

Lindale Homes Limited

# Arden Lodge Residential Care Home for Elder Adults

## 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

The inspection took place on 7 March 2016 and was unannounced. At the last inspection on 29 January 2015, we found that the provider was not meeting the regulation in respect of ensuring that any restrictions on people's right were in line with the Deprivation of Liberty Safeguards. At this inspection we found that improvements had been made and all regulations were met.

The home is registered to provide accommodation to a maximum of 33 people. The people that lived there were older people who needed care and support with daily living tasks. On the day of our inspection there were 32 people that lived there.

There was a registered manager in post. 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.

There were systems in place to monitor the quality of the service provided but they were not always stringent enough to identify shortfalls in the service so that actions could be taken to improve the service.

People who lived at the home felt safe and secure in the home. People were happy that there were sufficient staff available to support them when they needed support.

People received care and support that was safe and that met their individual needs.

People received their medicines as prescribed.

People were asked for their consent before support was provided. Staff understood the circumstances when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) should be followed.

People were supported to eat and drink sufficient amounts to remain healthy.

People were supported by caring and respectful staff that encouraged people to be as independent as much as possible.

People's health care and support needs were assessed and regularly reviewed. There were no complaints about the service.

People were supported to maintain contact with people important to them and to be involved in activities that they liked to do.

## 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 were protected from the risk of harm and abuse because the provider had effective safeguarding systems in place and staff were aware of the processes they needed to follow.

Risks to people were appropriately assessed and planned for.

People were supported by adequate numbers of staff so that their needs would be met.

People received their prescribed medicines as required.

### Is the service effective?

Good ●

The service was effective

People were supported by staff that were experienced and suitably trained.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted.

People received food and drink that met their needs and preferences.

People were supported to meet their healthcare needs and had access to health and social care professionals.

### Is the service caring?

Good ●

The service was caring

People were supported by staff that were caring and kind and that respected their privacy and dignity.

Staff spent time with people, supporting them in their day to day activities.

Staff were respectful of people's choices and supported them to

remain as independent as possible.

### Is the service responsive?

Good ●

The service was responsive

People's support needs and preferences were assessed to ensure that their needs would be met in their preferred way.

People were supported to take part in group or individual hobbies and activities.

The provider ensured feedback was sought through meetings, complaints and satisfaction surveys.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led

People told us they were happy with the quality of the service they received.

People said the registered manager was approachable and responsive to their requests.

The provider had quality assurance processes in place to monitor the service to ensure people received an effective service but shortfalls were not always identified.

# Arden Lodge Residential Care Home for Elder Adults

## **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, 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 7 March 2016 and was unannounced and carried out by two inspectors.

When planning our inspection, we looked at the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

During our inspection, we spoke with seven people who lived at the home, two care workers, the chef, one relative, one health care professional, the registered manager, deputy manager and the provider. We observed interactions between staff and people that lived there.

We looked at the care plans of three people, the medicine management processes and records maintained by the home about staffing levels and staff training. We also looked at records relating to the management of the service and a selection of the service's audits to check people received a good quality service.

# Is the service safe?

## Our findings

People told us that they felt safe in the home. One person said, "I feel safe here." Another person said, "The social worker keeps asking if I want to move to sheltered living, I tell her no." This showed that the person was happy at the home and did not want to move although they could be living in more independent accommodation. Our observations showed that people were comfortable in the presence of staff. All staff spoken with told us that any concerns they had would be reported to senior care staff or the managers. Staff were able to describe what types of things they would consider to be abusive or poor practice. Staff were aware of their responsibilities to escalate any concerns they may have and told us they had undertaken training in how to recognise if abuse was happening. The registered manager told us that staff had undertaken safeguarding training and training records confirmed this. Information we held about the service showed that the appropriate authorities had been informed and the required actions taken to keep people safe when concerns had been raised.

