

Waters Park House Limited

Arguam House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Arguam House is a residential care home providing the regulated activity of personal care for up to 8 people. At the time of our inspection there were 8 people using the service.

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

People told us they felt safe and enjoyed living at Arguam House. People spoke positively about the management and staff team. People were protected from the risk of avoidable harm or abuse as staff were aware of their safeguarding responsibilities and knew how to report any concerns.

Most medicines were given safely and as prescribed. However, we have made a recommendation about the management of 'as required' medicines. Sufficient numbers of skilled and knowledgeable staff were available to meet people's needs. Staff were recruited safely.

People were supported by staff who treated them with dignity, respect and were kind, patient and caring. People's needs, and choices were known and respected. Staff understood their roles and responsibilities and liaised with health and social care professionals to ensure people's health and care needs were met.

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

Some governance processes were either not completed regularly or had not been undertaken robustly to identify and monitor the quality of the service and drive improvement.

The management team were committed to providing good quality care and were responsive to the feedback we gave them, immediately addressing any shortfalls we highlighted.

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

Rating at last inspection

The last rating for this service was good (published 3 August 2018).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding. We undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement because where a breach of regulation has been identified the rating will be limited to requires improvement. Please see the well led section of this report.

Enforcement and Recommendations

We have identified a breach in relation to good governance. We have also made a recommendation in relation to medicines at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Arguam House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Arguam House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Arguam House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 members of staff including the house manager. We spoke with 3 people for feedback on their experience of care and carried out observations. We reviewed a range of records. This included 3 people's care records including care plans, risk assessments, and records of daily interactions. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People were given their medicines as prescribed. Staff followed processes to administer, record and store medicines safely.
- Medicine administration records were accurate and, procedures were available to all staff.
- Staff knew people well and supported them to take medicines prescribed to be given when required (PRN). However, guidance to help staff make consistent, person-centred decisions about when a PRN medicine might be needed was not in place.

We recommend the provider consult current best practice, relating to guidance for when required medicines.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect people from abuse.
- People told us they felt safe living at Arguam House. One person said, "I love it here it's very nice. I feel very safe living here because the staff are very kind to me nothing is too much trouble".
- Staff received training on how to recognise and report abuse and were able to describe the actions they would take if they had any concerns. One member of staff said, "I would speak to my manager and record information. If they did not take any action, I would speak to the provider or contact the local authority."

Assessing risk, safety monitoring and management

- Risks to people's health or well-being were assessed, monitored, and managed. These included falls management, absconding and epilepsy management.
- Risk assessments gave guidance to staff on how to minimise the risks identified and we saw these were being followed by the staff.
- Personal Emergency Evacuation Plans (PEEPS) were in place, they gave staff guidance to evacuate people safely from the premises in the event of an emergency such as a fire.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

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

- People were asked for their consent before staff helped them. Staff told us they assumed people had capacity and always involved people in any decision.
- Where people lacked capacity, decisions had been made in consultation with others.
- Processes were in place to manage DoLS applications. People who required DoLS had applications authorised or in progress.

Staffing and recruitment

- People were supported by enough staff to meet their needs and keep them safe. People were positive about the numbers of staff available to support them. One person said, "There is enough staff, and they always have time for you, and you are not rushed."
- Inductions were in place to ensure any new staff were appropriately equipped with the skills and knowledge to meet people's individual needs.
- Staff records showed staff were recruited safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The services approach for visitors was in line with the current government guidance.

Learning lessons when things go wrong

- Systems were in place to record and monitor incidents and accidents and these were checked by the management team.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance processes were not always effective. Checks and audits undertaken by the management team were not always recorded or regularly reviewed which meant they could not be relied upon. For example, medicines, mattresses, and call bell audits were completed inconsistently. Environmental checks were not updated once works had been done.
- We saw no evidence people were placed at risk of harm. However, this shortfall within the governance system was not reliable to pick up any patterns, trends and themes which could be used to identify further improvement within the service. This was acknowledged by the management team and steps were taken during the inspection to take account of the areas we identified.

Although, we found no evidence people had been harmed, governance systems in place were not always being undertaken robustly. This placed people at risk of harm. This was a breach of Regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team and staff understood their roles and responsibilities and strived to deliver care in the way people wanted to receive it.
- Staff told us they were able to contact a member of the management team when they needed advice, or an issue required escalating.
- The provider was aware of their responsibilities to notify CQC of significant events for example, safeguarding allegations and serious injuries.

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

- The management team promoted a positive culture and encouraged feedback about all aspects of care provision.
- There was a consistent staff team who worked closely together. This resulted in safe, effective, and responsive care being delivered to people.
- Staff morale within the service was good and staff said they felt valued and listened to by the management team. One member of staff said, "I feel very supported by the management team they work well, and I feel people are catered for individually."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The management team understood their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- The management team were open and honest with us throughout the inspection and responded promptly to any issues raised.

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

- People told us they felt fully involved in the service and said they had opportunities to share their views and opinions. People said they felt they were consulted about all aspects of their care such as individual personal care routines, activities and how they spent their free time.
- Staff had access to regular team meetings and supervision sessions, where they could make suggestions or raise any concerns.

Continuous learning and improving care

- The management team encouraged an open-door policy and made themselves available to speak with people, their relatives and staff when needed.
- Staff confirmed communication between the management team and staff was effective. They explained daily handovers occurred which updated them on any changes to people's needs and any actions that needed to be taken to ensure people continued to receive good care. One member of staff said, "We share information daily and it works well, I feel very well supported".

Working in partnership with others

- The management and staff team ensured people had access to appropriate health care professionals involved in their care.
- We saw information regarding people's care and treatment had been appropriately shared with other services. This meant people's care needs were met and they were cared for holistically.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance processes were not sufficiently robust.