Angel Healthcare Limited

Arden House Residential Care Home

Inspection report

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Date of inspection visit:
27 July 2018
02 August 2018

Date of publication:
10 September 2018

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

This inspection took place on 27 July and 02 August 2018 and was unannounced. Arden House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Arden House is a care home for up to 35 older people that require support and personal care. At the time of the inspection there were 14 people living in the home. The people living at Arden House all lived with a degree of physical frailty. There were also people who were living with a dementia type illness, physical disabilities, mental health illness, alcohol dependency, diabetes, Parkinson's disease and heart disease.

At a comprehensive inspection in July 2017 the overall rating for this service was requires Improvement. We undertook this unannounced comprehensive inspection to look at all aspects of the service and to check that the provider had followed their action plan and confirm that the service had sustained the improvements. The overall rating for Arden House has been changed to good.

The service 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.

Whilst there were systems and processes to assess and monitor the quality of the service provided and ensure that the premises were safe and well maintained, there were some areas of essential maintenance that had been overlooked and needed to be addressed. For example, ensuring that fire risk assessments were updated by a competent person. The yearly legionella test had not yet been undertaken and the five year electrical safety certificate was slightly out of date. Following the inspection, we received written confirmation that these had been taken forward with urgency with timescales for completion by the end of August 2018.

People were content and relaxed with staff. They said they felt safe and there were sufficient staff to support them. 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. Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff. Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place. Staff had a good understanding of Equality, diversity and human rights. Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future.

Staff had received essential training and there were opportunities for additional training specific to the

needs of the service, including the care of people with specific health problems such as diabetes. Formal personal development plans, including regular supervisions and annual appraisals were in place. The provider assessed people's capacity to make their own decisions if there was a reason to question their capacity. Staff spoken with had an understanding of the Mental Capacity Act. Where possible, they supported people to make their own decisions and sought consent before delivering care and support. Where people's care plans contained restrictions on their liberty, applications for legal authorisation had been sent to the relevant authorities as required by the legislation. People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people could give feedback and have choice in what they ate and drank. Health care was accessible for people and appointments were made for regular check-ups as needed.

People felt well looked after and supported. We observed friendly and genuine relationships had developed between people and staff. Care plans described people's preferences and needs in relevant areas, including communication, and they were encouraged to be as independent as possible. People chose how to spend their day. Activities were individual to people at this time apart from when entertainers visited. People told us that they enjoyed doing their own thing, "I like to choose to do what I want, I don't like games but I enjoy the quizzes." People told us that they enjoyed going out to local venues. People were encouraged to stay in touch with their families and receive visitors. The provider had sent CQC notifications in a timely manner. Notifications are changes, events or incidents that the service must inform us about.

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns.

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

Arden House was safe.

Risk to people had been assessed. Accidents and incidents were recorded and action was taken to reduce the risk of a re-occurrence.

Robust recruitment procedures ensured only suitable staff worked at the home. There were enough staff working in the home to meet people's needs.

Staff had attended safeguarding training and had a clear understanding of abuse, how to protect people and who to report to if they had any concerns.

Medicines were managed safely. Staff had attended relevant training, there were systems in place to ensure medicines were given as prescribed and records were accurate.

Is the service effective?

Good

Arden House was effective.

Staff had received essential training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and demonstrated a sound understanding of the legal requirements.

Staff received training which was appropriate to their job role. This was continually updated so staff had the knowledge to effectively meet people's needs. Staff had regular supervisions with their manager, and formal personal development plans, such as annual appraisals.

People could make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals for regular check-ups as needed.

Is the service caring?

Good

Arden House was caring.

Staff knew people well and had good relationships with them.

People were treated with respect and their dignity promoted.

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

People were involved in day to day decisions and given support when needed.

Is the service responsive?

Good

Arden House was responsive.

Care plans identified people's needs, preferences and risks to their care and support.

