

Angel Healthcare Limited

Arden House Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Arden House Residential Care Home is a care home and accommodates up to 30 people. The service supports a wide range of people who need support. This includes, people who live with dementia, mental health disorders, general frailty and addiction to alcohol. At the time of our inspection there were 14 people living at the service.

People's experience of using this service and what we found

Following the previous inspection, the provider sent us their action plans to improve the care delivery at Arden House Residential Home. This included information about the steps they had taken to make improvements at the home including working with external professionals and consultants to develop and improve the home.

Quality assurance systems had been introduced and continued to be developed and improved. This included audits of medicines, falls, infection control and the environment. Changes had been made to people's care plans, risk assessments and daily record keeping, and this was ongoing. The provider and staff team had worked hard to address the areas for improvement following the last inspection. Further time was needed to fully embed these changes into day to day practice.

The provider and staff worked hard to improve and ensure that appropriate infection control procedures for the pandemic were in place to keep people safe. This included increased cleaning schedules and cleaning, and adequate PPE was available with hand gel. Staff had completed training in relation to COVID-19 and testing for both people and staff was in line with current government guidance.

People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. There were enough staff working to provide the support people needed. Recruitment procedures ensured only suitable staff worked at the service. Staff understood the risks associated with the people they supported. Risk assessments provided some guidance for staff about individual and environmental risks. People received their medicines safely.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Inadequate (published 03 November 2020). There were three breaches of regulation. We served a warning notice in relation to the Safe care and treatment of people, and requirement notices for Safeguarding service users from abuse and improper treatment and Good Governance and told the provider to make these improvements. At this inspection we found improvements had been made and the warning notice was met.

This service has been in Special Measures since 03 November 2020. The provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key

questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced inspection of this service on 22 October 2020. Breaches of legal requirements were found. We issued a warning notice to the provider about Safe care and treatment and requirement notices for Safeguarding service users from abuse and improper treatment and Good Governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Arden House Residential Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Arden House Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This was a focussed inspection to check whether the provider had met the requirements of the Warning Notices in relation to Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Arden House Residential Care Home 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information, we held about the service and the service provider. We looked at their action plan provided following the inspection in November 2020. We sought feedback from the local authority and healthcare professionals that are involved with the service. We looked at the notifications we had received for this service. Notifications are information about important events the

service is required to send us by law. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

During the inspection visit, we looked around the premises and spoke with eight people who used the service. We spoke with six members of staff including the provider. The two deputy managers also came in to speak with us. We reviewed a range of records. This included four people's care records, medicine records, two staff files and the agency folder in relation to recruitment and further records relating to the quality assurance of the service, including feedback surveys and accident and incident records.

After the inspection

We received feedback from a GP who worked with the home, two social workers and contacted two relatives for their comments about the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement.

This meant whilst improvements had been made, further time was needed to ensure improvements were sustained and embedded into everyday practice to ensure peoples safety was maintained..

Assessing risk, safety monitoring and management;

At our last inspection the provider had failed to ensure risks to people were safely managed and that infection prevention and control guidance was followed. This was a breach of regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice and told the provider to make improvements by 24 November 2020. There was also a breach of regulation 13 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. We also found that the warning notice had been met.

- This inspection found that the care plans had individual risk assessments which guided staff in providing safe care. Risk assessments for health-related needs, such as skin integrity, weight management and nutrition, falls and dependency levels had been undertaken.
- Care plans and risk assessments identified specific risks to each person and provided written guidance for staff on how to minimise or prevent the risk of harm. For example, people with mobility problems had clear guidance of how staff should move them safely. People with fragile skin had guidance on how to prevent pressure damage using air flow mattresses, regular movement, continence promotion and monitoring. Daily record checks for air flow mattresses and continence care were up to date.
- Peoples' past medical health and current mental health needs had been considered when developing care plans and included in risk assessments if it might impact on their care.
- People who lived with behaviours that may be challenging had care plans that provided specific guidance to de-escalate the situation, for example, for staff to offer a quiet place to discuss the situation or for staff to withdraw if safe to do so and re-approach when the person calmed down.
- Risk assessments for those who smoked were in place as well as risk assessments for those who drink alcohol.
- Staff training and competencies had progressed and we found that there were sufficient suitably qualified on duty to meet people's individual needs.
- Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP).

- Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Environmental risk assessments had been expanded and developed to reflect the current refurbishment of the premises. However, there were areas identified and discussed during the inspection that needed to be risk assessed to ensure people's safety. These included the broken fence at rear of property and broken fencing around the pond. We were assured that these would be done immediately.

Learning lessons when things go wrong

- Improvements had been made, and accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments. Any serious incidents resulting in harm to people were escalated to other organisations such as the Local Authority and CQC.
- Learning from incidents and accidents took place. Specific details and follow up actions by staff to prevent a re-occurrence were clearly documented. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns. .
- Staff took appropriate action following accidents and incidents that ensured people's safety without restricting their freedom and this was clearly recorded. For example, one person had an unwitnessed fall down the stairs. Due to the risk they had consulted with the person and the person agreed to move rooms to a room on a lower floor. However, staff had not looked at the person's on-going medical history as a contributory factor, such as seizures or drop in blood pressure or referred to a specialist. This was taken forward immediately.

Using medicines safely

- Improvements had been made to ensure the proper and safe use of medicines. Medicines were stored, administered and disposed of safely. Medicines were ordered in a timely way.
- We asked people if they had any concerns regarding their medicines. One person said, "I get my pills and have no worries." A second person told us, "I sometimes need something to help me relax, staff always check first I am okay."
- All staff who administered medicines had the relevant training and competency checks that ensured medicines were handled safely. We observed staff administering medicines safely to people ensuring that they were offered the medicines, given time to take them in the way that they preferred and signed for once they were taken.
- Protocols for 'as required' (PRN) medicines such as pain relief medicines were available and described the circumstances and symptoms when the person needed this medicine.
- Medication audits were completed on a daily and monthly basis. The deputy manager reviewed and analysed the findings of the audits to ensure they took action that may be required to safeguard people. We noted that there were some gaps on medicine administration records (MARs) which were circled but not followed up immediately or explored for any possible effects if medicine was not taken. The daily counting of medicines introduced to monitor missing medicines was still not consistent, but the management team were aware and were managing this in staff supervisions.

How well are people protected by the prevention and control of infection?

- At the last inspection Improvements had been needed to ensure the prevention and control of infection. This inspection found that improvements had been made to infection prevention and control.
- We were assured that the provider was preventing visitors from catching and spreading infections. There were clear systems in place for visitors to follow. Visitors had lateral flow tests, temperature and oxygen

checks before entering the building and entered through a separate entrance to a designated visitor room. Visitors were provided with hand gel and personal protective equipment (PPE) and the room was cleaned between each use. Visits to people receiving end of life care had been supported throughout the pandemic.

- We were assured that the provider was meeting shielding and social distancing rules. At the last inspection, people were not being supported to social distance who had been diagnosed with COVID-19. At this inspection, there was no one who had COVID-19. Plans had been produced to support people to isolate in the event of COVID-19 and where it would be difficult for people to isolate in their bedroom, a communal area had been identified for these people to use safely.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. Improvements had been made since the last inspection and staff were wearing PPE in line with government guidance. Staff had received training in how to safely put on and take off PPE and management staff completed competency checks to ensure that staff were doing this correctly. PPE stations had been instated around the home.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Staff working at the home worked exclusively at the home and agency staff were block booked to minimise the risk of cross contamination. Staff had received training in infection prevention and control. People had risk assessments in place to assess whether they would be at increased risk from COVID-19.
- We were assured that the provider's infection prevention and control (IPC) policy was up to date. Staff had risk assessments in place to determine whether they would be at increased risk from COVID-19. Infection control audits were completed regularly and actions taken as a result were clearly recorded. There was a designated infection control lead for the home who had good oversight of IPC at the home.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Cleaning had improved at the service and records reflected that frequently touched areas were being cleaned on a regular basis. However, we found that areas of the home were difficult to clean. Renovations were taking place throughout bedrooms in the home, this was helping to improve cleanliness and the overall appearance of the home.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had not ensured that systems and processes had been established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of abuse. This was a breach of regulation 13 Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns regarding people's safety and well-being and make the required referrals to the local authority.
- A staff member said, "The safeguarding training is necessary, we get good training and we discuss safeguarding procedures at team meetings, the manager updates us of any changes to the procedures." Another staff member said, "We report anything that is poor practice or abuse, the residents are all very vulnerable." People told us they felt safe. Comments included, "We are taken care of, we are looked after well," "The security makes me feel safe, the staff understand our problems," and "I think we are looked after very well, I feel very safe here."
- There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff confirmed that they had read the policies as part of their induction and training. We did receive negative feedback about the processes staff used to raise staffing issues and this has been reflected in the Well-Led Question as the impact on people's safety was minimal.
- Staff received training in equalities and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The provider had an equalities statement, which recognised their commitment as an employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age.

