

Mrs Annette Rawlins

Arun Lodge Residential Care Home

Inspection report

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West Sussex
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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

About the service:

Arun Lodge is a care home that provides personal care for up to 19 people in one adapted building. At the time of the inspection 17 people were living in the care home.

People's experience of using this service:

Quality assurance systems needed strengthening, to make sure the provider could demonstrate actions to mitigate risk and make improvements to the quality of the service people received. For example, the registered manager regularly checked the medicines records, but did not record their findings.

People received care and support from staff who had the skills and knowledge to meet their needs safely and effectively.

People's care needs were being met in line with their personal preferences. The service responded when people's needs changed. They worked with other health professionals to make sure people's care needs were met.

People were involved in making decisions about their care. Where people were unable to make their wishes known, staff supported them in the least restrictive way and in their best interests.

Staff felt they were valued and respected by the registered manager, who sought their involvement to improve and develop the service.

People were supported by staff who were caring, kind and thoughtful, who showed respect for dignity and privacy, and promoted independence.

Views of people, relatives and health professionals were valued and used to make improvements to the care and support people received.

The service was well managed, by a registered manager and deputy manager who were well respected by the staff team.

Rating at last inspection: The last rating for this service was good (published February 2017).

Why we inspected: This was a planned inspection. The service was rated Good overall. This was based on the findings at this inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Arun Lodge Residential Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out the inspection.

Service and service type:

Arun Lodge is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home had a manager registered with the Care Quality Commission. The registered manager was also the provider. They are legally responsible for how the service is run and for the quality and safety of the care provided. They are referred to as the registered manager in this report.

Notice of inspection:

The inspection was unannounced and took place on the 31 July 2019. This meant the registered manager did not know we would be visiting.

What we did:

We reviewed the information we held about the home. This included details about incidents the provider must notify us about, such as notifications about serious incidents.

We assessed the information we require providers to send us at least once annually to give us some key information about the home, what they do well, and improvements they plan to make. We used this information to plan and conduct the inspection.

We spoke with six people living in the home and a visiting relative to obtain their views of the service provided.

We spoke with the registered manager, deputy manager, and three staff that included catering and care staff. We spoke with a visiting health professional.

We reviewed a range of records. These included three care plans, medicines records, two staff recruitment files, staff training and supervision records. We reviewed records relating to the management of the home. We reviewed how quality assurance checks were completed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "I feel very safe. They need to use the hoist and they always have two staff to help me," and, "I always feel I'm safe in here."
- Staff had received safeguarding training and were confident if they raised concerns they would be acted on. Staff told us the registered manager and deputy manager were approachable and always listened to them.
- Staff were also confident they could raise concerns outside of the care home, to external agencies, if necessary.

Assessing risk, safety monitoring and management

- Overall, people received a safe service because risks to their health and safety were managed. Care records included risk assessments that included risks associated with eating and drinking, skin condition, falls and mobility. Where people needed equipment to help keep them safe, such as bed rails and hoists, these were in place with records maintained.
- We did see there were free standing portable radiators in two people's bedrooms. They were not currently being used. However, when used these radiators have high surface temperatures and people could be at risk of burns. National health and safety guidance had not been followed. The registered manager told us they would complete risk assessments if they planned to use this equipment in the future.
- Other environmental safety checks were completed. These included fire risk assessments and safety checks, and safety certificates for gas appliances and electrical installations.

Staffing and recruitment

- Policies and procedures were in place to provide guidance on safe recruitment practices, and to ensure suitable staff were employed. Disclosure and Barring Service (DBS) checks were completed. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff working with people, such as those living in care homes.
- The registered manager ensured staffing levels were sufficient. At the time of our inspection, agency staff were being used until new staff were appointed to fill the two staff vacancies. Interviews had been completed with prospective staff.
- Comments from people included, "Yes there's always staff to help me when I need it."
- People knew the permanent staff well, and it was clear they had developed good and trusting relationships.

Using medicines safely

- People were supported to receive their medicines safely. We heard the senior member of staff checking that people were ready to take their medicines. People were provided with the support they needed.
- Arrangements were in place to safely store medicines that required cool storage and medicines that required additional security.
- One person received their medicines covertly, which meant they did not know they were being given. There were records in place that included authorisation from the GP and consultation with the person's relative. The pharmacist had not been involved in the decision making. This is not in line with nationally recommended best practice. We brought this to the attention of the registered manager who told us they would address this shortfall.