The delivery of care was person focused and responsive to people's individual needs.

People told us that they could make everyday choices. At this time activities were minimal as people chose how they spent their time.

A complaints policy was in place and complaints were handled appropriately. People felt their complaint or concern would be investigated and resolved.

Is the service well-led?

Requires Improvement

Arden House was not consistently well led.

Systems for monitoring the quality of the service were not always effective as not all essential environmental issues had been dealt with in a timely manner.

Staff were aware of their roles and responsibilities and felt all the staff worked well together as a team.

Feedback about the service provided was consistently sought from people, relatives and staff.

The home had a vision and values statement and the staff and management team were committed to improve the service.

Arden House Residential Care Home

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 the 27 July and 02 August 2018 and was unannounced. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we already held about this service. This included reviewing the action plan the provider sent following the inspection in July 2017. We also looked at the details of the services' registration, previous inspection reports and any notifications they had sent us. Notifications are information about significant events that the provider is legally obliged to send to the Care Quality Commission. We also reviewed the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection process we contacted the local authority with responsibility for commissioning care from the service to seek their views. We also spoke with and received correspondence from three visiting health and social care professionals.

We looked at areas of the building, including people's bedrooms, the kitchen, bathrooms, and communal areas.

During the inspection we spoke with 11 people that used the service and eight members of staff: the registered manager, provider, deputy manager, one senior care staff member, domestic, three care staff. We

reviewed six sets of records relating to people including care plans, medical appointments and risk assessments.

We looked at the staff recruitment processes and supervision programme and the training records for all staff. We looked at medicines records of all people and minutes of various meetings. We checked some of the policies and procedures and examined the quality assurance systems at the service.

Good

Is the service safe?

Our findings

At our previous focussed inspection in October 2017, we found improvements were needed to ensure that systems to support staff to provide safe care delivery in a clean and hygienic environment and managing medicines safely, were embedded in to everyday practices.

On this inspection we checked to make sure improvements had been sustained. We found that Arden House had sustained the improvements.

Medicine records showed that each person had an individualised medicine administration record (MAR), which included a photograph of the person with a list of their known allergies. MAR charts are a document to record when people received their medicines. MAR charts indicated that medicines were administered appropriately and on time. Records confirmed medicines were received, disposed of, and administered correctly. People told us they received their medicines on time. One person told us, "I never have to remind them, spot on." Another person said, "I get my pills on time."

There was clear advice on how to support people to take their medicines including 'as required' (PRN) medicines, such as paracetamol. People's medicines were securely stored in a locked trolley which was attached securely to the wall when not in use and they were given by senior care staff who had received appropriate training and competencies. The registered manager was the medicine trainer. We observed two separate medicine administration times and saw medicines were administrated safely and staff signed the medicine administration records after administration. There was a clear audit trail that defined what action was taken following errors, such as medicine retraining and competency tests. When necessary, medicine errors had been reported to the local authority and the registered manager had followed the guidance for the professional duty of candour. This meant it had been disclosed to the individual or their next of kin, an apology offered and an action plan discussed to prevent a reoccurrence. This ensured as far as possible lessons had been learnt.

The home was clean. Areas that needed deep cleaning and maintenance work had been identified and proposed dates organised. The premises appeared worn in areas and in need of redecoration and the provider was working to a plan of refurbishment. These were in rooms not currently being used so there was minimal impact on people who lived in Arden house. However communal areas were clean and well furnished. People we spoke with and who lived in the premises had no complaints about the cleanliness of the service.

People's health, safety and well-being had been identified, and a management plan put into place. People had a computerised care plan with accompanying health and environmental risk assessments completed. We saw that risk assessments which included the risk of falls, skin damage, nutritional risks and moving and handling had been completed. The care plans also highlighted people's health risks such as diabetes and memory loss. We found that one person's care plan and risk assessment had not identified their specific continence need. This was immediately rectified and a care plan put in to place to guide staff. All the staff we spoke with knew the persons needs and could discuss how they supported the person with their continence

needs. This meant that the impact of risk was mitigated at this time.

