone we spoke with felt they or their relative was safe living at Arranmore Park. One person told us, "Yes. I feel safe. I feel like it is a family here. [Registered manager] is very good and she is helpful."

A relative commented, "I feel [name] is safe here. They are well looked after." This family member gave us a good example of when their relative's safety had been protected. Another relative we spoke with commented, "[Name] is being really well looked after. They [staff] can't do enough for her. She is definitely safe."

Records showed that a variety of risk assessments had been conducted in relation to the environment, as well as risks around people's health and social care needs. There was recorded evidence to show control measures had been implemented and advice had been obtained from community professionals in response to any identified risk, should this be needed. This helped to keep people safe from harm and ensured up to date information was provided for the staff team. However, some risk assessments were slightly overdue a review and therefore it is recommended that risk assessments be updated regularly in order to ensure current circumstances are accurately reflected.

We looked at how accidents and incidents were being managed at Arranmore Park. We found these had been appropriately documented and a diary had been introduced to record specific incidents, such as falls. This showed there had been five falls this year. The diary included details about the fall and any injuries sustained. Action taken following the fall was recorded and preventative measures, which had been introduced were documented. The registered manager explained the triage tool to us, which identified action needed following all accidents. She told us lessons learned were discussed with the staff team, in order to reduce the possibility of further falls.

We noted Personal Emergency Evacuation Plans (PEEP's) had been developed for each person who lived at the home. PEEP's are intended to assist the evacuation of people from the premises in the safest and most suitable way, should the need arise. However, more detailed information could have been recorded in relation to people's emotional, psychological or physical needs, such as anxiety, dementia or sensory problems. It is recommended the PEEP's provide more detailed guidance about people, in order to assist emergency services in the evacuation procedure.

At our last inspection on 3 September 2015 we found concerns in relation to premises and equipment. There were failings around the environment not consistently protecting people's health and safety.

At this inspection we toured the premises, viewing a random selection of bedrooms and all communal areas of Arranmore Park. We found significant improvements had been made to the environmental standards within the home. The premises were well maintained throughout, providing a safe environment for people to live in. Clinical waste was being disposed of in the correct manner in order to prevent the possibility of cross infection.

At our last inspection on 3 September 2015 we found concerns in relation to safe care and treatment. There were failings around the management of medicines and infection control practices. During this inspection we found improvements had been made and the home was meeting the requirements of the current regulation.

At this inspection we found infection control practices to be satisfactory. The premises were, in general clean and hygienic throughout. However, we noted a few areas which could have benefitted from minor improvements, such as toilet frames, taps in the laundry, the area behind the machinery in the laundry, the drugs fridge and the fridges in the kitchen. We discussed these areas with the registered manager on the day of our inspection, who addressed them immediately.

The home had received level 5 for food hygiene from the Food Standards Agency earlier in the year. This demonstrated a rating of 'very good' and was the highest level achievable.

A business contingency plan outlined action that needed to be taken in emergency situations, such as a power failure, flood, loss of water or adverse weather conditions. Records showed that systems and equipment within the home had been serviced in accordance with the manufacturer's recommendations. This helped to ensure it was fit for purpose and safe for use.

During our tour of the premises we noted the mattress on one bed to be overhanging the foot of the base. Therefore, if someone sat on the end of this bed it was possible they could fall to the floor and sustain an injury. We discussed this with the registered manager, who explained the specialised pressure mattress which had been provided for this person was too long for the divan bed. She immediately checked all beds and identified several where the pressure mattresses were slightly longer than the divan basis. She assured us this would be addressed with the provider without delay.

At this inspection we found that, in general medicine practices were satisfactory. The medication policies and procedures of the home were detailed. Staff responsible for medicines administration told us medication training and recent competency assessments had been completed. Records we saw confirmed this information to be accurate. The senior care assistant, who was administering medicines on the day of our inspection wore a 'Do not disturb' tabard. This helped to ensure minimal distraction and therefore promoted the safe management of medicines.

