

Ms Beverley Holmes







Arran Manor

Inspection report

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Date of inspection visit: 01 October 2014
Date of publication: 30/03/2015

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	

Overall summary

Arran Manor is a residential care home that provides personal care and accommodation for up to 22 older people. At the time of our visit there were 17 people living at the home, some of whom were living with dementia. The home is located in a residential area of Hornchurch in the London Borough of Havering. The provider of the service is an individual who is responsible for the day-to-day management of the service. Therefore they are not required to have a separate manager. 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 and associated Regulations about how the service is run. This was an unannounced inspection, carried out on 1 October 2014. We inspected Arran Manor in December 2013 and found that the service was meeting the regulations inspected.

People told us they felt safe at Arran Manor and were protected from abuse. Staff knew how to identify if people were at risk of abuse and knew what to do to ensure they were protected.

Summary of findings

The provider had knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). Staff had also received training in this subject. Deprivation of Liberty Safeguards authorisation gives the provider legal permission to deprive a person of their liberties where it is deemed to be in their best interests or their own safety. Staff were aware that on occasions this was necessary. There were no DoLS authorisations in place at the time of the inspection.

Staff were aware of people's individual needs. We saw that care was provided with kindness and that they treated people with respect. People and their relatives spoke positively about the home, the staff and the care their family member received. They told us, "The staff are lovely, all warm, caring and respectful." Staff took time to talk with people and provide activities such as cake baking, scrabble, puzzles and arts and crafts.

Staff were appropriately trained and skilled. They provided care in a safe environment. They understood their roles and responsibilities, as well as the values of the home. Staff supported people to maintain their mobility. People were happy with the quality of the food provided. Their dietary needs were met in a way which promoted and maintained their health and wellbeing.

Staff received the support and training they needed to provide a safe service that met people's needs.

Relatives knew how to raise concerns and felt the registered manager was approachable and would adequately deal with any issues. Relatives told us they did not have any concerns and felt the manager sought their views and was good at communicating changes.

Summary of findings

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. Prescribed medicines were administered by staff who were trained and assessed as competent to administer them.

People were supported by staff who received training and support to meet their needs safely and appropriately.

People lived in a clean, comfortable and safe environment.

Good



Is the service effective?

The service was effective. People were supported to maintain good health and had access to health care services as needed. External healthcare professionals were involved in providing support when needed.

People were supported by staff who received training and support to meet their needs safely and appropriately. External healthcare professionals were involved in providing support when needed.

Staff provided appropriate support to ensure people had sufficient food and drink to maintain their health and wellbeing.

Good



Is the service caring?

The service was caring. People were treated with kindness and compassion. Their dignity was respected. Staff talked with people and involved them in activities.

Relatives were very positive about the care and support their family members received.

Good



Is the service responsive?

The service was responsive. People and their representatives were involved in planning, reviewing and updating care plans. Care was provided to meet people's individual needs.

People's health needs were met by staff who were experienced and knowledgeable.

Good



Is the service well-led?

The service was well-led. People told us that they were happy with the way the service was managed.

The manager monitored the quality of the service provided to ensure that people's needs were being met and that they were supported in a way that they wanted.

People told us that they felt confident that if they raised concerns they would be listened to and resolved quickly by the manager.

Good



Arran Manor

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

At our last inspection in December 2013, the service met the Regulations we inspected.

This inspection took place on 1 October 2014 and was unannounced. It was undertaken by two inspectors. Prior to the inspection we checked the information we held about the service and the provider. We had received notifications as required, for example, when people who

used the service were admitted to hospital or following a person's death. We did not request a provider information return (PIR) on this occasion. The PIR is a form that asks the provider to give some key information about the service.

At this inspection, we spent time observing care and support provided to people in the communal areas, lounges and dining room. We observed how staff interacted with the people who used the service. We were shown around the home by a staff member. We looked at six care files as well as a range of records about people's care, staff rotas, medicine administration records (MAR) sheets, selected policies and procedures and records relating to how the home was managed. We spoke with eight people who used the service, four relatives and five care staff. We telephoned a health care professional to ask about their views of the service provided to people.

Is the service safe?

Our findings

On the day of the inspection there was a calm atmosphere in the home and we saw that staff interacted with people in a friendly and respectful manner. One person told us, “I feel so safe living here. My family don’t have to worry about me anymore.” One visitor said, “We go home with peace of mind knowing that she is safe.”

The home had policies and procedures in place to protect people in order to ensure that risks of abuse to people were minimised. The manager informed us that all staff undertook training about how to safeguard adults during their induction period and there was regular refresher training for all staff.