Preventing and controlling infection

- Staff received training to make sure they were aware of good infection control practices. Personal protective equipment was readily available.
- Arun Lodge was clean, tidy, well-maintained and odour free throughout.

Learning lessons when things go wrong

- Accident and incident reporting forms were completed. They were all reviewed by the registered manager and deputy manager to identify actions to prevent recurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People told us the staff were able to meet their needs. One person told us, "They know what care we need, and they do it well."
- Staff completed an induction when they were new in post, then shadowed experienced staff until they felt confident to work unsupervised. Shadowing is when staff observe how other staff are working. A member of staff told us, "I shadowed other staff for two weeks. It was really good and helped build my confidence."
- Staff spoke positively about the training they completed. This included refresher training such as health and safety, food hygiene, first aid, safeguarding and moving and handling.
- Supervision meetings, which give staff and their manager the opportunity to discuss work performance and development needs, were not always recorded. The registered manager had a plan in place to formalise these meetings. However, staff told us they felt well supported, and were able to discuss their performance with the registered manager and the deputy manager.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started to use the service. The registered manager completed an assessment to ensure they could meet people's needs.
- Personalised care plans were developed, and these considered people's diverse needs and aspects of their life that were important to them.
- Where there were significant changes, care plans had been updated. Other care plans had not always been updated regularly. The deputy manager told us they had a plan in place to ensure all plans were updated.
- Daily care entries were detailed, and staff were clearly aware of people's current needs. A member of staff told us, "We are such a small team here, we know people really well. Any changes are communicated at shift handovers and at our daily meetings."

Supporting people to live healthier lives, access healthcare services and support

- We saw evidence within people's care records of how the service worked closely with a range of health professionals. These included the GP, NHS community avoidance nurse, falls prevention team, speech and language therapists (SALT), district nurses, opticians and dentists to meet people's health needs.
- We received complimentary feedback about Arun Lodge from a health professional. It was clear the service had developed a good relationship. Feedback included, "They communicate well, follow guidance and make appropriate referrals. I can't fault them"

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink, and meals looked appetising and nutritious. People spoke positively about the choice and quality of the food they were offered. One person told us, "The food is excellent," and another commented, "Can't fault the food. It is superb."
- Most people had their main meals in the dining room. Mealtimes were sociable occasions with people chatting happily as they waited for their meal and between courses.
- Where people ate meals in their bedrooms, staff provided the support people needed and were kind, reassuring and patient. A senior member of staff provided instruction and guidance to an agency care staff about the support one person needed with their meal.
- People's weights were recorded, and actions were promptly taken when people lost weight or needed specific nutritional support.
- Catering staff were made aware of people's likes, dislikes, needs, choices and preferences, and informed when people's needs changed. These were all recorded in files that were kept in the kitchen.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decision and are helped to do so when needed. When they lack mental capacity to make decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- Staff told us they always asked people's consent before delivering care, and we heard staff asking and checking with people before they provided support.
- When best interest decisions were made, for example, for administration of covert medicines, the reasons were recorded, including the relatives and health professional that had been contacted and involved in the decision-making process.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Records showed that one person had a DoLS authorisations in place to keep them safe.

Adapting service, design, decoration to meet people's needs:

- People's rooms were personalised and contained pictures and possessions that were important to them.
- There were communal lounge and dining areas and people chose where to spend their time.
- A redecoration programme was on-going, and the home was well maintained. The garden area had been recently upgraded to create an attractive and more accessible outdoor area for people.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. People were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well by staff. They told us, "They are all so wonderful and will do anything for you," "The staff are great," and, "I love it here. It's like home."
- The registered manager and deputy manager clearly knew people well and were highly visible in the home. On several occasions we saw them speaking with people and providing support with personal care.
- Staff told us how they communicated with a person whose verbal communication was not always easy to understand. They told us they knew the person well and the way they communicated, sometimes with gestures, was understood by the staff team.
- Staff had developed good relationships and spoke kindly and compassionately about the people they supported. Staff were sensitive in their approach. For example, we heard a member of staff checking with a person, "Is that ok" and, "Are you sure you're comfortable."
- We read compliments received from relatives. These included, "I left Arun Lodge on Saturday with my spirits lifted and a feeling of true gratitude that Mummy is now so happy, relaxed and living with real friends, being cared for with genuine loving care," and, "The isolation and loneliness are all gone now."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives where appropriate were involved in decisions about their care and support. For example, people chose what they ate and drank, the activities they engaged in and where they spent their time.
- Staff told us they checked the daily care records for guidance, especially if they had returned from their days off.
- People were supported with their personal appearance and grooming, where needed. This included assistance with their make-up, jewellery, hairstyling and shaving.