People at risk from pressure damage were monitored and repositioned regularly to reduce pressure and risk of skin damage. Pressure relieving mattresses were in place to help reduce the risk of developing a pressure ulcer. Mattress settings were checked daily by staff to ensure that they were on the correct setting and adjusted accordingly. One person confirmed that the staff checked them regularly to ensure they were comfortable. Throughout our inspection we saw staff support and prompt people to use the bathroom. Line space

There was sufficient staff deployed to meet people's needs. Care staff told us they thought staffing levels were good and appropriate to meet the needs of the people currently living at Arden House. One care staff member told us, "There are enough of us, we manage well, sometimes its busier than others." The manager completed staff rotas in advance to ensure that staff were available for each shift. There was an on-call rota so that staff could call the manager or deputy manager out of hours to discuss any issues arising. Feedback from people and our observations indicated that sufficient staff were deployed in the service to meet people's needs at this time. The registered manager had undertaken a time management audit of staffing levels and this was used to determine staffing levels. People approached staff for support throughout the inspection process and were always engaged with promptly. Staff were available for people, they were not rushed and supported people in a calm manner. We saw staff sitting with people in communal areas and spending time with them.
Staff took appropriate action following accidents and incidents to ensure people's safety, and this was recorded. Records included the follow up action that staff took to prevent a re-occurrence and demonstrated that lessons had been learnt. For example, one persons' mobility had deteriorated and there had been several falls and near misses. Staff had immediately taken appropriate action by contacting the GP, local authority and the falls team. Strategies were then put in place to prevent further falls and support the person to remain independent in a safe way.

Robust checks had been carried out to ensure staff who worked at the home were suitable to work with vulnerable people. These included references, identity checks and the completion of a disclosure and barring service (DBS) check. DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and help prevent unsuitable people from working with vulnerable groups.

People had a personal emergency evacuation plan (PEEP). These are important to ensure that people's evacuation needs are identified and they can be helped from the building safely in the event of a fire or other emergency. The main emergency and evacuation plan was in place and staff received regular fire and evacuation training.

We asked staff how they made sure people were not discriminated against and treated equally and without prejudice. A member of staff told us, "We have had training in equality and diversity, we treat everyone the same, whatever their nationality, gender or illness." Staff told us they were made aware of racism and sexism and of the need to respect people's differences. One staff member said, "Our residents are all very different but we treat them as equals and they get the same care no matter what."

Good

Is the service effective?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in July 2017. At that inspection we found improvements were needed to develop the training programme and ensure staff received regular supervision. At this inspection we found improvements had been made and sustained.

People told us that staff understood them and knew how to manage their health and social needs. One person told us, "They look after me very well and they get the doctor when I need one." Another person told us, "I see a doctor, and they keep an eye on me because I haven't been very well lately."

The management team took responsibility for the induction programme, training programme and organising the supervision programme. There was an induction process for staff when they started work at the service. This included an introduction to the day-to-day routines, policies and procedures. New staff shadowed other staff to get to know people and the support they needed. During this time, staff received on-going training in line with the organisational policy

People told us that they felt that staff had appropriate and relevant skills to meet their needs. One person said, "I think they are well trained, seem to know what they are doing." Training was provided by DVD and training booklets that were sent to the training provider for assessment. Since the last inspection the registered manager had become a trainer in first aid and medicine management, this meant he could train and assess competencies of the staff at Arden House. Staff had completed essential training and this was updated regularly. In addition, they had undertaken training that was specific to the needs of people. For example, dementia awareness and managing behaviours that challenged. Staff's competency was also assessed through direct observations. For example, staff's competency with giving medicines was observed regularly through observational supervision. Staff told us that they received good training which provided them with the skills required to provide effective care.

