

Angel Healthcare Limited

# Arden House Residential Care Home

## Inspection report

4-6 Cantelupe Road  
Bexhill On Sea  
East Sussex  
TN40 1JG

Tel: 01424211189  
Website: [www.angelhealthcare.co.uk](http://www.angelhealthcare.co.uk)

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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

We inspected Arden House on the 13 October 2017. This was an unannounced inspection.

Arden House is a care home for up to 35 older people that require support and personal care. At the time of the inspection there were 16 people living in the home. The people living at Arden House all lived with a degree of physical frailty. There were also people who were living with a dementia type illness, mental health illness, alcohol dependency, diabetes, Parkinson's disease and heart disease.

There was no registered manager in post. The previous registered manager de-registered in January 2017. The current manager has submitted their application and an interview arranged. 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.

At a comprehensive inspection in July 2015 the overall rating for this service was Inadequate and it was placed into special measures by the Care Quality Commission (CQC). Five breaches of Regulation of the Health and Social Care Act 2008 (Regulated Activities) 2014 were identified. Following the inspection, we received an action plan which set out what actions were to be taken to achieve compliance by April 2016. We undertook an inspection in May 2016, to see if improvements had been made. We found that considerable improvements had been made and the provider had met four of the five previous breaches of Regulation.

We undertook an inspection in July 2017 to see if the improvements made had been sustained and embedded into everyday practice. We found that not all improvements had been sustained: the management of medicines were not always safe, the premises were not always clean and hygienic and risks to people were not always mitigated. We also found that further improvements were needed to ensure management oversight of care delivery and documentation. At this time we served warning notices to ensure peoples safety and well-being.

This focussed inspection was specific to the safe and well-led questions to see if the necessary improvements to people's safety had been made and systems to sustain improvement had been put in place.

At this inspection there was strong managerial oversight to ensure documentation was kept up to date and ensured people received safe, effective, caring and responsive care. A range of audits had been introduced and completed monthly. When audits had identified issues there was evidence of recorded actions taken to address the issues. For example, poor recording of medicines administered had led to the further training and competencies. We still found some inconsistencies in medicine records and these will be addressed further within staff's individual performance supervisions.

At this inspection the management and storage of medicines were safe. There were areas to further develop in respect of the management of 'as required' (PRN) medicines and these were immediately actioned. Risks related to infection control and lack of cleanliness had progressed with new house keepers and more in-depth audits.

Accidents and incident reporting had been completed and there was management overview of audit of falls and incidents to prevent a reoccurrence. This meant measures to ensure learning and preventative measures had been taken.

Staff had training on keeping people safe and understood the process of reporting concerns. People were protected, as far as possible, by a safe recruitment system. Staff had been checked to ensure they were suitable before starting work in the service. There were sufficient staff at this time to meet peoples' needs. People felt comfortable with staff and said, "Great staff, caring with a sense of humour." There was a lot of laughter and banter between people and the staff. We also saw some positive interaction between staff and the people they supported.

The provider had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Arden house was not consistently safe. Whilst meeting the legal requirements that were previously in breach, practices need time to be developed and embedded, to ensure consistent good care.

There were systems to make sure risks were assessed and measures put in place where possible to reduce or eliminate risks. Medicines were stored and administered safely. However there were some areas for 'as required' medicines that needed to be improved.

There were sufficient staff to meet peoples' needs.  
Comprehensive staff recruitment procedures were followed

Staff had received training on safeguarding adults and were confident they could recognise abuse and knew how to report it.

**Requires Improvement** ●

### Is the service well-led?

Arden House was not consistently well led. Although they were meeting the legal requirements that were previously in breach, quality assurance systems needed time to be fully embedded.

There was not a registered manager in post at this time.

The home had a vision and values statement and staff were committed to improvement.

People spoke positively of the care. People and visitors had an awareness of changes of management and felt the new management team of the home were approachable.

**Requires Improvement** ●

# Arden House 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 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.

The inspection took place on the 13 October 2017. This visit was unannounced and the inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed all the information we held about the service. We looked at the providers' action plans following our inspection in July 2017. We considered information which had been shared with us by the Local Authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection, we spoke with 11 people who lived at the service, the manager, four care staff and the housekeeper. We looked at all areas of the building, including people's bedrooms, the kitchen, laundry, bathrooms and the lounge and dining room.

