Whytecliffe Limited

Arundel Park Lodge

Inspection report

22Arundel Drive East
Saltdean, Brighton BN2 8SL
Tel: 01273 303449
Website: www.whytecliffe.co.uk

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

The inspection took place on 8 and 9 September 2015.

Arundel Park Lodge is a care home with nursing for up to 30 older people that require support and personal care. People maybe living with conditions associated with advancing age, including dementia. The home is located in Saltdean and is one of two provided by Whytecliffe Limited.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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.

Not everyone could tell us of their experiences, but those that could spoke positively of the home and commented they felt safe. People had confidence in the staff to support them and we observed positive interactions throughout our inspection. Our own observations and the records we looked at found some concerns. A person was not supported to eat and drink in a safe manner following the guidelines set out by a health care professional. We also found cross infection risks

Summary of findings

identified in two areas. Staff did not have the opportunity to wash their hands before leaving the staff bathroom because it lacked a hand basin. We looked at equipment used by people and saw that a commode was rusted and corroded.

Staff were knowledgeable and trained in safeguarding and what action they should take if they suspected abuse was taking place.

Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) that applies to care homes. The registered manager had identified that applications were outstanding but had not made the appropriate applications as people's needs changed. Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests.

People enjoyed the facilities that the home offered such as the lounges and garden. We saw the newly erected summerhouse provided with the help of a dementia funded grant. However, the environment had not made other reasonable adjustment for the many people living with dementia. The premises did not meet the needs of people living with dementia. There was a lack of signage to help people find their way around the building. There were no signs to identify bathrooms and other rooms in the home which may add to orientation for people with cognitive impairment. Corridors, walls, doors and rails were all well maintained but were painted in similar shades, when colour contrast is known to be helpful for people with dementia and others to help to distinguish borders.

People were not always listened to or provided with care that was suited to individual people's preferences and needs. A radio played music during lunchtime, we asked people what they thought about the choice and were told, "It's dreadful but it's what the girls want."

When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector.

Accidents and incidents were recorded appropriately and steps were taken by the home to minimise the risk of similar events happening in the future. Emergency procedures were in place in the event of fire.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service. All staff received one to one meetings with their manager. Nurses received clinical supervision and formal personal development plans. Three monthly appraisals were in place for nursing and care staff.

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals. People were able to give feedback and have choice in what they ate and drank and special dietary requirements were met.

People felt well looked after and supported and were encouraged to be as independent as possible. Health care was accessible for people and appointments were made with GP's and therapists to maintain people's health and welfare.

We observed friendly relationships between people and staff. One person told us, "One of the best things is the caring attitude of the staff'." People told us the staff supported them to maintain their independence as it was important to them.

People could choose how to spend their day and they took part in activities in the home when they wanted to. Activities and opportunities for social engagement were offered throughout the week. One person told us, "We spend our time in the lounge, the [activities coordinator] comes in and does activities, quizzes and all that. She's very good."

People were encouraged to express their views. People also said they felt listened to and any concerns or issues they raised were addressed. One person said, "If there is anything wrong, I tell the staff." Another said, "The manager is approachable and makes time to talk."

Staff were asked for their opinions on the service and whether they were happy in their work. Staff enjoyed their work. They felt supported within their roles and described a caring and 'open door' management approach. They described how management were always available to discuss suggestions and address problems or concerns.

Summary of findings

The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

We have identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told this provider to take at the back of this report.

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?

Requires improvement 

Arundel Park Lodge was not consistently safe.

A risk assessment was not followed by staff members.

Risks associated with equipment and the environment were not managed safely.

People confirmed they felt safe living at the home.

Medicines were managed appropriately and people confirmed they received their medicines on time.

Is the service effective?

Requires improvement 

Arundel Park Lodge was not consistently effective.

Deprivation of Liberty Safeguards (DoLS) applications to deprive people of their liberty had not been made to ensure people's rights were protected.

The premises did not meet the needs of everyone living at the home.