Systems were in place to support staff to develop their skills and improve the way they cared for people. Staff had received regular supervision since the last inspection. The deputy manager said she had fallen behind when the registered manager was on annual leave but by the second day of the inspection, all were up to date. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Staff told us they felt supported within their roles and felt able to approach the manager with any queries, concerns or questions. One staff member told us, "Very supportive." Another staff member said, "My supervision gives me chance to discuss training as well as our residents."

Staff were working within the principles of the Mental Capacity Act 2005 (MCA). 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 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 are called the Deprivation of Liberty Safeguards (DoLS).

The service had completed appropriate assessments in partnership with the local authority and any restriction on the person's liberty was within the legal framework. The service had submitted notifications to the CQC about the decisions of applications submitted for DoLS for people who used the service.

People commented they felt able to make their own decisions and those decisions were respected by staff. Staff had received training and understood the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. There were also procedures to access professional assistance, should an assessment of capacity be required. Staff undertook a small mental capacity assessment for each person when they arrived at the home and this was then regularly reviewed. Staff were aware any decisions made for people who lacked capacity had to be in their best interests. There was evidence in individual files that best interest meetings had been held and enduring power of attorney consulted. During the inspection we heard staff ask people for their consent and agreement to care. For example, care staff asked people, "Shall I help you to the bathroom," and "Would you like another cup of tea." Staff could tell us that they knew people's mental capacity can change quickly and so it was always important to approach people and ask for their consent.

We were also made aware of people subject to DoLS authorisations. At the time of inspection, the registered manager informed us some people had been referred for a DoLS authorisation but were still pending. A file was kept and updated when the DoLS was authorised.

People told us their health was monitored and when required external health care professionals were involved to make sure they remained as healthy as possible. People's health needs were supported by a local GP surgery. The community psychiatric team was involved when necessary for those who needed it and advice sought when required. One person told us, "I see the doctor when I need to, staff are good at arranging things like that." Another person goes regularly to the hospital for blood tests and staff supported the person in a way they wanted at the time. The person said, "Sometimes I ask staff to come with me, but other times I go alone." Where required, people were referred to external healthcare professionals; this included the dietician, tissue viability team and the diabetic team. People were regularly asked about their health and services such as the chiropodist, optician and dentist were offered. Visiting healthcare professionals told us people were referred to them appropriately. One health professional said, "They respond quickly when a health problem is noted and work well with us." Another health professional said, "They are organised and seem to know their residents well."

People's needs were assessed and care, treatment and support was delivered in line with current legislation and evidence-based guidance that achieved effective outcomes. People's skin integrity and their risk of developing pressure wounds had been assessed using a Waterlow Scoring Tool and a Malnutrition Universal Screening Tool (MUST). These assessments were used to identify which people were at risk of developing pressure wounds and action taken included appropriate equipment to relieve pressure to their skin, such as specialist cushions and air mattresses.

The meal time experience was enjoyed by people and there was a relaxed atmosphere and all told us they enjoyed the meals. Most people ate in the dining room and chose where they sat. People told us, "Really good food, full breakfast if we want it, always tasty." People also told us that they could have their breakfast at a time they wanted. We saw that this happened during our inspection.

On a daily basis people were asked what they would like from the menu. There was always a choice and

people's allergies, cultural and personal likes and dislikes were taken into consideration when the menu was planned. Nutritional assessments were in place and identified if anyone was at risk of malnutrition, dehydration or required a specialised diet. Information about people's dietary requirements were in their care and support plans and in the kitchen so staff were aware of any specific dietary requirements, such as pureed food, fork mashable and fortified. The food was brought in prepared with the nutritional values highlighted so staff were aware of salt, sugar and fat content of the meals and this assisted in ensuring people received a balanced and healthy diet. Staff told us they also fortified food by adding full cream. Where necessary people's food and fluid intake was recorded. The Environmental Health Organisation had visited in 2017 and awarded the kitchen a rating of 5 with no advisories.