We reviewed the records of the home, which included quality assurance audits, staff training schedules and policies and procedures. We looked at seven care plans and the risk assessments included within these, along with other relevant documentation to support our findings. We also 'pathway tracked' people living at Arden House. This means we followed a person's life and the provision of care through the home and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

# Is the service safe?

## Our findings

At our previous inspections in 2015, 2016 and 2017, the provider was in breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following the inspection in July 2017 a Warning Notice was served for Regulation 12 that required the provider to be compliant with Regulation 12 by 4 October 2017.

An action plan was submitted by the provider which detailed how they would meet the legal requirements by October 2017. At this inspection we found improvements had been made and the provider was now meeting the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were still areas that needed to be embedded in to everyday practices but there were now systems to support staff to provide safe care delivery in a clean and hygienic environment.

People told us they felt safe at Arden House. One person told us, "I'm very safe here, they look after me and I feel safe." Another said, "They are kind and gentle when they help me get ready." One person used the stair lift to get up and down from their room and said "Staff assist me and I feel safe when using the lift.

The last inspection identified some areas of medicine management needed to improve. This inspection found that people received their medicines as prescribed. There were systems to manage medicines safely. This included the storage, ordering, disposal and administering of medicines. The provider had up to date medicine policies, procedures and protocols which included 'as required' medicines (PRN) and covert medicines. In-depth medicine audits had been undertaken. The medicine audits had identified that on certain days in September 2017 there had been poor recording by staff members. Immediate action had been taken which included staff re-training and medicine competency observations. We saw evidence of this within the audit documentation.

The protocols for PRN medicines gave staff guidelines as to when they may be required. Further information for staff was required and staff needed to be consistent in recording whether the medicine given was effective. This was taken forward immediately by the manager. It was also discussed that in some cases, staff were only offering PRN medicines at certain times as prompted by the pharmacy provider and therefore was not considered to be offered outside of these times. This was to be discussed with the dispensing pharmacist.

Where medicines were not dispensed in a monitored dosage system the medicine administration record MAR had details of the medicine which included; dose, strength, method of administration and frequency. Staff had completed medicines training which included competency checks.

At the last inspection we found the environment was not clean and hygienic. This inspection found that the home was clean, hygienic and welcoming. The home smelt pleasant and some rooms had been decorated and flooring replaced. The manager was confident that this would be maintained. He said staff were working hard and was proud of what had been accomplished over the past six months. A new team of housekeepers had been employed and a hospitality manager role developed to undertake in-depth audits

on the cleanliness and general maintenance of the service.

Records showed that all appropriate equipment had been regularly serviced, checked and maintained. Hoists, fire safety equipment, water safety, electricity and electrical equipment were included within a routine schedule of checks.

Risk assessment specific to each person's needs had been completed, with guidance for staff to follow to provide appropriate support and care. These included mobility and moving and handling, risk of falls, communication, behaviour, eating and drinking, sleeping and waterlow scores, for the risk of pressure sores. Pressure relieving mattresses and cushions were provided to reduce the risk of pressure damage; these were checked daily and recorded to ensure they were on the correct setting. Staff told us the risk assessments were specific to each person, which meant they were all different. They said the guidance was very clear for them to follow to support people safely and if there were any changes a referral was made to health or social care professionals for advice. For example, one person's needs had changed and they had spent more time in bed. This meant the risk of pressure damage had increased and staff contacted the district nurses to have the person's needs reviewed and, to discuss using preventive systems to reduce the risk of pressure damage. This had included a special seat pressure relieving cushion which enabled the person to leave their room and sit in the lounge with other people.

Accidents and incidents were recorded. The registered manager monitored these and audited them to ensure appropriate support was provided and when necessary changes had been made to reduce the risk. Staff said they completed accident or incident forms as soon as possible and, then discussed what had happened. One member of staff told us, "We talk about what happened so that we can try to prevent it happening again."