People spoke highly of the food and the variety of choices.

There was an induction process for new staff members and the provider recognised the importance of a trained staff team.

People had access to relevant health care professionals and received appropriate assessments and interventions in order to maintain good health.

Is the service caring?

Good 

Arundel Park Lodge was caring. Staff communicated clearly with people in a caring and supportive manner.

Staff knew people well and had good relationships with them. Staff had built a good rapport with people and they responded well to this. People were treated with respect.

People and relatives were positive about the care provided by staff.

Is the service responsive?

Requires improvement 

Arundel Park Lodge was not consistently responsive.

People were not always provided with care that took account of individual people's preferences and needs.

There were meaningful activities for people to participate in as groups or individually to meet their social and welfare needs.

People told us they felt able to talk freely to staff or the management team about their concerns or complaints.

Summary of findings

Is the service well-led?

Arundel Park Lodge was not consistently well-led.

Key information about the service was not supplied within the deadlines we provided.

The culture of the service was open and friendly.

People and their relatives were routinely asked for their views of the service.

Requires improvement

Arundel Park Lodge

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. The 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 home and to provide a rating for the home under the Care Act 2014.

The inspection was carried out on 8 & 9 September 2015 and was unannounced. It was carried out by two inspectors, an expert by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist adviser brought skills and experience in nursing. Their knowledge complemented the inspection and meant they could concentrate on specialist aspects of care provided by Arundel Park Lodge.

Before the inspection the provider was asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report. We contacted selected stakeholders including four health and social care professionals, the local authority and the local GP surgery to obtain their views about the care provided. They were happy for us to quote them in our report.

During the inspection we spent time with people who lived at the home. We focused on gaining the views of people who lived in the home, and spoke with six people. We spoke with staff and observed how people were cared for. We spoke with three relatives of people. We spoke with the provider, the registered manager, two nursing and two care staff, administrator/trainer, the senior housekeeper, activities co-ordinator and chef.

We observed the care people received. We spent time in the lounges and dining areas and we took time to observe how people and staff interacted. Because some people were living with dementia that restricted their spoken language we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at five sets of personal records. They included individual care plans, risk assessments and health records. We examined other records including three staff files, quality monitoring, records of medicine administration and documents relating to the maintenance of the environment.

The last inspection was carried out on 3 September 2013 and no concerns were identified.

Requires improvement

Is the service safe?

Our findings

People and their relatives told us they felt safe living at Arundel Park Lodge. Comments included, "Yes, I definitely feel safe here". They told us there were enough staff. One person said, "There seems to be enough staff about and they help out immediately." People told us they were able to have their medicines when they needed them. One person said, "I get my medication when I expect it." Although people felt safe at the home there were aspects where we found people were not always safe.

Risk assessments had been completed to manage and reduce risks to individuals as part of their care plan. However, we saw an example where it was not followed to reduce the risk of an incident occurring. We saw that a person was seated in a recliner chair in the lounge. They had a plate of sandwiches on their lap and though they made no effort to eat they were made available. They also had a beaker of fluid nearby. We looked at their risk assessment and guidelines available from the Speech and Language Therapy service (SALT). The guidelines stated that the person should not be left alone to eat and drink without supervision because of the risk this posed to them. There were no staff in the lounge when the individual was left with the food and drink. We asked one of the staff members if it was safe to leave the person and they appeared unaware of the guidelines. We spoke with the registered manager who agreed that the guidelines in place needed reviewing and updating and that staff were leaving the person to eat finger food and drink independently. The registered manager confirmed that staff would immediately ensure that professional guidance would be followed to prevent risk of choking. We were later informed that they had contacted the SALT promptly to request a review of the guidelines in place for this person.

There was a separate toilet for use by staff. There was no hand basin in the toilet. The registered manager noted that the room was too small to accommodate a hand basin. There were handwashing guidelines available and a bathroom with hand basin just across the hallway. Nonetheless, this posed a cross infection risk as staff did not have the opportunity to wash their hands before leaving the bathroom. There were no arrangements in place to manage any risks or risk assessment to demonstrate how they met any risk of cross infection.