Staffing and recruitment

- People received care and support in an unrushed way and call bells were answered promptly.
- Comments from people about staffing included, "Staff are really great, kind," and "The staff are all nice, but it can be difficult losing staff once you've gotten to know them."
- Rota's confirmed staffing levels were consistent, and the skill mix appropriate. Staff shortfalls had been planned for and regular agency staff booked. There was an agency file that contained information in respect of their training and Disclosure and Barring Service (DBS)- police background checks. There was always a senior on duty who took the lead on the shift. Staff told us "It has been difficult with working with a lot of agency, but we have regulars now and not using as much." One staff member told us they felt more staff were needed at night due to the needs of people living at the home as well as the layout of the home. This was relayed to the provider for consideration.
- There was a robust recruitment programme. All potential staff were required to complete an application form and attend an interview, so their knowledge, skills and values could be assessed.
- New staff were safely recruited. All staff files included key documents such as a full employment history, at least two references and a DBS check. These checks identify if prospective staff had a criminal record or were barred from working with children or adults. This ensured only suitable people worked at the service.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement.

This meant whilst improvements had been made, further time was needed to ensure improvements were sustained and embedded into everyday practice to ensure the service management and leadership was consistent. Leaders to support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

At our last inspection the provider had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of people. The provider had not maintained an accurate, complete and contemporaneous record in respect of each person. This was a breach of regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvements had been made and the provider was no longer in breach of the regulation.

- The management team had been developed and strengthened by the introduction of two deputy managers to support the manager. The manager had submitted their application to CQC to be the registered manager for Arden House Residential Care Home.
- At this inspection we found improvements to record keeping, including care plans, had been made but further time was needed for these changes to be completed, fully implemented and embedded into every day practice. Discussions with the provider and staff members responsible for developing the care plans showed they understood that further work was needed.
- We found records relating to safe care delivery were complete and up to date. Alcohol management documents were in place, and the daily management charts were completed and included individual goals. Staff knowledge of supporting people to manage their alcohol intake had improved.
- People's health problems had been recorded and there was now guidance for staff to follow to manage their health and safety. For example, people on sedation medicine had been reviewed by the GP to ensure their medication was safe with alcohol.
- Improvements had been made to the provider's oversight of the care provided and records. There was now a quality assurance system in place, and this included a number of audits and checks. For example, the environment, medicines, care plans, training and supervision. These showed where shortfalls were, and the action taken. Medicine audits had been completed and showed where improvements were needed. Work identified on the environmental audit was ticked and dated when completed. Where work had not been completed this was recorded to keep under review. We discussed areas that needed to be added, such as

laundry and bathrooms.

- The provider and staff were aware of the areas for development and improvement that were needed. They told us about the positive impact the improvements so far had on the home. This included the re-decoration of rooms, new windows and essential work to the exterior of the home. One staff member told us about other areas of the home that needed redecorating. They said, "[Provider] is getting a lot done. It's exciting and a work in progress."
- Staff training had improved, and all staff had completed essential training. Supervision had been re-commenced to ensure staff were supported and that learning was specific to the people they supported to ensure improved care delivery and support.
- Systems to safeguard people's money and property had been improved and managed safely.

Working in partnership with others

- The provider was working with external professionals from health and social care services to improve and develop the service. This included the falls team and the medicines optimisation for care homes team to make and embed improvements in the home. The provider had also engaged an external consultant to help progress improvements and identify further areas for development.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider understood duty of candour, working openly and honestly with people when things went wrong. The manager was aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The service had notified us of all significant events which had occurred in line with their legal obligations. One health professional told us, "[Provider] has been very accommodating and regularly updates us with any news via phone or email."
- The culture of the service had improved and staff were enthusiastic about the future and supportive of each other through changes. There was a relaxed atmosphere between people and staff. Staff spoke with people with care and compassion. They told us of the importance of keeping people safe and well-looked after and that they worked together as a team.
- One person said, "Staff are great and more like my friends."
- Staff spoke well of the provider. They said they were supportive and they feel able to discuss any concerns and work together to improve and develop the home.