We looked at the Medication Administration Records (MAR) of six people who lived at Arranmore Park. All but one displayed a photograph of the individual for identification purposes. There was an up to date staff signature checklist available. Records we saw highlighted any known allergies and people's medication administration was recorded accurately. Any hand written entries were signed, witnessed and countersigned. This helped to reduce the possibility of transcription errors. We observed medicines being administered in a polite and dignified manner.

There were clear protocols in place for the administration of 'as and when required' medicines, although running totals could have been beneficial. This helped to ensure people received their medicines as prescribed. Good information about medicines was recorded, such as a description of their appearance and why they were prescribed.

However, there were some minor areas where improvements could have been made. For example, topical applications had not always been dated on opening and the drug fridge in the clinic room was situated at a very high level, resulting in staff needing to stand on a stool to access. This created a potential risk for staff members concerned. The drug fridge temperatures were not within normal range and some gaps in

recording the fridge and environmental temperatures were evident. The Controlled Drugs book could have been completed more thoroughly. These areas were discussed with the registered manager at the time of our inspection, who assured us they would be addressed without delay. She replaced the thermometer immediately and planned on seeking advice from the supplying pharmacist, with the possibility of purchasing a new drugs fridge. This would help to ensure drugs requiring cold storage were maintained at the correct temperatures.

We observed staff moving and handling people in a safe manner, throughout our visit. This was conducted with dignity and respect and in accordance with the standard procedures of the home. We saw staff to be present at all times in communal areas of the home and they regularly checked on people in their bedrooms during the day of our inspection. We noted call bells were answered within a reasonable time frame and we did not observe people having to wait for long periods of time for assistance to be provided.

Those who lived at the home and their relatives told us they felt people were safe living at Arranmore Park. There were robust systems in place for managing safeguarding incidents and for respecting people's human rights. The home notified the relevant authorities about any allegations of abuse. The policies around safeguarding procedures were detailed and provided staff with clear guidance about how to protect people from abuse and discrimination. Records showed those who worked at the home had received regular training in safeguarding adults. This helped to ensure the staff team were fully aware of reporting procedures and were confident to blow the whistle on any alleged perpetrator. Those members of staff we spoke with demonstrated a good understanding of reporting systems and the meaning of abuse and discrimination.

During our inspection we looked at the personnel records of three people who worked at Arranmore Park. We found that prospective employees had completed application forms and medical questionnaires. They had also undergone structured interviews. This helped the management team to determine if applicants met the required criteria, in accordance with company policy. All necessary checks had been conducted, which demonstrated robust recruitment practices had been adopted by the home. This meant those who were appointed were deemed fit to work with this vulnerable client group and therefore people's health, safety and welfare was sufficiently safeguarded. Staff members we spoke with talked us through their recruitment, which was a thorough process. Evidence was available to demonstrate disciplinary procedures were being followed in day to day practice, in accordance with the written policies of the home.

We found there were sufficient numbers of staff on duty to meet people's needs. Staff we spoke with felt there were sufficient staff on duty to meet people's needs. We were told the registered manager responded well to any concerns raised by members of staff.

Is the service effective?

Our findings

People we spoke with were very complimentary about the staff team. One person who lived at Arranmore Park commented, "The staff are excellent here." A relative told us, "The food is very good. It does look appetising and they [people who used the service] get plenty of choice."

During our inspection we toured the premises, viewing all communal areas of the home and a selection of private accommodation with permission. The home was warm and comfortable. A friendly environment was evident. We found the home to be pleasantly decorated and private accommodation was personalised with people's own belongings. This enhanced the environment for those who lived at Arranmore Park. However we noted one part of the home was in need of some redecoration. Records we looked at confirmed a maintenance programme was under development, which would include this area of decoration.

We noted that people were able to have their own bedding, which encouraged personalisation, and private telephones within their bedrooms was an option, which promoted privacy when making and receiving telephone calls. People also had their own televisions within their bedrooms, so that if they wished to have some quiet time watching programmes of their choice, they were able to do so.