Arden house is a large converted house with enclosed safe gardens. The building had been adapted to meet people's needs including two lifts and specialist equipment to enable people to shower and bathe safely such as hand rails, high toilet seats and a wet room. Staff told us people had the equipment they needed to meet their needs. There were a number of hoists and slings available for use. Some people had walking aids and some required the use of wheelchairs. All of which were regularly cleaned, serviced and checked for safety.

Good

Is the service caring?

Our findings

People were treated with respect and dignity. The home had a relaxed atmosphere. People responded positively when staff approached them in a kind and respectful way. People nodded and smiled when asked if staff were kind and caring. Relatives felt staff offered the care and support people needed and wanted. One person thought the staff were, "Really kind and patient" and, "Nice atmosphere, always upbeat." One person told us staff didn't try and rush them to get everything done. One staff member said, "The staff team is really focussed on caring, we have all learnt from the past experiences and really want to do our best, our residents deserve the best."

People were treated with kindness and respect and as individuals. It was clear from our observations that staff knew people well. Staff made eye to eye contact as they spoke quietly with people; they used their preferred names and took time to listen to them. Staff knocked on people's bedroom doors before they entered, saying, "Good morning (name) would you like me to help you," and, "Shall I take you to the lounge?"

People's privacy and dignity was protected when staff helped them with personal care, and bedroom doors remained closed as people were assisted to wash and get up. When staff assisted people to move using an electrical hoist in a communal area they ensured and they were moved respectfully. Staff told them what was happening and explained what they were doing. Staff told us, "Some people need a lot of support with their personal care and we keep in mind at all times that some things are very private." Staff prompted people discretely to return to their room when clothes needed changing or further support needed. This showed staff understood the importance of privacy and dignity when providing support and care.

People's equality and diversity needs were respected and staff were aware of what was important to people. People were encouraged to be themselves. One person said, "I know that I can express myself and staff will support me." Another person said, "This place is the best place, no snobbery and I am accepted for who I am."

We saw positive interactions between staff and the people they supported. There was laughter and good-natured banter which people enjoyed. One person said, "We can have a laugh, and that's really a good thing." We also saw a care staff member sit with a person during a late breakfast and encourage them with eating independently with gentle prompting, "Do you want help?" and, "Let me help you with that." This enabled the person to retain their dignity whilst accepting help.

Staff promoted people's independence and encouraged them to make choices. We saw that those people who liked to move around independently were supported discretely by staff. Staff talked to people and asked them if they needed assistance, they explained to people what they were going to do before they provided support and waited patiently while people responded. One staff member said, "Shall I help you to the table, its lunchtime soon." They leant down to talk to the person face to face so they could see their expression, and waited until the person responded. Comments from staff included, "We encourage people to be independent as they can be. We give them space and respect their independence" and, "We let people

to make their own decisions if they can. For example, if someone doesn't want to do something then we make sure we offer later." Some people confirmed that staff involved them in making decisions on a daily basis. One person said, "I can choose to have breakfast in bed or in the dining area. Staff always ask me." Another person said, "I basically do what I want, when I want, I'm never nagged, I sometimes stay in bed till lunchtime."

People's preferences were recorded in the care plans and staff had a good understanding of these. There was information about each person's life, with details of people who were important to them, how they spent their time before moving into the home, such as looking after their family or employment, hobbies and interests. Staff said they had read the care plans and told us each person was different; they had their own personality and made their own choices, some liked music and noise while others liked to sit quietly, and they enabled people to do this as much as possible. People chose how and where they spent their time. People, who wanted to sit and read, rather than participate in activities, were supported to do so.