Staff received training on safeguarding adults and understood clearly their individual responsibilities. Staff were able to describe different types of abuse and what action they would take if they suspected abuse had taken place. They were confident any abuse or poor care practice would be quickly identified and addressed immediately by the senior staff in the home. There were policies in place to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse and the contact number for the local authority to report abuse or gain any advice. We saw that safeguarding referrals had been made appropriately to the local authority safeguarding team in a timely fashion. One staff member told us, "I wouldn't hesitate to flag up any concerns."

The organisational recruitment processes remained unchanged. All had Disclosure and Barring Service check (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. All had full employment history, references and evidence of checks on identity.

There were enough staff working in the home to meet people's needs. People told us the staff were always available and we saw that staff responded promptly when people used their call bell for assistance. One person said, "There are always enough staff. I don't need much help, but they always ask if I need anything." Staff told us there were enough staff to provide the support people needed. One member of staff said, "We have extra staff on in the morning and evening, as it is a busier time and if we need more staff it's organised." People chose where they wanted to sit, in the lounge, the conservatory or their own rooms and staff provided assistance if needed. People told us, "They will do anything for us and we don't have to wait, unless they are helping someone else and then they let us know they will be with us soon. No problems." However we also were told by two people that they didn't feel there was enough staff on at all times. They could not give examples and so this was discussed with the manager who would ask people at the next

resident meeting if anyone had any comments or concerns about staffing levels.



# Is the service well-led?

## Our findings

At our previous inspections in 2015, 2016 and 2017, the provider was in breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because people were put at risk because systems for monitoring quality were not always effective and records were not accurate. Following the inspection in May 2017 a Warning Notice was issued that required the provider to be compliant with Regulation 17 by 4 October 2017.

This inspection found that Regulation 17 was met however, there were still some improvements required to improve outcomes for people and embed good practice in to everyday care delivery.

There was no registered manager in post. The registered manager left the service in January 2017. The acting manager has submitted their application to be registered. Not having a registered manager is an automatic ratings limiter and this question can only be rated as Requires Improvement because of this. It is also a breach of the providers conditions of Registration. However at the time of the inspection and application for a Registered Manager had been received and we were assessing the application.

There was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. Areas for improvement were on-going such as care documentation. The manager said it was an area they wanted to continuously improve. Not all care plans were up to date and reflective of people's needs, but this had been identified by the manager and was in the process of being updated. Where recommendations to improve practice had been suggested, from people, staff and visitors, they had been actioned. For example, the laundry service and menu choices.

As discussed there were areas that needed to be developed to ensure the actions taken by the acting manager were clearly recorded. For example, the actions taken to address the shortfalls identified by the audits of medicine management.

Effective management and leadership was demonstrated in the home. The manager took an active role with the running of the home and had good knowledge of the staff and the people who lived there. People told us things are even better now (Manager Name) is the boss, he's a good manager and we have such a good laugh." A member of staff told us the philosophy and culture of the service was to make it a 'home'. The manager told us, "It's important that we make it comfortable, homely and safe. We still have a lot to do but we are committed and we know the improvements will continue." There were now clear lines of responsibility and accountability within the management structure. The culture of the service was described as open, honest and friendly by people and staff. The acting manager said their door was always open if staff wanted to have a chat with them. One member of staff said; "It's a different place now, open and transparent, easy to talk to management team."

Staff said they would challenge poor practice if they saw it and would contact the manager or other senior staff immediately if they had any concerns.

Everyone knew the acting manager and referred to him by name when describing their experiences of life at Arden House. People also referred to the manager as 'captain' and 'boss'. Staff said they worked as a team, "It's a nice atmosphere to work in, much better now, I was going to leave but I'm staying now." We asked staff what they would change if they could, all said, "activities," and "I really can't think of anything, except perhaps more trips out."

The manager told us one of the organisational core values was to have an open and transparent service. We were told that the provider was supporting staff, visitors and the people who lived at Arden House to share their thoughts, concerns and ideas with them in order to enhance their service. Friends and relatives meetings had taken place and surveys were to be conducted to encourage people to be involved and raise ideas that could be implemented into practice.

Staff meetings had been held regularly over the past six months, and staff felt informed about changes and plans for the home. One staff member said, "It's really great to be involved."

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.