The service had a training plan for the staff which included safeguarding vulnerable adults. The manager had displayed the telephone number of the Local Authority safeguarding team on notice boards giving details of who to contact if they had any concerns about a person’s safety and welfare. Staff confirmed that they had received training about how to recognise signs of potential abuse and the relevant reporting procedures. Any concerns about the safety or welfare of a person were reported to the manager who investigated the concerns and reported them to the local authority safeguarding team as required.

Assessments were undertaken to identify risks to people who used the service. Each of the files we looked at contained moving and handling assessments. We also saw assessments of risks associated with falls, continence, health and nutrition and skin integrity. Risk levels were reviewed every month or when there were any changes to a person’s needs. We found guidance in people’s care files which detailed actions that staff needed to take to minimise the risk of people being harmed for example, when moving and handling people. During the inspection, we saw that staff supervised a person when they were walking from one room to another to ensure they did this safely. They also encouraged people to use their walking aids if they had forgotten to do so.

The provider had appropriate systems in place in the event of an emergency. For example, a fire risk assessment had been completed and regular fire drills were carried out to

ensure people were aware of how to follow the evacuation procedure in case of an emergency. Staff confirmed that they had received fire safety and first aid training. They were aware of the procedure to follow in an emergency.

We checked the systems for storage and administration of medicines in the home. Medicines were kept safely. They were securely stored in lockable medicines trolleys in a locked room. People’s medication needs and guidance about how to meet these needs were recorded in their care plan. Medicines to people were administered by the shift leader on duty. We looked at three people’s medicines administration records. We saw that the medicines administration records (MAR) included the name of the person receiving the medicine, the type of medicine and dosage, the date and time of administration and the signature of the staff administering it. We saw that the MAR had been appropriately completed and were up to date. We checked the stock levels of medicines against the medicines records and found these agreed. Therefore people had received their prescribed medicines.

People received care and support in a timely manner. People told us there were always staff to support them when they needed and they did not have to wait for long to be attended to. One person told us, “If you ask for something special they will do it. The staff are never rude, they are helpful, and if they can help they will or explain that they will be a few minutes.” Staffing arrangements were planned taking into consideration the number of people using the service and the support they required. Staff we spoke with and staffing rosters we looked at confirmed that the staffing arrangements in place were sufficient to meet people’s current needs. Healthcare professionals stated that they thought that there were enough staff on duty when they visited the home.

The provider had a robust recruitment and selection process in place. We looked at the files for three of the most recently recruited staff. We found that appropriate pre-employment checks were undertaken before they had begun work. All the people we spoke with told us that there were sufficient staff on duty to meet their needs and provide support when they needed. We checked the staff rota, talked to staff and the manager. From our observations at the time of the inspection, we found that staffing levels were sufficient to meet people’s needs.

Is the service effective?

Our findings

People told us that they were happy with the care that they received at Arran Manor and about the staff who supported them. One person said of staff that they were “always helpful” and “kind and caring.” Relatives told us that staff were competent and had the skills needed to carry out their roles and responsibilities. One relative told us, “The staff are always so caring towards my relative. They always want to help and do their best.” Another said, “The staff are lovely, all warm, caring and respectful.”

People were supported by skilled staff who received appropriate training to enable them to provide an effective service that met their needs. Staff we spoke to confirmed that they had completed an induction programme when they first started working at the home and received further training over a period of twelve weeks. They had completed qualifications in health and social care. We were informed that a senior carer at the home was a dementia champion having completed a one year course about dementia. They were going to arrange delivery of this training to the staff group at the home so that they had sufficient knowledge and skills to meet the needs of people living with dementia. Most of the training was delivered internally with the staff attending some external courses as required. Staff told us that the training was comprehensive and provided them with the knowledge, information and skills they needed to look after people who used the service.

Staff told us that they received good support from the management team both in relation to day to day guidance and individual supervision (one to one meetings with their line manager to discuss work practice and any issues affecting people who used the service). They said that during supervision they could bring up any issues, give and receive feedback and discuss their training and developmental needs. Staff felt supported by the manager and said the home was a “good place to work.”

The manager was aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA is legislation to protect people who are unable to make decisions for themselves. Staff had received MCA training and had knowledge of DoLS and were aware of people’s rights to make decisions about their lives. People told us that they were supported to be as independent as possible by the staff. People had risk assessments in place to protect them from harm whilst

promoting their independence. People told us they could move freely around the home as they wished and were not stooped from doing things. The registered manager was aware of how to obtain best interest decisions or when to refer to obtain a DoLS authorisation. At the time of the inspection none of the people using the service were subject to DoLS authorisations.