We spoke with five staff members and looked at the personnel records of three. We noted successful applicants were supplied with a wide range of relevant information when they started to work at the home. The employee handbook covered areas such as, data protection, confidentiality, equal opportunities, diversity and human rights, health and safety, safeguarding, whistleblowing, training and development and codes of conduct. Staff were also issued with job descriptions specific to their roles, terms and conditions of employment and numerous important policies, including discipline and grievance procedures. New employees were then assisted through a two week induction programme, which covered a wide range of topics, such as fire awareness, safeguarding adults, moving and handling, infection control and health and safety. Together this helped them to understand the policies, procedures and practices of both the organisation and the care home, which meant all new staff, were equipped to do the job expected of them.

Staff we spoke with and records we saw confirmed that annual appraisals and regular supervision meetings with line managers were conducted. These were supported by a scoring system, which had been implemented and which identified targets for strengths and weaknesses. This enabled structured discussions about work performance, achievements, objectives and training needs to take place, as well as conversations around areas of concern or additional support needed. We noted that best practice guidelines were being followed in day to day practice.

Records and certificates of training showed that a wide range of learning modules were provided for all staff, some of which were supported by workbooks, so that knowledge checks were properly assessed. These included areas such as fire safety, moving and handling, first aid, infection control, pressure area care, the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), food hygiene, medication management, health and safety and safeguarding adults. Staff had also completed additional learning in relation to the specific needs of those who lived at the home. The staff we spoke with were extremely

positive and enthusiastic. It was evident that the company considered training for staff to be an important aspect of their personal development programmes. All staff we spoke with gave us good examples of training modules they had completed. One of them stated, "We get loads of training. There's always some training course on." A file within the home contained details of 'the policy of the month' for staff reference. This helped to ensure staff members were familiar with various important policies and procedures.

We established the turnover of staff at Arranmore Park was very low and agency usage was minimal. This helped to ensure effective outcomes were delivered and continuity of care was promoted for those who lived at the home.

We observed good communication between staff and those who lived at the home. Interactions we saw were meaningful and significant for each individual. Staff members were seen to be 'chatty' and friendly with those who lived at the home, displaying good humour and appropriate banter, which people seemed to enjoy.

People's specific dietary needs and preferences were recorded in the kitchen area. This helped the catering staff to ensure people received appropriate nutrition to suit their needs and tastes. We noted that the home had achieved five stars in their recent food hygiene inspection conducted by the Food Standards Agency on behalf of the local authority. This rating corresponds to 'very good' and is the highest level achievable. We noted that people, who were in their bedrooms had water jugs available and there was plenty of supplies of fresh water available in the public areas of the home. We were told that these were changed regularly.

The dining tables were pleasantly set with table cloths, condiments, beverages and cutlery. Staff members were seen to be engaging in light hearted chatting with those who were having lunch in the dining room. People were served with their meals in a dignified manner. Lunch time was seen to be a pleasant experience for those who lived at Arranmore Park. We noted the food served at lunch time to be well presented and nutritious. People were offered a variety of choices and discreet assistance was available, as required. People we spoke with told us they enjoyed their meals at Arranmore Park. Where one person raised some concerns in relation to the meals they were offered the registered manager acted upon these and gave assurances that they would ensure their individual likes and choices were met.

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 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 make 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 (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Policies were in place in relation to the DoLS and the MCA. People's rights were being protected, in accordance with the MCA. At the time of our inspection people were not being unnecessarily deprived of their liberty. Mental capacity assessments had been conducted. Records showed and staff we spoke with confirmed they had received training in relation to caring for people living with dementia, mental capacity and deprivation of liberty safeguards. Records showed that DoLS applications had been made to the local authority, as was required and the registered manager had followed those up which had not yet been

approved.

Care files we looked at showed people's needs had been very thoroughly assessed by the registered manager before a placement at the home was arranged. People had given their written consent in a variety of areas, such as agreeing staff to administer their medications, staff checking on them during the night time and the Care Quality Commission (CQC) viewing their confidential records. This helped to ensure people were able to make decisions about the care and treatment they received.