Respecting and promoting people's privacy, dignity and independence

- Throughout our inspection, we saw that people were treated with kindness and respect.
- Staff were able to give us examples of how to maintain people's privacy and dignity. They told us how they made sure they respected people's privacy when were they being supported with personal care. One member of staff also commented, "We encourage people to try and do what they can for themselves."
- One person commented about the choices they had when they were being visited. They said they could spend time in any of the communal areas or their bedroom. They said they would be offered refreshments wherever they chose to spend time with their guests.

- People were treated with dignity and compassion. There was also lots of friendly and supportive conversations
- Visitors were made welcome in the home and told us they had been treated well. One relative commented they were, "Always made welcome." Just after they arrived in the home, they were greeted warmly and offered refreshments.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives where appropriate had been involved in planning their care to make sure it met individual needs and preferences. The deputy manager acknowledged that some of the care plans had not been updated for several months. This was due to staffing difficulties they had experienced.

- However, a personalised approach was used when care plans were developed. Reviews and updates had been completed when there had been significant changes. For example, one person had their pain assessment tool updated regularly, with involvement of the GP and district nurses.

- Staff understood the Accessible Information Standard (AIS). This standard requires service providers to ensure those people with disability, impairment or sensory loss have information provided in a format accessible to them and they are supported with communication. A member of staff told us they would provide what was needed but were not currently using any specific aids.

- People were provided with activities, entertainment, outings and events, with one person commenting, "There's plenty to do and sometimes we just like to sit and relax". The registered manager told us about the range of entertainment that included coffee mornings at the local church, visiting flautist, visiting pets and craft workshops. In addition, we saw people really enjoying the recent purchase of an 'Alexa' that they asked questions and requested to play specific music.

- Entertainers visited regularly, in addition to activities and outings arranged by the care home team. On the day of our inspection, a reminiscence box that contained items such as a feather boa were handed round to people. There was a lot of enjoyment and laughter during this activity.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was readily available and displayed in the home.

- One complaint had been received in the last 12 months. The registered manager told us this had been resolved to the satisfaction of the complainant.

- People told us they would feel comfortable raising issues of concern and found the management team approachable.

End of life care and support

- At the time of our inspection, the service was not supporting any person to receive end of life care.

- However, people were supported to make decisions about their preferences for end of life care. One person's care plan noted, 'I would rather stay at Arun Lodge if I am poorly, and only go into hospital if it is an emergency.'

- Where appropriate and where people had a 'do not resuscitate' directive, this was clearly recorded.

- Staff worked closely with external health professionals to make sure people received the care and support they needed.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- Staff were supported with learning and encouraged to improve the care people received. Staff spoke positively and told us the management team actively encouraged them to participate in training. In addition, written guidance was displayed in staff areas.
- The registered manager took opportunities to make improvements to the service people received. The recent enhancement to the garden area and the purchase of 'Alexa' demonstrated the commitment to making continuous improvements.
- There was a positive staff culture and staff were motivated and enthusiastic.

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

- People, their relatives, and health professionals were encouraged to provide their views and opinions about the service. Everyone spoke positively, with comments including, "marvellous," and, "excellent service."
- Staff told us they were able to express their views openly and honestly at staff meetings.

Working in partnership with others

- The registered manager told us how they worked in partnership with other health and social care professionals to ensure positive outcomes for people. The feedback we received and the records we reviewed showed how people had benefitted from this collaborative approach.
- The registered manager told us they attended the local authority partnership in care forums and liaised with the local hospice for end of life training, guidance and support. This all enabled them to keep up to date on what was going on within the local area and share ideas.
- The management team told us they had a good working relationship with their GP surgery, who they described as "Very supportive" They attended monthly meetings at the surgery, with each meeting including a training element, such as diabetes or catheter management.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The management team were knowledgeable about all of the people they supported.
- Everyone provided positive feedback about the registered manager and deputy manager with a member of staff of commenting, "Management are so supportive and hands-on. Also, they're very often here at weekends too."

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

- The registered manager was aware of their registration requirements with CQC. They knew the different forms of statutory notifications they were required to send to the CQC by law.
- The management team monitored the quality of the service, mostly by observations, spot checks and from feedback received.