A person who used the service told us staff listened to them and provided them with the support that they needed in the way they wanted. We observed that staff gave people time to make decisions. This was evident when the lunch time food choice was being made. A member of staff carefully explained the content of the food and waited until the person asked for further information before making a definitive choice. A person who used the service told us, “Staff always give me the time to say or do something. They recognise I am not as quick witted as I used to be.”

The registered manager told us that whilst most of the people who used the service had family members who acted as their advocate, for those who had no family member involvement, advocacy was provided by a named charity which offered support to older people. We saw posters on the noticeboard informing people of this service being available.

People were supported to maintain good health and enabled to access health care services when needed. The GP visited weekly and people told us that they had seen a number of different healthcare professionals including the GP, chiropodist, dentist, community nurse, and the optician. A specialist nurse for Parkinson’s disease was linked to the home to advise on best practice and ensure staff had the skills to meet people’s needs. We were informed by them that the staff worked well with them, sought advice and acted on it appropriately to make sure people’s needs were met appropriately. Staff told us that they were informed of any changes to a person’s care plan during handover meetings after each shift. A person who used the service said, “You can see the doctor or a nurse if you are poorly. They make sure you are looked after.”

A healthcare professional told us that they observed staff to be pleasant to people. They informed us that staff were communicative, listened to them and took appropriate action in response to any advice they had given. They said,

Is the service effective?

“I don’t have any worries about the care people receive there. The home is clean, there are no smells, and everyone is well dressed and cared for.” This meant that staff provided care to people in a person centred way.

People were provided with a choice of suitable and nutritious food and drink which was available throughout the day. One person told us, “The staff always seem so worried about how much I eat and gently encourage me to eat more.” There was a four week rolling menu and all meals were homemade. The cook was aware of people’s

specific dietary needs and provided us with examples of people’s food preferences having been incorporated in the menu. We saw that liquids were offered to people at frequent intervals. When people needed help with their meal staff provided appropriate assistance. People were not rushed during lunchtime and were supported appropriately by staff. People’s dietary needs were therefore met in a way which promoted and maintained their health and wellbeing.

Is the service caring?

Our findings

People told us that staff were kind, caring and treated them with kindness. There were positive interactions between the staff and people living in the home. We saw that staff knew people well, were patient and considerate. They took time to explain things so that people knew what was happening. For example, they frequently reassured a person each time they asked when their relative would be visiting. A relative told us, "This place is like heaven, they wrap my relative up in cotton wool." Another said, "Staff seem to have radar going all the time to help the people here."

The staff had a good knowledge of the people they cared for. They were able to tell us about people's personal histories and interests. We heard staff chatting to people about their families and interests. Visitors told us they were always made welcome and were able to visit

at any time. We observed a member of staff speaking to a person about a specific interest which we saw recorded in their life history. We later spoke to the staff member who told us, "I like to get to know the people who live here and what their interests are. Then I can chat to them about that." Another told us, "I like to ask relatives what this person was like before they developed dementia. I can then understand their habits better and respond in a way which does not confuse them more." We saw that staff frequently reassured people with dementia when they became agitated. This was done in a patient, kind and compassionate way which had a calming effect.

Staff said they tried to ensure people continued to make choices about all aspects of their lives.

We observed that people engaged in table top activities facilitated by staff, such as baking and board games. Staff listened to people's preferences and helped them to engage in activities. They asked whether people wished to join in the activity and if they did, they were offered support to do so. A relative told us, "The TV is not on all the time. People are encouraged to socialise and engage in

activities." One person told us, "The staff are really very kind. They encourage me to join in with activities, but only if I want to." We observed that the majority of people, who used the service, including those with dementia, could identify the staff who were on duty and called them by their correct name.

During the inspection, we saw staff supported people who needed personal assistance in a discreet and respectful manner. They quietly asked people if they would like to be helped with personal care. Staff told us that it was important to respect people's wishes. A member of staff said, "I know it is difficult for some to accept they need support with their personal care and I try to make this as easy as possible." They told us that they informed the person of their every action and if the person did not want support, then they offered verbal guidance instead. All four relatives we spoke with told us how their relatives' clothes were never mixed up when they had been laundered. A person who used the service said, "I don't know how they do it, but they never mix my laundry up, not even my underwear." We saw on people's care plans how they were encouraged to express their preference for a male or female care worker. A care worker told us this wish was respected. People therefore received care and support in the manner that they wished.

We saw minutes of residents meetings where people's views about the service, activities, menus and outings were sought. The meetings took place every two months. Feedback from people had been responded to in relation to the range of activities offered and people's preferences had been included in the menu which was being changed for the winter period.