The registered manager had not taken appropriate action to ensure the risk of the spread of infection was effectively managed. We looked at equipment used by people and saw that a commode was rusted and corroded on the lower rails. We showed it to the registered manager who looked at it with us and came to the same conclusion that it was rusted and in need of replacement. We saw that equipment was subject to its own audit and that this items was missed as part of the review of the provision of equipment. The rusted commode presented a risk to the effective maintenance of infection control for people.

The failure to assess, record and mitigate risks to people's health and safety was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were provided with copies of staff rotas, they confirmed staffing levels remained constant. The home never used agency staff to provide nurse cover. The registered manager confirmed this and told us "Not having to use agency staff means we know our residents and can provide safe care to people who are familiar to them." Observations and understanding of people's dependency indicated that there were sufficient staff on duty to meet the needs of people care and treatment needs safely. Staff were busy with tasks, but they had time to speak with people and to check that people across all areas of the home were safe. Staff told us they checked in with people who preferred to remain in their bedroom and we saw that no one was left alone for long periods of time. We saw that staff were available to respond to people's requests and needs promptly. Staff responded quickly to people's call bells. Staff were deployed so that they were responsible for a number of rooms each per day, this included answering the call bells. This meant that people did not have to wait for staff to provide assistance. A member of staff said, "We all muck in together, we don't struggle for staff and sometimes we get offered an extra shift if we want it."

Staff recruitment practices were thorough, people were only supported by staff who had been checked to ensure they were safe and suitable to work with them. Staff records showed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care and support. All

Requires improvement

Is the service safe?

potential employees were interviewed by the registered manager to ensure they were suitable for the role. All new staff were required to undergo a probationary period during which they received regular opportunities for practice supervision.

People and their relatives all said that they and their possessions were safe. They felt free from harm and would speak to staff if they were worried or unhappy about anything. One person told us, "I feel safe, let me reassure you on that. You see, they understand the care I need." Another person said, "[The registered manager] is around all the time. I can get hold of them any time I want." People's safety had been promoted because staff understood how to identify and report abuse. Staff were aware of their responsibilities in relation to keeping people safe. They were able to tell us about safeguarding protocols and the potential signs to look for and the different types of abuse that people might be subject to. Staff were aware of how to report any concerns to the registered manager or to the nurse in charge. This was in line with the provider's procedures and the local authority protocols for reporting safeguarding issues. Records showed that staff had received training, and refresher training, to ensure they understood what was expected of them.

Nursing staff supported people to take their medicines. In the residential side of the home people's medicine was stored in locked cabinet in people's bedrooms. People we spoke with confirmed they were happy with the way medicines were administered. They told us that medication was administered on time and that supplies didn't run out. We observed nursing staff administer medicines to people. They were seen to administer the medicine safely, as prescribed and in line with agreed good practice. Medicines Administration Records (MAR) were up to date, with no gaps or errors, which meant people received the medicines as prescribed. Where people were prescribed when required (PRN) medicines there were clear protocols for their use. Storage arrangements for medicines were secure and were in accordance with appropriate guidelines.

Requires improvement

Is the service effective?

Our findings

People told us that the staff understood what they required help with and were able to meet their needs. One person's relative said "The staff here are very good and seem to have the right training and attitude". People told us the food was good and they had choices of what they ate and drank. One person said, "If there's something on the menu, which you don't like, there's always a choice." People told us they had access to regular healthcare. We were told, "The staff will get the doctor, if I need them." Despite people's praise, we found Arundel Park Lodge was not consistently effective.

