Greensleeves Homes Trust

Arden House

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?	Requires Improvement

Summary of findings

Overall summary

We carried out an unannounced inspection at Arden House Care Home on 03 February 2016.

Arden House Care Home provides accommodation for up to 33 people who require personal care. The home has three floors and a well maintained garden area. At the time of our inspection there were 25 people living at the home, two people had been admitted to an acute hospital and five rooms were vacant.

Arden House Care Home had a registered manager in place. 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.

All the people we spoke with told us they felt safe living at Arden House. Staff we spoke with were able to confidently describe a good understanding of the types of abuse that may occur and knew how to report this should they need to. All staff were trained in safeguarding. We looked at the care records of six people who lived at the home. There were personalised assessments for identified risks for each person. These were written in enough detail to protect people from harm whilst promoting their independence.

We saw that there were processes in place to manage risk in connection with the operation of the home, however these were not consistently completed. For example the cleaning schedules for the home did not have any expected instructions detailed and they were not completed consistently. In addition the night staff task checklist, which included cleaning tasks, was not completed consistently.

There were enough qualified, skilled and experienced staff to meet people's needs however the necessary recruitment and selection processes to ensure that staff were suitable to work with people who lived at the home were not always in place.

Appropriate arrangements were in place in relation for the recording of medicine and records which showed that people received their medication as prescribed.

People we spoke with were able to tell us that they had been involved with and participated in the care planning process and had agreed to the content of their plans. Members of staff we spoke with were very positive about the standard of care they provided. Staff knew what was expected of them and that they had the necessary skills to carry out their role to a good standard. Staff told us that they had received regular supervision meetings with their line manager which we verified in the supervision records.

Most of the staff had received training on the Mental Capacity Act 2005 (MCA) and were aware of the Deprivation of Liberty Safeguards (DoLS). They demonstrated an understanding of the requirements of the MCA.

There was plenty of choice of food and people could have drinks and snacks whenever they wanted them. We saw people were offered drinks and snacks throughout the day.

The staff were very caring and ensured people's privacy and dignity were protected. They knew the people they were caring for well. This included knowledge of people's likes and dislikes, how they could communicate, their backgrounds and the relationships that were important to them. This meant that people were cared for appropriately.

People's needs were assessed and care and support was planned and delivered in line with their individual care plans. People told us that they were supported to access healthcare services.

All of the staff we spoke with said that staff morale was very good and that their manager was approachable and responsive to suggestions made to improve the quality of service. Some systems and processes were not established or operated effectively to ensure good governance.

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.

People told us they felt safe. Staff were aware of safeguarding and whistleblowing procedures and knew how to use them if required to do so. There were enough skilled, experienced staff to meet the needs of the people who lived at the home. Medicines were stored and administered safely.

Is the service effective?

Good

The service was effective.

The requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were applied appropriately. People had plenty of choice of nutritious food and drink throughout the day. Staff received regular supervision and appraisal.

Is the service caring?

Good

The service was caring.

There was a lot of positive interaction between staff and people throughout our inspection and staff were able to demonstrate that they knew the people they cared for well. Staff consistently respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People received a service from staff who were trained to look at their personal, individual needs. People's needs were assessed and the care they required was planned and delivered according to their wishes. Any complaints received were listened to and action was taken to rectify the situation to the person's satisfaction.

Is the service well-led?

Requires Improvement

The service was not consistently well-led

Some systems and processes were not in place or operated effectively to ensure that audits assessed, monitored and improved the quality and safety of the services provided. However staff felt supported by the manager and staff morale was very good.	

Arden House

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.

This inspection took place on 03 February 2016 and was unannounced. The inspection team was made up of one inspector.

Before we visited the home we checked the information that we held about it. We reviewed the home's statement of purpose. The statement of purpose is an important part of a provider's registration with CQC and a legal requirement. It sets out what services are offered, the quality of care that can be expected and how the services are to be delivered.

We looked at the notifications that the home had sent us. A notification is information about important events which the provider is required to send us by law. We looked at the report of the previous inspection held in October 2013.