Is the service caring?

Our findings

Everyone we spoke with told us they were happy with the care and support they received and that staff were always kind and caring and willing to listen.

One visitor from an external organisation told us, "The staff are lovely to everyone. There are positive interactions with people. As soon as you walk through the door there is a feeling of warmth. All clients [people who used the service] have a smile on their faces. Nothing is too much trouble for any of the staff. The managers couldn't make me feel more welcome. They are very approachable and any issues are sorted out straight away."

Staff members we spoke with told us they felt people received good care and they were happy with the care they received. They also said that people's needs were discussed, so that the staff team were confident they could provide the care and support people needed.

The policies and procedures of the home outlined the importance of promoting privacy, dignity and independence. Records we saw showed that equality and diversity was an important aspect of life at Arranmore Park and this was supported by our observations. We noted some shared bedrooms were provided for people who wished to share facilities. However, dignity screens were available to use during the provision of personal care or when people wished to have some privacy. We established that people were able to lock their bedroom doors, if they wished to do so. This helped to protect their belongings and provide people with a feeling of ownership.

We saw staff knocking on bedroom doors before entering, in order to respect people's privacy and dignity and personal care was delivered behind closed doors. We also observed staff helping people to maintain their independence, as far as possible. People were allowed sufficient time to complete activities of daily living, during which staff communicated well with them, providing clear explanations and reassurance. People were offered a variety of choices throughout the day. Staff approached people in a kind and caring manner, they were polite and courteous. The pleasant interaction we observed by staff members was natural and genuine. People who lived at the home looked comfortable in the presence of staff members. People were well-presented and were appropriately dressed.

Those who lived at the home told us they felt involved in their care and were able to make decisions about what they wanted to do. The care files we saw demonstrated that people had been involved in planning their own care, which showed they were able to make some decisions about how their care and support was delivered.

Records were maintained in a confidential manner, in order to protect people's personal details and some staff members had completed recent training around the new General Data Protection Regulation (GDPR), which was considered to be good practice. A privacy notice stated, 'This enables (gives consent) Arranmore Park to process personal data so that the company can fulfil the requirements of employment, in accordance with current employment law.'

It was clear that people were able to visit the home at any time. We observed visitors come into the home and staff welcomed them in a friendly manner.

A good range of information was readily available for people about support agencies and how to access these, such as public health guidance, data protection, community events and local advocacy services. An advocate is an independent person who will support people to make decisions, which are in their best interests. The records we saw for one person showed they had been supported to appoint an advocate to act on their behalf.

Important policies were also prominently displayed within the home, such as fire, hand washing, whistleblowing and complaints. This provided people with relevant information about things they needed to know. Evidence was available to demonstrate that information would be provided in different formats, if needed. This would help to ensure everyone had the same opportunities to access relevant information.

One community professional wrote on their feedback, 'Arranmore Park is simply one of the best care homes I have come across during my career. The staff are always friendly and considerate; requests for visits are always well thought out and appropriate. The patients are well cared for and above all are happy. The care staff always have the best interests of their residents [people who used the service] at heart. I have never had, nor heard, any concerns regarding the standard of care delivered at Arranmore Park, which has always been exemplary, due to the dedication and hard work of the management team. My perception is that the staff know their residents well and are kept well informed regarding any concerns related to their health. I cannot praise the care home enough.'

Is the service responsive?

Our findings

Everyone we spoke with said they knew how to make a complaint and would feel comfortable in doing so should they need to.

We 'pathway' tracked the care and support of three people who lived at Arranmore Park. We found the care files varied in quality. All those we saw had been regularly reviewed and all documented advanced end of life decisions well. Some were very person centred and a good amount of information was recorded. There were details of people's likes, dislikes and preferred leisure activities. The assessed needs of people had been appropriately planned and it was clear how these needs were to be best met. Others were somewhat basic and could have provided more detailed information in places, so that a person centred approach was more evident. However, staff we spoke with were fully aware of the assessed needs of those in their care. It is recommended the registered manager reviews all care plans to ensure they consistently provide detailed person centred information, in order to accurately reflect people's assessed needs.