Arundel Park Lodge provided care and treatment to some people living with dementia. The registered manager explained that about half of the twenty nine people living at the home were living with stages of dementia. To provide safe and effective dementia care, an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) was required. The MCA provides a legal framework to empower and protect people who may lack capacity to make certain decisions for themselves. Staff observed the key principles of the MCA in their day to day work. They understood the importance of gaining consent from people before providing any care. They spoke clearly and gently and waited appropriately for responses. One staff member told us, "We always give them choices and respect their right to refuse care." Staff members understood that the principles of the MCA and that additional support for people living with dementia may be needed to enable them to make informed decisions.

Care plans demonstrated what level of support was required to enable people living with dementia to make informed decisions about, for example, what they required support with. We saw how information considered how their dementia affected their day to day routine. We asked staff members how they gained consent from people living with dementia and/or other impairments such as hearing or sight loss. One staff member told us, "Even before speaking with someone, their body language will tell us if they are unhappy or want us to stop." Care plans referenced the knowledge and understanding held by staff.

The Deprivation of Liberty Safeguards are a key part of the MCA. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty in a safe and correct way.

The Care Quality Commission has a duty to monitor activity under DoLS. In March 2014, changes were made by a court ruling to the DoLS and what may constitute a deprivation of liberty. If a person is subject to continuous supervision and control and not free to leave they may be subject to a deprivation of liberty. On the days of the inspection, one person was subject to a DoLS. The registered manager told us they had plans to submit a further seventeen applications as part of the care planning process. Though consideration had been given as to the application process we found full consideration to the Supreme Court Ruling had not been acted upon. Providers must make an application to the local authority when it is in a person's best interests to deprive them of their liberty in order to keep them safe from harm. The provider was therefore, not meeting the requirements of DoLS. The principles of keeping people safe from being restricted unlawfully had not been met. People's rights were therefore not protected and this is an area that needs to be improved upon.

The home was formerly two established large detached houses, now connected. Broadly speaking, the two houses now form the different sides of the home, the nursing and residential areas. The provider has created and maintained a homely and comfortable feel for people living at Arundel Park Lodge and their visitors. However, we found the layout of the home confusing and, at times, bewildering. For example, room numbers were not sequential and down long corridors there was no differentiation between a person's room door and, for example, toilet or sluice room.

Reasonable adjustment to the environment had not been made for those people living with dementia. Corridors, walls, doors and rails were all painted in similar shades, when colour contrast is known to be helpful for people with dementia and others to help to distinguish borders. Bedrooms had the person's name on the door but these were small printed labels which could be hard to read. Some rooms had nothing to identify them as someone's bedroom or bathroom or cupboard. Bedrooms did not have any personal information on the door to support the person to know it was their bedroom, making it difficult for people living with dementia to orientate themselves. Doors, walls and handrails could be differentiated to make it easier for a person living with dementia to distinguish between those aspects of the environment the rest of us take for granted.

Requires improvement

Is the service effective?

We spoke with the registered manager and provider and they identified that they were not a dementia specialist home but nonetheless agreed that approaching half of the people living at the home were living with varied stages of dementia, including people who were fully ambulant and liked to explore their environment. The care home in reach team support providers to meet the needs of people living with dementia and we saw for example, where they were welcomed into the home to talk to staff about ways they could support a person who was particularly anxious. The registered manager told us the home had made a welcome addition of a summerhouse with a dementia project funded grant and that the home was due to undergo some redevelopment, including possible additional bedroom spaces and that the changes would take into account the needs of people living with dementia and others by removing small steps and other small perceived obstacles. They explained that they wanted to maintain a homely feel and that signs on doors may undermine this aim. However, they agreed this was an area where work was needed to ensure people who were living with dementia could be supported to be as independent as possible.

We recommend that the provider considers guidance issued by national bodies about creating suitable environments that support people living with dementia.