Risks associated with the care people needed had been assessed and plans put in place to manage them. Staff were aware of how to manage risks in order to be able to care for people safely. We saw that where needed people were appropriately supported to stand up by staff who used a hoist safely. Records showed that individual risk assessments had been completed for each aspect of people's care. These included risks associated with moving people, falls, skin care and behaviours that could challenge others. We saw that staff followed the risk management plans in place. For example, people at risk of developing skin damage were seated on pressure relieving cushions. We saw that beds that could be lowered to low height and alert mats were in place where people had been assessed at risk of falling. This meant that if people fell out of bed they were less likely to suffer an injury and staff were alerted when the individuals got out of bed so that staff could support them and assure their safety.

During the inspection we saw that staff acted appropriately in emergency situations to ensure that people received the care they needed. We saw that staff worked quickly and competently ensuring that an individual received support from healthcare professionals when they became unwell. A compliment made by a healthcare professional stated, "Staff are very helpful; know the correct information and good paperwork is in place."

People spoken with told us they were happy with the availability of staff. Our observations showed that staff were attentive to people and people did not have to wait for assistance. Staff told us there were sufficient staff available to meet people's needs. The registered manager told us, and staffing rota's confirmed, that staffing levels were increased when there were pre-arranged medical appointments so that staff were able to assist people to attend them. Staff told us they attended appointments whenever possible. One relative told us, "[Person] went to hospital with the staff and met me there." Staff spoken with told us that the appropriate recruitment checks had been carried out before they started working at Arden Lodge. These included references from previous employers or character references and Disclosure and Barring Service (DBS) checks. The DBS can help employers to make safer recruitment decisions and reduce the risk of employing unsuitable staff.

People received their medicines as prescribed. One relative told us they were happy how the medicines were administered. They told us, "[Name of person] sometimes refuses their medicines, the staff try to coax [person to take them] and sometimes he will take them from me." Records confirmed that the individual had sometimes refused their medicines. During our inspection we observed medicines being administered and we saw that people were supported to take their medicines appropriately. We observed that staff took their time to gently wake a person so that they would take their medicines. We saw that staff completed the medication administration records (MAR) after people had taken their medicines. We looked at the medication records of four people and saw that the records had been accurately completed reflecting the medicines given to people. We saw that medication was clearly labelled and instructions for staff to give medicines on an as and when required basis were in place. The MARs showed that one person had received a medicine to be used on an 'as and when required' basis twice a day for three consecutive days. When we looked at the person's daily records we saw no evidence as to why the medicine had been given although staff said it had been required. We brought this to the registered manager's attention who said they would contact the doctor to discuss this and discuss with staff recording of behaviours. We saw that some people received their medicines disguised in food and that this followed the plans in place which had been agreed by health care professionals such as the GP and community nurses.

# Is the service effective?

## Our findings

At our last inspection we found that the service had not made the appropriate applications to ensure that restrictions on people's liberty were lawful and in people's best interests. At this inspection we saw that the appropriate applications had been made protecting people's human rights.

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 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. The registered manager told us that she carried out assessments of whether people were able to make decisions about their care. Relatives were involved in planning people's care based on the individual's known likes and dislikes if they were unable to make their own decisions. Staff told us and records confirmed that they had received training in the MCA and we saw that they were putting their training into practice. People were encouraged to make choices and decisions about their care where possible. For example, one person told us, "Staff tell you it's time to get up but you can stay in bed if you want." We observed the chef asking people what they wanted to eat at lunchtime. We saw that where possible people had been consulted about whether they wanted to receive life-saving treatment after a heart attack. Where people were unable to contribute to these discussions decisions were made in their best interests following involvement of their families and professionals involved in their care.

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). DoLS applications had been made for the people that required them. Staff knew who was able to go out alone and who had to be escorted. Applications had been made for DoLS authorisations where these were needed so that people were protected from unnecessary restrictions on their movements. We saw one person asking staff to go out and staff took them into the garden for a while. We saw that an authorisation had been agreed to enable staff not to allow the individual to leave the building unescorted for their own safety.

People were happy with the support they received. One person told us, "You would have to go a long way to find a better place than this." Another person said, "it's lovely here. Some people want to go to bed early but staff always ask. I don't go to bed till 10.30pm." We saw that people received a personalised service based on their needs and care plans provided staff with the information they needed to do this. A visiting professional said, "Staff are proactive in asking for advice." Staff were knowledgeable about the people they cared for.