People's rights to a family life were respected. Visitors were made welcome at any time and could have meals with their loved ones if they chose to. Lounge areas were welcoming. Newspapers and books were available. Information on the use of advocacy services was available and the registered manager confirmed the home worked in partnership with Independent Mental Capacity Advocates (IMCA) when required. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

People could express their views and were involved in making decisions about their care and support and the running of the home. Residents' meetings were held on a regular basis. These provided people with the forum to discuss any concerns, queries or make any suggestions. We saw that ideas and suggestions were taken forward and acted on. For example, menus, activities, trips out and laundry services.

Care records were stored securely in the staff offices. Information was kept confidentially and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training. However, there was a need to ensure that signage to remind staff to check a person's specific needs was only in the staff areas and not seen by other people or visitors. We saw one reminder on the wall in the dining area where staff used the computer to update care records. The deputy manager removed it immediately.

Good

Is the service responsive?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in July 2017. At that inspection we found improvements were needed to ensure that people understood the care or treatment choices available to them.

This inspection found that improvements had been made and sustained since the last inspection. People commented they were pleased with the care and support they received at Arden House. One person said, "Really pleased to live here." Another person said, "This is my home, they get me help when I need it, and look out for me."

Since the last inspection care plans had been reviewed and discussed with people. We saw evidence of this within the documentation. People also told us, "They do sit with me and we discuss my blood results, my tablets, and lots of other things. I get informed of everything that is happening."
People said they were aware of their care plan and that their care needs had been discussed with them. One person said, "I came here after an accident, I broke my hip, and I'm happy to be here."

Senior staff met with people before they moved into Arden House to ensure their needs could be met at the home. People felt the care provided was individual and focused on their needs. Comments included, "They know me" "They know what food I like, and when I like to get up."

The service used electronic care planning records and each person had a care plan in place. Care records were detailed and evidenced that staff knew people well. Levels of need were clear, for example, low, medium or high. Night routines, described the care that people needed to be given to support them. Other care records detailed their interests and gave staff information that they could use to engage with people. Staff had a good understanding of people's needs and could describe care needs well. They received updates about each person during the daily shift handover. We observed one handover session which showed that staff discussed everybody and how they were, and identified those that needed encouragement with food and fluids. Staff said they felt the handovers were beneficial especially if they had been off duty for a few days.

Care staff led activities and supported people with how they spent their time. At this time people could initiate their own past times and chose how spent their time.We talked to people who went out regularly shopping or just for walks. People were happy to pursue friendships, one person introduced us to a friend who had recently come to stay at Arden House and told us, "We used to live in the same place years ago, its great he is here." External exercise therapy teams visited bi-monthly and this was enjoyed by people.

People told us, "I don't get bored, I water the plants and help tidy up," and "I like to stay in my room most of the time, but I come down for meals." Most people could express their views on the lifestyle at Arden House and were happy there. One person said, "I've been here for years, the staff are really nice." Another said, "I'm not bored at all, I do what I would do if I lived at home, read and watch telly." The provider and manager acknowledged that activities were an area to be developed and this was still being discussed with the

people who lived at Arden House. Some people talked of being enrolled at clubs and maybe craft lessons at external venues.
The home encouraged people to maintain relationships with their friends and families. One person said, "I do have visitors."

Records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning were recorded. The procedure for raising and investigating complaints was available for people. One person told us, "I would talk to (the registered manager) he always listens and always here." The registered manager said, "People are given information about how to complain. My office is always open."

The staff team had a basic understanding of the Accessible Information Standard and discussed ways that they provided information to people at Arden House. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Staff told us that they had read a person's birthday messages to them because they struggled to read them. Staff told us of pictorial methods that could be used for those that may need them. For those who had a visual impairment staff used large print and said they could provide information on tape so people listen to the information.

Requires Improvement

Is the service well-led?

Our findings

At our previous focussed inspection in October 2017 we found improvements were needed in ensuring that systems to assess the quality of the service provided were fully implemented or embedded into practice.