Training was provided in-house through e-learning and the registered manager encouraged staff to attend training provided by the local authority. Staff spoke positively of the training opportunities and felt valued as employees. One staff member told us, "I like that I get to attend training I need to do." Training schedules confirmed staff had received essential training in areas such as fire safety, moving and handling and safeguarding adults. People told us that staff appeared well trained and were competent. One person told us, "They [staff] are very good." Staff had received an induction when they started work at the service. During the induction they began to familiarise themselves with the care that people needed and to understand their roles and responsibilities. New staff shadowed experienced staff to help them provide care consistently and then work alongside more experienced staff until the supervisor was confident they were competent to work alone. The registered manager worked with the provider's trainer / administrator and was aware of the Care Certificate, an identified set of standards that social care workers adhere to in their daily working life and one new staff members would begin working towards as part of their induction. Registered nurse's training was recorded and provided with renewal dates. Their medicine competency assessment took place at their induction and was subject to reassessment.

People's needs were met by staff that were effectively supervised. Mechanisms were in place to support staff to develop their skills and improve the way they cared for people. Staff commented that they received supervision on a regular basis. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. They provided staff with the opportunity to discuss concerns, practice issues, training needs and work performance. Staff members told us how they found supervision provided them with the opportunity to raise any worries. One staff member told us, "I find supervisions really helpful." Nursing staff also received clinical supervision on a regular basis.

People spoke highly of the food provided. One person told us, "The food is very good. They know my likes and dislikes." Another person told us, "I look forward to mealtimes, the food is always of good quality." Adapted cutlery and plate guards were provided to enable people who needed or wanted them to eat independently. Where people required support with eating, care staff sat down with the person and provided one to one support at the person's own pace. Staff recognised the importance of supporting people to eat and drink well. For some people, assessed by a speech and language therapist (SALT), the use of thickened fluids when drinking fluid was required to minimise the risk of choking and aspiration. Staff members were aware of who required thickened fluids and the quantity of thickener to the amount of fluid. Staff also knew who required a pureed or soft diet. Input from the SALT was sought where the need for this was identified. The chef demonstrated sound awareness of people's nutritional needs and could clearly tell us who was diabetic or required a special diet. People were weighed to monitor for any signs of malnutrition. Where people lost weight, appropriate action was taken. For example, monthly weight checks helped identify those who were gradually losing weight. People were referred to the GP when a trend was noted and to ascertain if there was an underlying condition.

People's healthcare needs were met. People were registered with a GP and the home arranged regular health

checks with them. Staff worked in partnership with external healthcare professionals such as dieticians, tissue viability nurses and speech and language therapists to promote and maintain people's healthcare needs. Staff recognised that people's health needs could change rapidly as they get frailer. One staff member told us, "We look for signs, changes in their mobility and eating habits which may show their health is deteriorating, we know our residents so well that we pick up changes quickly." Visiting relatives confirmed they were kept updated with any changes to their loved ones healthcare needs, one person told us, "They always get the GP out for [my relative] if they are unwell." People confirmed that if they felt unwell staff acted promptly and sought medical attention. People felt their healthcare needs were managed and maintained. One person told us, "They are good at contacting the GP if I need them out." Each person's care plan contained a record of input from outside professionals and the outcome of their consultation. For example, input was sought from the tissue viability nurse (TVN) when people experienced skin breakdown and wound assessment care plans were in place.

Staff members recognised the importance of open communication in promoting people's health and wellbeing. Staff explained how they handed over key information to staff coming in on the next shift, so that staff were kept up to date with changes to people's health and care needs. These principals were reflected in the staff handover that we attended which was person focussed, professional and participated in by all staff coming on to work that day. Staff recognised the importance of communication, they informed us of the open channels of communication between care and nursing staff and others for example, the activities coordinator and kitchen and housekeeping staff. Between groups of staff, communication had also been reviewed. We heard that new communication books for nursing and senior care staff was successfully trialled. A nurse told us they had, "Worked out really well. Handover of care is now even more joined up."

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People and their relatives expressed satisfaction with the care and support they received. They made positive comments about the kindness and gentleness of the staff. We observed examples of this throughout the day with staff working patiently and positively with people. One person said, "The staff are amenable and kind to me. They're good at giving you a wash, no pulling you about, no harshness at all." A visitor said, "One of the best things is the caring attitude of the staff'."