People received care and support from staff that had the skills and knowledge to do so. One person told us, "They do everything for you, washing everything." A relative told us, "The staff are brilliant in the way they look after [family member]." Staff spoken with told us that they received the support they needed to carry out their roles. Staff told us and records confirmed that staff received regular training, supervisions and staff meetings where they could discuss any issues. The registered manager told us there was a lot of training that was on-going and that new staff were undertaking the care certificate before progressing to gain level



two or three qualifications in care practices. The care certificate is a set of minimum standards that care staff should follow when carrying out their work and that should be covered as part of induction training for new staff to ensure they have the skills and knowledge they need to provide good care.

We saw that people received food and drinks at various times throughout the day. Many people spoke positively about the food they ate. One person said, "The food is very good." Another person told us, "We always have a menu." We saw that there was a menu on each table. We saw that people had been assessed to determine if they were at risk of not eating or drinking sufficient amounts to remain healthy and plans were put in place to support them to increase their dietary intake. A member of staff told us this could be by adding extra milk and butter to their food or by being prescribed additional supplements that they could drink. We saw that weights were monitored to ensure that any unplanned weight loss was identified and raised with the dietician that visited the home on a monthly basis. The dietician was available in between visits if needed.

People were supported to receive advice and treatment when needed in respect of any healthcare issues. Records showed and we saw that there were regular visits from district nurses so that any dressings or pressure area checks could be undertaken. People had access to healthcare professionals such as chiropodists, dentist and opticians. People were supported to receive support and follow up of any long term conditions that they had. For example, diabetes.

## Is the service caring?

### Our findings

People told us that they liked living at the home and that the staff were helpful and caring. One person told us, "Love it, and don't want to leave." Another person told us, "I enjoy every minute here." A relative told us "I can't fault the carers." A visiting professional told us they felt the home was an, "Excellent, happy home."

People were engaged in friendly conversations with each other and staff. One person told us, "I like to have a joke." In a joking manner they added, "It can get me into trouble." Staff spoken with were knowledgeable about people's likes and dislikes and daily routines. We saw that staff called people by their preferred names and listened to what people had to say.

People had been involved in planning their care and we saw that they received care and support that was based on their individual needs. For example, we saw one person looking after a doll and another person stroking a toy cat. Both people spoke fondly about 'their child' and 'their pet'. This meant that staff respected the things that gave people comfort. Staff told us they had the information they needed to provide personalised care.

We saw that people were treated with respect and dignity. One person told us, "The staff are caring." We saw that staff were discreet when assisting people to the toilet. A comment from a visiting professional stated, "Staff treat people with respect and dignity and treat them as individuals, not a number." Most people living in the home had their own bedroom with en-suite toilet facilities which promoted their privacy and dignity. People confirmed they were free to remain in their rooms and relax or choose to go out. The bedrooms we looked at were comfortable and personalised with people's belongings. We saw that the furniture and décor in the home had been up graded to provide a good quality environment. Several people commented how happy they were with the changes to the home. Staff spoke with people in a respectful manner and ensured that they were referred to by the name they preferred. We saw staff comforting people who were waiting anxiously for their relatives to visit.

People were supported to make choices about their lives. People told us they chose when they got up and went to bed. We saw that people were offered choices in respect of the food and drinks they had, the activities they undertook and where they sat during the day.

People we spoke with felt they were supported to be as independent as much as possible. We saw some people walk around the home as they wanted with equipment such as walking frames. People told us they were supported to go the shops, local social clubs and completing household tasks such as tidying their bedrooms.

## Is the service responsive?

### Our findings

Most people living in the home were able to make decisions about their care and support needs. People told us they were able to make decisions about their care and records showed they had been involved in planning their care. One person told us, "You don't have to wait" and, "You ask and they [staff] do." For some people, their families had been consulted about their likes and dislikes so that staff had the information they needed to respond to people's needs appropriately. Records showed that people's needs were reviewed regularly so that people's changing needs were identified. We looked at the reviews of some people's care. One relative commented in a review, "Care is great and staff are very patient." Staff told us that they were kept informed of changes in people's needs on a daily basis at staff handover during shift changes.