People and their relatives were involved in decisions about their end of life care and the service was committed to support people to remain at Arran Manor at that time. The staff had received end of life training and had supported people, their relatives and each other with this. The provider told us that they also received support from the GP and the district nurse.

Is the service responsive?

Our findings

People's care plans were personalised, comprehensive and contained details of their likes and dislikes, what they liked to be called and their life history. They contained sufficient information to enable staff to provide personalised care and support in line with the person's wishes. People and their relatives told us that they were involved in discussions about their care plans and staff knew how to look after them.

Care plans were routinely reviewed six monthly with the involvement of people who used the service and their relatives, if they wished. They were reviewed and updated more frequently if people's needs changed, for example, after a fall or when a person returned from hospital. Care plans were updated to reflect people's changing needs. People told us that staff listened to them and acted on what they said. They told us that they were encouraged to make choices and have as much control as possible over what they did and how they were cared for. People said that staff asked permission before they did things for them. They also knocked and asked permission to enter their rooms.

Arrangements were in place to meet people's social and recreational needs. We observed that people were involved in various activities in the home. An activities timetable was displayed on a noticeboard and we observed that staff carried out activities with people. They gently encouraged people to participate in activities if they chose to. We saw that staff sat beside people in order to engage them in the activities. We saw that where people's hobbies and

interests were recorded, staff attempted to provide these activities, for example, baking. We noted that soft music was played in the background for people's enjoyment and that the television was not switched on, unless requested by people.

The service was responsive to people's healthcare needs and the GP visited weekly. The relevant information was shared with other agencies and professionals when people moved between services. Staff and a relative of a person who had recently been discharged from hospital told us that when their family member was admitted to hospital, a referral letter explaining why they required hospital support was provided by the home, with a copy of their medicine administration record (MAR) and other relevant medical information. Another relative told us that when their family member had been admitted to hospital in an emergency, staff contacted them immediately to inform them. The relative confirmed that there was regular contact between the staff and the hospital throughout the person's stay there to find out how they progressed with their recovery. People's healthcare needs were therefore identified to ensure that they had access to the necessary treatment.

The service's complaints procedure was displayed on a noticeboard in a communal area. People informed us that they felt confident that if they raised any concerns, they would be listened to and acted upon swiftly. They told us they would speak to the manager, a member of staff or tell their relative. When we asked people if they had any concerns at the time of our visit, they told us they had nothing to complain about.

Is the service well-led?

Our findings

The service was well-led. The provider of the service had responsibility for the day-to-day running of the home. People told us that they were happy with the management of the home and felt comfortable raising any concerns with the provider as and when they arose.

Relatives and healthcare professionals said the provider and deputy manager were approachable and accessible for any queries. We saw that the provider talked to people and their relatives throughout the day and spent time ensuring people received the care that they needed. On the day of the inspection, we saw that the provider was readily available to staff, people who used the service, as well as relatives and visiting professionals to answer any queries and provide support, guidance and advice. Three relatives of people who used the service told us that they found the provider to be “approachable” and “helpful.” A visitor said that they had visited the home and liked it “straight away” and the “staff were lovely.”

The provider sought feedback from relatives and people who used the service by means of an annual quality assurance questionnaire. Responses from these were analysed and an action plan put in place to respond to any issues that had arisen. We saw in the action plan that most of the areas such as furnishing and décor, atmosphere, friendliness of staff, accessibility of management, and security in the home were rated as “good” or “excellent.” People and their relatives confirmed that they had been consulted about the quality of service provision. Some of the comments from relatives said “Generally we [the family]

are very happy that dad is at Arran Manor.” Another comment was, “I am happy with the home and the attention my sister gets from the staff and the management.”

There were clear management and reporting structures in place and staff was aware of the lines of responsibility. Staff told us that there was good communication between all staff within the home. They told us that they received regular handovers (daily meetings to discuss current issues within the home). Staff said handovers gave them current information about who was unwell, in hospital or remained in their room. Staff told us that they were also informed of any changes that occurred in the home through staff meetings, which meant they received up to date information and were kept well informed. One member of staff told us, “They tell us about any changes so that we all know what’s happening.”

Minutes of staff meetings showed these took place regularly, where they felt able raise issues about the service with the management team. Staff told us that they had no concerns and commented, “We work together as a team. If we have a problem we go to the manager or other staff. We get the support we need.”

People knew how to make a complaint. They and their relatives felt listened to by the provider and staff. The provider completed regular checks, carried out assessments and monitored the quality of the service. These were used to make improvements such as learning from feedback or how complaints were handled. Their opinions were sought, listened to and acted on to improve and develop the service.