The policies and procedures of the home showed that people were protected from discrimination and this was evident from our observations on the day of our inspection. Those who lived at the home or their loved ones had been involved in the planning of their own care, or that of their relative. This helped to ensure people were able to make decisions about the way in which care and support was delivered.

A planned activity programme was in place. This included pastimes, such as 'knit and natter', bingo, barbers day for the men and manicures for the ladies, music and dance, films and chair exercises. On the day of our inspection there were activities provided in the morning and afternoon by external personnel. Those who lived at the home participated and seemed to enjoy the entertainment.

We observed a variety of choices to be offered throughout the day in a kind and pleasant manner. People were clearly able to choose what they wished to do and how they wished to spend their day. It was evident those who preferred not to join in activities were not isolated, as staff regularly involved them in meaningful conversation. One relative told us, "Someone comes in twice a week and does exercises with them [people who used the service]."

We established that a personal trainer visited the home twice each week, once to provide gentle chair exercises for those who lived at Arranmore Park and also to provide exercise sessions for off duty staff members, which those who live at the home can join in, if they wished to do so. This helped people to keep fit and healthy.

A range of information was accessible, which provided people with details of services and facilities available whilst living at Arranmore Park. This would be produced in various formats, if needed, so that everyone would be provided with the same opportunities, in accordance with the accessible information standard. The provider should now consider introducing the use of digital technology in order to move the service forward. Various possibilities were discussed with the registered manager at the time of our inspection and these were accepted well for future planning. However, some systems had already been introduced, such as laptops for care planning and WIFI access.

A detailed complaints procedure was displayed in the reception area of the home and was incorporated in to the service user's guide, which was given to people who are considering accepting a placement at the home. A robust system was in place for the recording and management of complaints received. There was one complaint recorded since our last inspection in 2015, but this was transferred to a safeguarding incident. People we spoke with told us they would know how to make a complaint and staff members told us they would know what to do if someone wanted to make a complaint. One relative told us, "If I wasn't happy I would go to [registered manager]. She is very approachable. The staff here are very kind, so I don't have the need to complain. I am very happy [name] is living here." Another commented, "We had a few teething problems at the beginning, but these were dealt with well."

Is the service well-led?

Our findings

Everyone spoke very highly of the registered manager of Arranmore Park.

One person who lived at the home told us, "I love it here. I have every comfort I need. The food is excellent. I feel safe. The staff are good. They know what they are doing. [Registered manager] I love her. I have never had to complain, but if I needed to complain I would report it to the manager. I absolutely adore her."

One relative told us, "[Registered manager] is brilliant. She is one of a kind. She is so approachable and down to Earth. You ask her to do something and it is done straight away. It is fabulous here. Second to none. [Name] is happy here and that is what matters to us." Another commented, "The manager [name] is lovely. She says it as it is. [Name] wouldn't live in another home."

Comments from staff members we spoke with included, "The staff morale here is good. I would score it 8 to 10 out of a total of 10"; "We are very well supported by [registered manager]. She is approachable and will listen to us"; "I love working here. The manager is one of the best bosses I have ever had" and "The care is very good. Arranmore Park is friendly and homely. It's like an extended family." All staff we spoke with told us they enjoyed working at Arranmore Park and this was supported by the consistent low turnover of staff, with numerous employees having worked at the home for many years. Staff spoke highly of the registered manager and told us that they felt well supported.

We found Arranmore Park to be a very well-led service. Records we saw were well maintained. Staff members we spoke with told us that they were well supported by the management team at Arranmore Park.

Records showed that regular audits had been introduced, which covered a wide range of areas, such as medicine management, safeguarding and the environment. Some specific audits were linked with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, regulation 9 for person-centred care and regulation 10 for dignity and respect had been regularly assessed and monitored. These included areas, such as consent, choice and independence. The audits were supported by regular knowledge checks for the staff team and observations of work performance in these important areas of care and support.