We saw that people's individual preferences and differences were respected. People appeared well dressed, with respect for their individual styles and preferences that reflected the fact that a wide age range of people lived at Arundel Park Lodge. People said that their clothing was well laundered. We were able to look at all areas of the home, including people's own bedrooms. Rooms held items of furniture and possessions that the person had before they entered the home and there were personal mementos and photographs on display. People were supported to live their life in the way they wanted. One person told us, "They ask you if you need help, for example to get washed and dressed. I do it for myself because I can. Then they help me down the stairs, they know I don't like lifts."

Staff provided care and support in a happy and friendly environment. We heard staff taking time to explain options to people and answer their questions. We also heard laughter and good natured exchanges between staff and people throughout our inspection. One person said, "It's a lovely friendly atmosphere here." We observed several interactions where people and staff clearly felt at ease together and were laughing. People living at Arundel Park Loge had also formed friendships together and appeared to look out and advocate for each other too. For example, one person enjoyed sitting outside smoking. We saw how they formed friendships with other smokers who liked to indulge their habit and share gossip.

The homely, friendly feel of Arundel Park Lodge was enhanced by the presence of a pet cat that had adopted the home. People spoke positively of having a cat around and we saw that people enjoyed the companionship and warmth the pet brought. For canine lovers, a pets at home dog was a regular and welcomed visitor to the home.

People were consulted about their care and encouraged to make decisions. They told us they felt listened to. People who wanted to be independent felt they had the opportunity for this. One person said, "They help me to be independent. I have my bell if I need anything." A relative told us, "They ask us for suggestions so that we can still feel involved." The registered manager told us, "We support people to do what they want as much as possible."

Staff understood how to respect people's privacy and dignity. One member of staff told us how they were mindful of people's privacy and dignity when supporting them with personal care. They described how they used a towel to assist with covering the person while providing personal care. People told us staff respected their privacy and treated them with dignity and respect. One person said, "Staff are respectful. I count myself lucky to be living here." A dignity champion from the team was appointed who believed that being treated with dignity was central to the care they provided. They acted as a reference point to role model and inform all those working around them about best practice.

People's care plans contained personal information, which recorded details about them and their life. This information had been drawn together by the person, their family and staff. Staff told us they knew people well and had a good understanding of their preferences and personal histories. The registered manager told us, "People's likes and dislikes are recorded, we get to know people well because we spend time with them." All the people we spoke with confirmed they had been involved with developing their or their relative's care plans. One person said, "You can voice your opinion and they respect it."

Care records were stored securely in a lockable cupboard. Confidential Information was kept secure and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training pertaining to this.

Visitors said that they were made to feel welcome in the home and said they were free to visit at any time. One visitor came to the home six days a week from late morning to early evening to be with their loved one. They had

Good

Is the service caring?

arranged to have lunch and supper there each day. This suited their personal circumstances and reflected good flexibility and ability to facilitate support on the part of the home. A relative said, “They always make me feel welcome here.” The registered manager told us, “There are no restrictions on visitors”.

Requires improvement

Is the service responsive?

Our findings

People commented they were well looked after by care staff and that the staff listened to them. One person said, "I get everything I need, they listen to me and take note if I tell them something. I have no problems really." People were very complimentary about the work of the activities coordinator. One visitor gave an example of how a person who had limited verbal communication had their needs met, "They have music on in her room all the time, she loves music. They take time to go and read to her and have created a mobile for her in her room.' However, we found Arundel Park Lodge did not consistently provide care that was responsive to people's individuality and needs in a consistent way.

Arundel Park Lodge did not always listen to or provide care that was suited to individual people's preferences and needs. In the lounge at lunchtime we observed seven people eating lunch, with and without support from staff. In what was otherwise a pleasant and enjoyable lunchtime, a radio station played a mix of independent contemporary pop music at a level that was obtrusive. We asked all seven people present what they thought of the music choice. We were told "It's not my generation's music, it's for a younger generation", "I can't hear it very well but then I've turned my hearing aid off," and "It's dreadful but it's what the girls want."