During our inspection we saw that the service was responsive to people's needs. We saw that people got up at various times in the morning. One person eating their porridge for breakfast told us, "I like it cold." Another person stayed in their bedroom most of the time as was their wish, came out at lunchtime but decided to return to their bedroom to eat their lunch. People were able to choose what they did. A visiting professional commented, "Staff respond positively to residents."

People were supported to do things that were important to them. One person told us, "I love cats" as they stroked a cuddly soft toy (in the form of a cat). We saw some people playing games such as Jenga. Another person told us, "I go out to the shops with staff and out at weekends with family." We saw people reading newspapers, doing word searches and colouring in pictures. One person showed us the books and colouring they had done and we saw that the pictures and designs being coloured in were very intricate. The person was very proud of their achievements. The person told us, "Word searches; that's another hobby of mine". We saw people chatting between themselves and staff throughout the day. Some people watched television and others sat looking after items that were important to them.

People were encouraged to maintain contact with their family members and friends, if the person wanted this. We saw that relatives were able to visit at times suitable for them and their family members. Staff liaised with relatives to keep them informed about their family member. For example, if someone became ill family members were kept informed. One relative told us, "They [staff] tell me how [person] has been."

There were systems in place to get the views of people about the service they received. People told us and we saw records of meetings with people to discuss issues such as activities and menu planning. Questionnaires were sent to people and their relatives to get a view about the service they received. We saw that the recent surveys showed that people were happy with the service they received.

People told us they were aware of the complaints procedure and felt they were listened to and their concerns responded to. People told us that they had not made any complaints but any issues raised had been addressed. One person told us they would speak with the provider or one of the managers if they had any concerns. Relatives told us they were able to raise any concerns they had and they would be responded to.

## Is the service well-led?

### Our findings

There were systems in place to audit the quality of the service provided. These included audits regarding the building, maintenance of equipment, finances, medicine management and care records. We saw that some of the shortfalls we found in the care records had not been identified through the auditing process. For example, we saw that one person had lost weight for two consecutive months but this had not been identified so that actions could be taken to identify any underlying reasons for the weight loss. The care records stated that snacks should be provided to the individual and staff said they were provided but these had not been recorded. Although staff were able to tell us what actions to take there was a lack of adequate records regarding some behaviours that staff found challenging or what actions had been taken so that it could be determined what was working and what did not. Following our inspection we were sent forms that had been introduced in order to address the issues. At the time of writing this report we have not been able to check the effectiveness of these new systems.

Some daily records showed that staff had told one person that they shouldn't lock their bedroom door as staff needed access due to health and safety. This meant that staff were minimising people's choices so that it was easier for them to do their checks. We brought these issues to the registered manager's attention who agreed that greater detail was needed regarding recording of what behaviours were being exhibited and the actions taken by staff. We were told the registered manager would address the issue of people not being able to lock their bedroom doors straightaway.

People we spoke with, staff and health care professionals told us the home was 'well managed' and the quality of the service was 'good'. Staff commented that the registered provider, registered manager and deputy manager were easy to approach. A member of staff told us, "The manager listens to staff and people." Staff told us that the team work between staff at Arden Lodge had improved and were working really well together. One member of staff said, "It's a brilliant team now." A visiting professional told us, "The service has come on in leaps and bounds. It's a home I like coming to." We saw other positive comments being made by other professionals that visited the home. This showed that there was good leadership and an open culture in the home.

There was a registered manager in place who had provided continuity and leadership in Arden Lodge. The management structure was clear and staff knew who to go to with any issues. The provider and registered manager kept us informed about any changes or incidents within Arden Lodge and were fully aware of their legal requirements.

We saw that there were systems in place to get the views of people and that actions were taken to respond to people's views. For example, staff told us that people had wanted a karaoke machine so one was bought for them. Minutes of meetings with people living in the home showed that a change of menus and more activities had been introduced as a result of people's comments. There was a complaints procedure in place

that people were aware of. Results of completed surveys by people, their relatives, staff and visiting professionals showed that a good quality service was being provided and that the views of people using the service were taken into consideration.