We spoke with eight people and three relatives of people who lived at the home. We also spoke with the regional manager, deputy manager, one ancillary worker, one senior care worker and three care workers. We reviewed the care records for six people who lived at the home and the files for four members of staff. We also reviewed management records on complaints, premises and quality.

Good

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe living at Arden House. One person told us, "I feel very safe here." The relatives we spoke with also said that the home was a safe and secure environment for people.

Staff we spoke with were able to confidently describe the types of abuse that may occur and knew how to report any concerns. They were also able to demonstrate their awareness of the whistleblowing policy. One member of staff told us, "I do not have any concerns but if I did I would raise them straight away with one of the seniors." Another member of staff said, "I feel very confident to raise any issues of concern with my manager although I have not needed to." All staff we spoke with told us they had received training in safeguarding and training records confirmed that all staff had received training within the last year. The provider had an up to date policy designed to protect people from abuse which included safeguarding and whistleblowing. Managers demonstrated their awareness of how to work with other agencies such as the local authority and the Care Quality Commission should any concerns be raised. There were no safeguarding referrals deemed necessary at the time of our inspection.

We looked at the care records of six people who lived at the home. There were personalised assessments for identified risks for each person. These were written in enough detail to protect people from harm whilst promoting their independence. For example, we saw one person had risk assessments and management plans for self-medicating. We asked this person about their risk assessment and they were familiar with the associated management plans. This person said, "It is important to me that I can take my own medication. I want as much independence as I can have." This meant that the risk was managed effectively whilst still offering the person choice and promoting their independence. We looked at the moving and handling risk assessments for three people and saw there were instructions in place to inform staff how to assist these people with their mobility. One person required the use of a hoist and we saw the risk assessment named which hoist and slings to use to keep the person safe. Staff told us that they were familiar with peoples' risk assessments and the associated plans.

Staff said they were committed to maintaining peoples' independence whilst at the same time protecting them from harm. For example staff said they assisted people with their mobility as described in their care plans and that this was individually assessed to enable people as much independence as possible. Staff told us that the use of restraint was not allowed. When situations arose where people became distressed and challenging, staff tried to understand what it was that had upset them. People's care records gave information on triggers that might upset people and what steps staff should take to calm a situation. We did note in one set of care records however that staff were not given clear guidance on the triggers for this person's agitation. Staff intervened sensitively and appropriately when this person became agitated but the intervention was not recorded in the care records.

We saw that there were processes in place to manage risk in connection with the operation of the home. These included the availability of first aid boxes around the home which were checked regularly to ensure they were fit for purpose. There were also fire risk assessments, gas safety and electrical safety checks. We

saw that the temperature of water was monitored and tested monthly to ensure it was not above 43C and that posters were available in each bathroom reminding staff not to exceed the maximum recommended bath water temperature. All staff had up to date health and safety training in addition to fire training and attendance at a recent fire drill.

There were enough qualified, skilled and experienced staff to meet people's needs. Staff were always available to support people when they asked for help. People we spoke with told us staff responded to their requests for assistance and they never had to wait long if they needed any support. One person told us, "The staff here are great and very attentive. They seem to go that extra mile in making sure I have everything I need." We saw that people received personal care in a timely manner. We looked at staff rotas which showed that identified safe staffing numbers had been maintained. Where a need was identified, the provider increased staffing levels to ensure people's needs were met and they continued to receive safe care. For example, there had been additional staff employed over the eight week period when the lift had not been working. At the time of our visit there were three staff vacancies including an activity co-ordinator and two carer assistant positions. Recruitment was taking place to fill these posts.

The necessary recruitment and selection processes to ensure that staff were suitable to work with people who lived at the home were not always in place. We looked at four staff files and found that some of the checks, such as satisfactory Disclosure and Barring Service clearance had been undertaken before staff began work at the home. In addition evidence of staffs' identity had been obtained. However we found in two of the four staff records we checked that there were gaps in the continuity of employment seen, the staff members' employment histories had not been sufficiently explained. In two of the records looked at there was no official provider letters requesting references and the returned references were not on headed, official note paper, so the authenticity of the references could not be guaranteed. In the third set of staff records looked at there were no dates set against education undertaken, meaning that a chronology of educational history could not be seen. There was no overarching guidance or checklist available in the staff files to ensure set standards and content of paperwork .