Before a person moved into the home, a pre-admission assessment took place. This identified the care and support people required to ensure their safety and care needs could be met. People's care plans included information about their preferences, for example what time they liked to get up and go to bed. Records showed that their wishes had been taken into account in the care provided. Staff knew what was important to people and were able to describe their preferred routines. We saw that innovative new profiles had been introduced by the registered manager that showed individuals needs and likes. The home had contacted relatives and loved ones for additional information. Profiles were seen in everyone's bedroom that showed individual preferences. The registered manager said, "It shows we are thinking about providing care safely and effectively." One member of staff said, "People exercise a lot of choice. Two people regularly don't go to bed until midnight and if someone asks for a shower in the morning then we can always fit it in." Some people gained spiritual comfort from regular visits for prayer meetings held by representatives from a nearby church.

Staff told us that care and support was personalised and confirmed that, where possible, people were directly involved in their care planning. Where people could not be fully involved due to their dementia and nursing needs, family members were consulted and involved in providing important information to help staff with the delivery of people's care. One relative said, "I'm definitely happy to talk to the manager about any issues". The care and support plans contained clear instructions about the needs of the individual. They included information about their communication methods, nutrition and mobility. Individual risk assessments including falls, nutrition, pressure area care and moving and handling had been completed. The care plans contained details of how to manage and provide person specific care for their individual needs. These were reviewed and audits were completed to monitor the quality of the completed care and support plans.

One person experienced anxiety throughout the day. Staff were quick to respond and provide assurance and comfort. We asked a staff member how they knew what they needed to do to support the person when they were distressed and they told us, "We know the person. We know what works and what doesn't." We found that the person had a care plan for responding to distress, which instructed staff to provide comfort and support. We observed staff supporting one person whose behaviour could be a challenge to others. The person was at the residents' forum and was supported to stay in the meeting. Staff skilfully used distraction techniques to keep them engaged with the meeting and able to participate. This person also had a visit twice a week from the Alzheimer's Society when they had the opportunity to go out which, we were told, they enjoyed a lot. One visitor commented on the skills of staff in this area, "They cope very well with any upset".

The provider employed a part time activities coordinator. Activities and opportunities for social engagement were offered throughout the week. At weekends the care staff took the lead to provide activities. Staff were described as, "Activities minded" by the coordinator who had introduced a "Magic minutes" initiative during which the importance of quality enhanced focused time and interaction with people was treasured. Popular examples included providing

Requires improvement

Is the service responsive?

one-to-one nail care and simply taking time to sit and chat. A weekly activities schedule was displayed throughout the home for everyone to refer to but it was flexible and if the weather was good people were invited outside to enjoy the gardens instead. The activities coordinator told us, "Yesterday we ran a session on remembering our school days that provoked a lot of reminiscence." People spoke very positively of the activities coordinator. One person told us, "We spend our time in the lounge, the [activities coordinator] comes in and does activities, quizzes and all that. She's very good."

The activities coordinators expressed a commitment to involving people in the running of activities as much as possible. They recognised that not everyone wished to engage with group activities and some people preferred one to one activities. The activities coordinator told us, "We see everyone on a one to one basis." For people living with dementia, work was undertaken to ensure meaningful activities were available. Keeping occupied and stimulated can improve the quality of life for the person with dementia. The registered manager told us, "They attend the dementia forum for all activity coordinators across homes to swap ideas about promoting meaningful activities."

There was a clear complaints procedure that was available to people, their visitors and staff. People spoken to said they were able to complain and were listened to. Visitors were also confident that they could make a complaint and it would be responded to. One person said "I have complete faith in staff, they listen and act". Another said, "I would not hesitate to talk to [the registered manager] if I needed to."

Requires improvement

Is the service well-led?