The registered manager was on duty at the time of our inspection. She had been in post for six years and was fully aware of people's assessed needs and how these were to be best met. She demonstrated accountability and had the skills and knowledge to manage the service in a competent and effective manner. During our inspection we saw the registered manager to be visible around the home, speaking with people and addressing them by name. She appeared familiar with those who lived at Arranmore Park and their relatives. There was clear evidence of an open and transparent approach, which helped people to develop a trusting relationship with managers and staff alike and be able to approach them in a confident way.

We were told the provider visited Arranmore Park every Friday, when she spoke with each person who lived at the home. We observed the registered manager and staff members engaged with people in a compassionate and friendly manner. We found the registered manager to clearly love her job. She was enthusiastic and the welfare of those in her care was clearly of paramount importance. She expressed her satisfaction about the continuous support she received from the providers. She commented, "I am the luckiest person to be able to work here."

Staff told us that meetings were held on a regular basis and records confirmed this as being accurate information. This ensured relevant information was disseminated amongst the staff team and enabled workers to discuss any areas of interest within an open forum, should they wish to do so.

Records showed that meetings were also periodically held for those who lived at the home and their relatives. This encouraged open and transparent discussions to take place about the quality of service provided. It also helped to ensure people were provided with relevant information and any changes within the home.

Those who lived at the home, their relatives and the staff team had periodically been offered the opportunity to express their views about the quality of service provided, in the form of surveys, which were produced as overall percentages. Those we saw provided positive responses about Arranmore Park. One person recently wrote, 'I am very happy here at Arranmore Park and I am glad I came here.' Another wrote, 'The staff are excellent. I wouldn't want to live anywhere else.'

We saw many thank you messages and compliments, which had been received by the home. A sample of extracts included; 'Thank you so much for all the love, care and compassion you showed to (name). We are so blessed that you took care of us during this hard time. We will be forever grateful'; 'The thing that impresses me is the kindness of the staff. The manager is always friendly. She knows all the residents very well and makes sure they are well cared for' and 'We feel (name) has found a new family. There is lots of laughter and friendly banter. I couldn't be happier with the care provided.'

There were a wide range of policies and procedures in place at the home, which had been periodically reviewed and updated. These included, the MCA and DoLS, safeguarding, ethnic awareness, anti-discrimination, advocacy, privacy and dignity, risk taking, confidentiality and data protection.

The statement of purpose and service user's guide provided interested parties with a good amount of information about the home, such as the services and facilities available, advocacy, aims and objectives, choices and human rights, health and safety. This helped those who were considering a placement at the home to make an informed decision about going to live there.

The previous rating of 'Good' was displayed on the home's website and this was also prominent within Arranmore Park. We discussed the future development of the home with the registered manager, who was to introduce a clear set of visions and values for the home.

It was evident that a variety of good community links had been established through visits to the home by external entertainers, various groups and community professionals. One community professional wrote on their feedback request, 'At all times when I visit the home I am welcomed, respected and treated as a valuable member. Hospitality is always good. I always find the staff friendly and approachable, responsive and respectful. They are always willing to support my requests and I feel they genuinely appreciate the time and effort I put into the support I provide. Often they will say 'we have learnt something from you today'. The staff are kind, caring and compassionate and strive for the best with each of the residents they care for. The

manager and senior staff members are very positive in their attitudes and nice to one another. They encourage staff to have a sense of humour at the same time they maintain professionalism.

The residents are well cared for and appear happy to be residing at the home, and will often say that their care needs are being met. Sometimes when I visit I will see a resident sat in the office with the staff chatting and socialising. The office is open to all.

The environment is friendly and homely, often with music playing in the background. On many occasions when I have visited an entertainer has been at the home.

What I feel is particularly positive is the fact that when residents' needs change and they possibly become more intense, complex and challenging in nature, then their needs are promptly reassessed and appropriate health care professionals are asked for their advice and support, with the idea of maintaining the placement. I feel the team is well led and supported. I enjoy going into Arranmore Park and supporting the team. The joint collaborative approach is working well.'