People received their medicines as prescribed. Medicines were stored and administered in line with current guidance and regulations. The central medicine stock cupboard was organised and tidy. All medicines prescribed and dispensed were individualised and stored accordingly in the medicine cabinet. We saw from a review of records that stock checks were conducted daily. Every day all of the medicines for two people living in the home were checked in detail. This showed that medicines had been kept safely. We checked the medication administration records (MAR) and found no omissions in recording. Arrangements were in place in relation to the recording of medicine and records which showed that people received their medication as prescribed. Staff received training prior to administering medication and this included a competency based assessment.

Good

Is the service effective?

Our findings

Members of staff we spoke with were very positive about the standard of care they provided. One member of staff told us, "This is the best care home locally, I love working here. I provide the best standard of care that I can. Everything I do is as if I were caring for a member of my own family."

New staff had been provided with induction training and we saw this recorded on the training plan. This ensured that they knew what was expected of them and that they had the necessary skills to carry out their role to a good standard. The provider was using the national Care Certificate which sets out common induction standards for social care staff. Staff told us they had received a variety of training including safeguarding, personal care delivery and dementia care. Staff we spoke with were able to tell us how they applied the training they had received in people's day to day care. One member of staff told us, "Our training here is very good and our manager is approachable and listens to what we have to say about our training needs. We want the care delivered here to be the best possible." We saw that staff training had been effective. For example we spoke with staff about activities available for people and one told us they like to play music for people. The staff member told us of how important music was in stimulating memories for people living with dementia.

Members of staff told us they received regular supervision meetings with their line manager. During these they discussed their performance and targets. They also discussed any problem areas and training requirements. Records showed that supervision meetings were scheduled and took place throughout the year. The registered manager monitored that these took place. Staff files showed that staff received appropriate professional development and were able to obtain further relevant qualifications.

There were policies and procedures in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Most staff told us they had received training on MCA and DoLS but a minority told us that they had yet to receive this training. We saw that a training session had been scheduled for later in the month for those staff who had not undergone training. The 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 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Most staff had been trained to understand when a DoLS application should be made and knew how to submit one. No deprivations of peoples' liberty had been identified at Arden House and therefore there were no DoLS authorisations applied for or in place for anyone who lived at the home. This showed that the provider had properly trained and prepared their staff in understanding the requirements of the MCA in general, and the specific requirements of the DoLS.

All the people who lived at the home had the mental capacity to consent to specific decisions relating to their care. The care records we looked at showed that people had received a mental capacity assessment to

determine whether they could consent to aspects of their care, such as the administration of medication. We saw that staff consistently asked people for their consent, for example asking people if and when they were wanting assistance with personal care.

There was plenty of choice of food and people could have drinks and snacks whenever they wanted them. We saw people were offered drinks and snacks throughout the day. Fresh fruit was available in all of the lounge and dining room areas. We heard one person say, "I really feel like a lovely drink of tea." A member of staff responded immediately by saying, "Then I will get you a cup of tea straight away and a couple of lovely biscuits."

There were three dining rooms in the home, one on each floor. We saw that, where people needed assistance to eat their meal, members of staff assisted in a caring, respectful manner. The members of staff interacted positively with people, laughing and joking with them and explaining what they were being offered to eat.

Staff told us that the chef was notified about people's food preferences and any specific dietary requirements for people, such as whether they needed a diabetic diet, pureed or fortified meals. There were always at least two choices for meals however, if people wanted something different this was provided.

All the people we spoke with expressed satisfaction with the quality of food and choices offered. One person said, "The food is very good and I am fussy." Another person said, "Really I can ask for whatever I want, it's all very flexible and suited to our choices."

We saw that people's cultural diets were respected, with special foods prepared, as appropriate, to cater for their needs. Dietary supplements were used at the home when required and people who required additional nutrition were provided with fortified foods, such as mashed potato made with butter and cream. People who required this support were monitored by the local dietetic service. People could be confident that their nutritional needs would be met.