This inspection found that audits had been developed and were carried out monthly however the provider had not ensured all records relating to the service were up to date. For example, fire risk assessments had not been updated by a competent person. The yearly legionella test had not yet been undertaken as the Health and Safety Executive guidance recommends and the five year electrical safety certificate was slightly out of date. The registered manager was very transparent in respect of these shortfalls and we received written confirmation that these had been urgently requested and dates set for compliance by the end of August 2018. We have asked that the provider inform us when the work is complete. There was a need to develop maintenance audits to ensure all routine checks are completed on time. This was an area that required improvement

There were some areas of care plans and risk assessments that needed further development, for example clear guidance about caring for people who used a catheter and clear rationales for those people that remained on continuous bedrest. Staff had the knowledge when it was discussed but it was not included in the care documentation to help support consistency in support

Despite the areas identified that required improvement we also found very positive areas of practice. Monthly audits were carried out in relation to medicines, health and safety, care plan reviews, and the kitchen. Falls documentation and safeguarding audits were also done monthly. Out of hours visits were also carried out randomly. There was a checklist and handover completed daily to ensure tasks were addressed in a timely manner. There were systems to ensure that regular monitoring of the service was carried out. Analysis of accidents, falls and incidents were carried out to try and detect any trends and patterns. For one person this had resulted in a referral to the GP and the community falls team to assist in reducing the risk of further falls and injuries.

Feedback was gained from people by annual satisfaction questionnaires and by regular resident meetings. People had mixed views about the resident meetings and the management team. People told us, Yes, the staff listen to me, the manager comes to chat. The quality of care here is good. I have nothing to complain about, they would sort out any problem if I had any."

There was strong leadership in the service which was appreciated by people and staff. We were told by people, "Good man, very honest and approachable," "It's very well led, we all know the manager, he sorts things out and its good here." The registered manager told us they felt supported in their role, but there had been a lot to learn and a lot to reflect on about the management of staff as well as the day to day running of the home. He also said that he felt that improvements were on-going but they had accomplished a lot over the last year. One of the examples given was the recruitment of enthusiastic and committed staff, which had improved the outcomes for people.

The registered manager told us that they had an open-door policy which had really supported the home to be able to rectify any concerns before they become bigger issues and offer support in any areas where it may be needed. People knew there was a manager and thought he was helpful, nice and approachable. One person said, "He's really good, a genuine person." A health professional who visited the service, "The home seems to have picked up, the manager works with us and really knows his residents well."

We saw evidence that the service worked effectively with other health and social care organisations to achieve better outcomes for people and improve quality and safety. The health and social care professionals we contacted did not express any concerns at the time of our inspection. External health care professionals such as the GP and dietician, contacted, informed us that staff were knowledgeable but if they weren't sure would ring and ask advice. We received positive feedback from the local authority about how the staff had managed a difficult situation, "Really worked hard to get the right result for a person, very committed to the people they support."

Staff told us they enjoyed working at the service. Two staff we spoke with were new to the service. One staff member said, "I love working here, its small and we can really spend time with people." Another said, "Really nice staff and residents, made me welcome." Staff were happy in their work and this had resulted in a pleasant atmosphere which impacted positively on people. All the people we spoke with had nothing but good to say about their home and the staff they supported.

Staff had access to policies and procedure, for example, whistle blowing, safeguarding, infection control, health and safety. Policies were available in the staff office. Staff said they had read them and signed to say they had. One staff member said, "I read the medicine policy because I wanted to check how we recorded refusals. I would always read the policy before doing something I wasn't sure of." Another staff member said that they had read them when they first came to work at Arden House.

The provider was aware of the requirement to inform the Care Quality Commission of events or incidents which had occurred at the service. The commission had received appropriate notifications, which helped us to monitor the service.

From April 2015 it was a legal requirement for providers to display their CQC rating. The provider website is temporarily down for updating. Line space

The registered manager was also aware of their 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 it sets out specific guidelines providers must follow if things go wrong with care and treatment.