Our findings

People and staff spoke highly of the service and the registered manager. A person told us, "The one that runs the place is exceptional", another said, "The manager is approachable and makes time to talk." A member of staff said, "I feel the home shares my belief in getting to know people well and provides a homely environment with choices and opportunities."

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Providers should have this information readily available to them through the internal systems they are required to have to monitor and improve the quality of their service. The provider had not supplied the requested information within the deadlines we provided.

The registered manager was committed to the running of Arundel Park Lodge. Staff members spoke highly of the registered manager's humanity, compassion and dedication. There was an open culture at the home and this was promoted by the registered manager who was visible and approachable. The registered manager worked five days a week and sometimes worked on the floor providing care as a registered nurse. Staff were aware of the line of accountability and who to contact in the event of any emergency or concerns. Staff said they felt well supported within their roles. The registered manager was seen as approachable and supportive and took an active role in the day to day running of the home. People appeared very comfortable and relaxed with her and people were observed to approach them freely.

Engagement and involvement of staff and people was encouraged and their feedback was used to drive improvements. Both staff and resident meetings were held on a regular basis. They were used as opportunities to share ideas and discuss with staff and people changes or plans for the service. We were able to observe a resident forum that was held during our inspection. It was clear that there were opportunities for people to give feedback about the service, and people were supported and encouraged to do so. This was used an additional way for people living at Arundel Park Lodge to give feedback and complimented other forms of gathering feedback such as filling in questionnaires.

There were systems in place to monitor the quality of the service provided to ensure people were receiving the best possible care and these included monthly health and safety checks. They considered the running of the home, looked at care plans, medication, fire safety, infection control, staffing, training and recruitment. Action plans were developed where needed and followed to address any issues identified during the monthly monitoring form. External audits were also completed by the provider, these included visits by the pharmacist. Action plans were generated and changes implemented following their visits.

People, their relatives, staff and healthcare professionals were actively involved in developing and improving the service. Satisfaction surveys were sent out which provided people with the opportunity to give feedback on the running of the home. Feedback from one person received, noted 'I feel involved in my care. I can discuss anything with staff.' Feedback from a relative noted 'We can't think of anything we want to change. We are happy with the care given and feel we don't have to worry about mum.' The registered manager was committed to obtaining on-going feedback from visiting healthcare professionals and regular feedback was sought. Feedback included, 'In my visits, teaching sessions and interactions I have found the staff at all levels caring, compassionate and competent.' The registered manager told us, "We wanted it to be more than just a paper exercise. Family reviews are also a time to gain feedback helps us develop and learn."

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

Mechanisms were in place for the registered manager to keep up to date with changes in policy, legislation and best practice. For example, the registered manager was aware of their new responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and sets out specific guidelines providers must follow if things go wrong with care and treatment. The registered manager was supported by the provider and was able to meet monthly with them. In these meetings they discussed and reviewed changes in the home against outcomes for people. The registered

Requires improvement

Is the service well-led?

manager kept up to date with current good practice by attending training courses and linking with appropriate professionals in the area. A healthcare professional told us, "We found the manager responsive and keen to develop best practice, for example, in dementia care."

Throughout the inspection, the inspection team commented on the atmosphere of the home and its friendly feel. It was clear staff and the registered manager had compassion and empathy for everyone living at the home. They all had a firm understanding and respect for people's individual needs, personal histories and had spent time building a rapport with people. People spoke highly of the home, staff and registered manager. One person told us, "The one that runs the place is exceptional'." A relative told us, "The atmosphere is a happy one, convivial and cheerful, from cleaning staff to everyone really." People described a happy atmosphere in the home, where they could enjoy a joke with staff. We observed several interactions where people and staff clearly felt at ease together and were laughing. People living at Arundel Park had also formed some friendships and appeared to look out for each other too.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: A person who used the service did not receive care in a safe way. The provider had not followed guidance to mitigate risk. Regulation 12(1) & (2)(b).