People told us that they were supported to access healthcare services. One person told us, "I am visited regularly by the district nurse and I see the doctor too, whenever I ask." The care records for people who had physical or mental health needs showed that the provider had involved a wide selection of health care professionals to ensure that people's needs were met to a good standard. We saw that a doctor, district nurse, dietician and speech and language therapist had visited the service to advise the staff and support them with meeting people's needs. We noted that the advice and information provided had been incorporated into people's care plans and risk management strategies.

Good

Is the service caring?

Our findings

All of the people we spoke with told us that the staff were very caring. One person told us, "I am in absolute heaven here, the staff are fantastic." Another person said, "The staff are marvellous and so obliging." Another person said, "The staff are kind here and I am looked after very well." Another person told us, "This is a lovely place if you have to have care. Admittedly it's not my own home but that said it couldn't be any better, the staff are lovely people."

During our visit we saw a lot of positive interaction between staff and people who lived at the home. People told us how, "Positive, bright and happy" the staff were. We saw that the staff showed patience and gave encouragement when supporting people. Staff were positive about working with people using the service. They were clear and enthusiastic about the value of the relationships they had established with people. One member of staff told us that the relationships they had formed with people who lived at the home were, "Particularly rewarding." Another member of staff told us, "Working here is great, and it's not really like being at work at all, I treat everyone as if they were my relative." This showed that the staff cared about the people they supported.

Staff we spoke with were able to tell us of people's backgrounds, family relationships, likes and dislikes. One person said, "The staff are very good at listening to me and seem to want to know about my life and experiences." One member of staff said, "I am interested to hear about the life experiences of our residents. We have a lot to learn from our residents and I never tire of listening to them." Another member of staff told us about the life of one person who loved animals and how they had taken the person on a variety of trips to see, for example a donkey sanctuary. They told us they had gained information about people by talking with them and their relatives when they visited. Not all care records had a completed life history section and the provider undertook to complete any which had not been done as part of the care plan review process.

Staff told us they understood the triggers that could cause some people to become agitated or distressed and the steps to take to defuse situations when they arose. We noted that members of staff encouraged people to complete activities that they liked when they became distressed or agitated. The members of staff told us that they used people's care plans and also talked to other members of staff to understand their individual needs. This showed that people were supported by staff who understood them.

Staff respected people's privacy and dignity. We saw that if people were in their rooms, staff knocked on the door and waited to be invited in before entering the room. One person told us, "Even when the door is open they always knock on my door and wait to come in." We saw that staff closed people's doors before providing any personal care to them. We saw that staff ate their lunch with residents at the same time which assisted in creating a calm, sociable and homely atmosphere. The dining room tables were laid attractively and had tablecloths, condiments, napkins, attractive crockery and fresh flowers in small vases.

People were able to decide where and how they spent their time. One person told us, "There is often something going on but I don't go. I don't want to go and I am not put under pressure to join in." People told us that their visitors could call at any time. The relatives of one person we spoke with told us that they felt

welcome to visit the home at whatever time they wanted.

People told us they were involved in decisions about their care and were able to choose what they wanted to do and when, such as getting up in the morning, what time they went to bed and how they spent their day. One person said, "Staff help me to stay independent and I decide what happens and when, yes the staff treat me as an individual with an ability to make my own decisions."

Good

Is the service responsive?

Our findings

People we spoke with told us the staff had discussed the care and support they wanted and they knew this was recorded in their care records. One person told us, "I am always asked how I would like things done." Another person told us they kept their own records of everything they ate and drank and that this information was summarised and put into their care records on a daily basis. At the time of our inspection care plans were being reviewed by the newly appointed deputy manager and only one out of the six care records we looked at had been signed. People we spoke with however were able to tell us that they had been involved with the planning process and had agreed to the content. One person told us, "The staff here are always asking me what care I need and how they can best help me."

People's needs were assessed and care and support was planned and delivered in line with their individual care plans. Care plans reflected individual needs, however the depth of personal histories varied, with some containing quite brief information and others more extensive accounts. We discussed this with the deputy manager who said not all people were comfortable with giving a lot of information to staff at one time. The care records had needs assessments, risk assessments and care plans. We noted all documentation was being updated by the newly appointed deputy manager in conjunction with the senior support staff, all of whom had recently received training on individualised care planning by a regional manager. We saw evidence, where they had been able to or wanted to, that people or their representative had been involved in the monthly reviews of their care and treatment. We saw that the service was accredited as an, "Eden Alternative" home. This approach puts the person using services at the centre of decision making about how they want to live their lives. Staff told us they had received training on this approach and they spoke confidently about putting the person at the centre of their thinking and planning.

The activity co-ordinator post was vacant and being actively recruited at the time of our inspection. However, a number of the care staff supported people with their hobbies and interests. One person had a particular interest in art. They had been encouraged to express themselves through their artwork, examples of which were displayed in portfolios in their room. We observed meaningful activity taking place which met the social, emotional and psychological needs of people. For example we saw that a variety of arts and crafts activities was available as well as music, entertainment and current affairs activities. However, more work needed to be done to encourage a sense of purpose and achievement for all the people who lived at the home. One person said they felt, "Confined" to their room a lot of the time and felt staff were, "Too busy to assist me to get out more." One visitor thought their relative sat alone in their room too much and they would like to see more activities on offer throughout the week. The relative felt this was due to the activity co-ordinator post being vacant. We fed this back to the deputy manager who said the post was out to advert to be recruited into as soon as possible.

We were invited into a number of bedrooms and found a lot of personalisation such as people's own choice of furniture, pictures, personal effects and photographs. One person said, "It has been great to be able to bring in some of my own furniture and make this room my own. Yes I am very comfortable here."

The landscaped garden areas had different sections where people could enjoy the outside space when the

weather was better. A greenhouse area with raised borders where people could help with gardening, a beach hut area for relaxing and the pet rabbit section showed us that the garden area had been sensitively and responsively developed for peoples' enjoyment.

People were aware that there was a complaints system. This was advertised in the leaflet about the home that people and their relatives had been given. Posters about the complaints system were available on the noticeboard in reception. We had been informed that there had been some concerns raised by relatives and people using the service about poor communication over the broken lift. The lift had been out of order from mid November 2015 until 22 January 2016. We saw that a meeting was held with people and their relatives and senior representatives from the provider. We heard that regular letters updating people on specific issues was being planned as well as an email group for relatives to stay in touch. This meant people were able to express their views about their care and the general facilities at the home.

Requires Improvement

Is the service well-led?

Our findings

The Arden House registered manager was not available during our inspection. The recently appointed deputy manager was available and had been working in the service for three weeks. The regional manager was supporting the deputy manager and visited the service twice each week during the registered manager's absence.

All the staff we spoke with said that staff morale was very good. One staff member said, "We work really well as a team and are very well supported by seniors and our manager." Another staff member said, "This is a great team to work in. I have worked in a number of care homes and this team is the best, everyone is committed to our residents and totally dedicated." All staff said that the values of the provider were person centred and all care and support was delivered in an individualised and unique way. Staff said their feedback was encouraged, either individually through supervision or collectively via the regular team meetings. We looked at the minutes of the staff team meeting held the month before our inspection and saw that care plan reviews and staff training was discussed. All staff said they felt confident to raise any concerns or any ideas for improvement and that the registered manager was approachable, supportive and responsive to suggestions made.

We looked at the processes and systems which should be in place to ensure good governance. Good governance is the way the provider uses information to make the best decisions about providing a safe and high quality service for people. We looked at a range of health and safety, environmental and quality audits. We looked at the daily night staff cleaning checklist which ensured a number of cleaning and checking tasks were carried out. There were gaps in the checklist, some stretching across a whole week period and there was no explanation as to how the cleaning tasks were completed, when and by whom and if they were done at all. No cleaning schedules had any guidance about what was to be cleaned, when and to a required standard. We had no concerns about the cleanliness of Arden House and spoke to the deputy manager about the quality of the records kept about cleaning.

We looked at four staff records, all of which had gaps or omissions. The regional manager had carried out a head office audit the month before our inspection however none of the governance problems seen by us had been raised. This meant that some systems and processes were not established or operated effectively to ensure good governance. We brought this to the regional manager's attention who told us that the audits in place to assess, monitor and improve the quality and safety of the services provided would be reviewed and changed to be clearer and more effective.