

Sanctuary Care (Wellcare) Limited

Arundel Park Residential and Nursing Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Arundel Park Residential and Nursing Home is a residential care home providing personal and nursing care to a maximum of 50 people aged 65 and over. At the time of the inspection the service was supporting 48 people. Care was provided over two floors for people with complex healthcare needs and those living with dementia.

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

People told us how the care at Arundel Park helped them to feel safe. Risk was assessed in appropriate detail and regularly reviewed. Staff understood their responsibility to report any concerns and we found action had been taken in response. Medicines were safely managed in accordance with best-practice guidance and regulation. Staff were safely recruited and subject to checks before they started work. However, staff were not always deployed effectively across the building. We discussed this with the registered manager who agreed to review the deployment of staff at the busiest times.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Most people told us they enjoyed the food and drinks available and had a good choice. The service operated in accordance with the relevant standards and best-practice guidance. Staff were given regular training and supervision told us they felt well-supported by the registered manager and provider. The building was in the process of being refurbished. Work was planned to improve the experience of people living with dementia.

The people we spoke with were very positive about the conduct of staff, the care they provided and their kindness. We saw and heard examples of staff interacting positively with people throughout the inspection. People were involved in making decisions about their care and their rights to privacy and dignity were understood. Where people had additional or different needs relating to equality and diversity, this was recorded and reflected in the care provided.

We saw clear evidence people's individual needs and preferences were met by the service. Staff adapted the way in which they communicated with people to engage them and to ensure important information was shared. People were supported and encouraged to take part in a range of activities and to maintain relationships. Complaints were addressed in accordance with the provider's policy and best-practice guidance.

Our observations and discussions evidenced a positive, learning culture where people were supported to reflect on performance and improve practice. The registered manager and provider constantly monitored the provision of care and the environment to further improve people's experience of receiving care. The people we spoke with said communication with the management team was good. There was clear evidence of working with healthcare professionals and commissioners to improve outcomes for people.

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

Rating at last inspection

The last rating for this service was Good (published 8 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Arundel Park Residential and Nursing 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by two inspectors 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.

Arundel Park Residential and Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced and took place on 27 August 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and seven relatives about their experience of the care provided. We spoke with eleven members of staff including registered manager, deputy manager, four care workers, the chef and the activities coordinator. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People had no concerns about their safety at the service. One person said, "I feel safe because when I lived alone, I felt vulnerable." While another told us, "I feel safe here because the staff are always about."
- Staff were trained to safeguard people from abuse. However, some staff were unclear about how to report concerns where they related to senior staff. Following the inspection the registered manager informed us the process had been reviewed and communicated to staff.
- Information was displayed for people, visitors and staff about how they could confidentially report any concerns they had about a person's safety and wellbeing. Senior managers encouraged staff to report any poor working practices they saw which may be affecting the safety of people.
- When safeguarding concerns about people had been raised, the provider assisted the local authority with their investigations. This helped the local authority identify any actions needed to ensure people's ongoing safety.

Assessing risk, safety monitoring and management

- Risk was effectively managed. People's records contained information about risks to their health, safety and wellbeing. Staff were given guidance about how to manage these risks to reduce the risk of people being harmed or injured.
- Staff understood the risks posed to people and how they should support people to keep them safe. We saw staff did not rush people when supporting them which helped reduce the risk of people falling or sustaining an injury from poor moving and handling practices.
- Senior staff reviewed information about people regularly to check plans remained effective.
- Staff on each shift had been trained to deal with emergency situations and events to reduce the risk of harm to people and to themselves.
- The provider undertook regular health and safety checks of the premises. Where we identified safety concerns relating to the building the registered manager was able to demonstrate action had already been taken to reduce any risk. Safety systems and equipment were regularly serviced to make sure these remained in good order and safe for use.

Staffing and recruitment

- People and relatives gave us mixed views about staffing levels and we saw staff were pressurised at meal times and when people needed personal care. This was especially noticeable on the ground floor.
- We were told staffing numbers were determined by the use of a dependency tool. Following the inspection the registered manager confirmed staffing levels had been reviewed to ensure staff were deployed more effectively across both floors. They also confirmed the service was in the process of recruiting additional

staff to increase overall numbers.

- Staff answered call bells promptly and responded quickly to people's requests for help. One person told us staff checked on them regularly to make sure they were ok.
- The provider carried out appropriate checks on staff that applied to work at the service. These checks helped them make sure only suitable staff were employed to support people.

Using medicines safely

- Staff were adhering to a safe process for the storage and administration of medicines. People told us they received their medicines regularly.
- Staff had their competency checked regularly. However, records indicated this had not always been done in accordance with the provider's schedule. The registered manager confirmed competencies would be re-assessed as a priority.
- Medicines' records were sufficiently detailed to instruct staff on safe administration. PRN (as required) medicines were supported with an appropriate plan to indicate under what circumstances they should be administered.
- Audits were completed on a regular basis to ensure safe practice was maintained.

Preventing and controlling infection

- The service was noticeably clean and free from obvious odours.
- An extensive refurbishment programme was in progress at the time of the inspection. Measures had been taken to ensure cleaning and hygiene standards were maintained during the works. For example, a temporary kitchen had been joined to the main building to ensure food did not have to be transported outside.
- Staff understood the risk of infection and made good use of the personal protective equipment (aprons, gloves, hairnets and hand-gel) provided.

Learning lessons when things go wrong

- The service had a clear process in place to record and analyse incidents and accidents. Information was used to improve safety and quality.
- Incident and accident forms were completed in sufficient detail to aid analysis. Each form was checked by a senior member of staff and entered onto an electronic database for further analysis by the provider.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff were aware of the relevant standards and guidance and used this effectively to assess people's needs and plan their care.
- Assessments were sufficiently detailed and reviewed regularly and when people's needs changed.
- Recognised guidance and information regarding the management of falls, pressure care and nutrition was available to staff and used appropriately.
- People's outcomes were good. People living at Arundel Park and their relatives spoke positively about the impact of the care received. One relative commented, "[Relative's] care is very good here and I am not saying it just because you are here."

Staff support: induction, training, skills and experience

- Staff were appropriately trained and supported to provide effective care.
- Before they started staff completed training and had their competency assessed in accordance with recognised standards for care staff.
- Staff were also given regular additional training to improve their skills and knowledge.
- Staff told us that they felt well supported. Records indicated that staff received regular group and individual supervision.

Supporting people to eat and drink enough to maintain a balanced diet

- Most of the people we spoke with told us they enjoyed the food at the home and had a good choice of meals and snacks. One relative commented, "The food is lovely with plenty of choice."
- The mealtime experience was relaxed and people were given plenty of time to finish their food. The serving of lunch was staggered to allow staff to assist people who needed support to eat and drink.
- We saw different meals served during lunch. People with specific dietary needs were supported in accordance with their needs and preferences. One person had specific requirements relating to their religion as well as their personal preference. Specialist suppliers provided produce to meet this need.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff and managers worked effectively with healthcare professionals to ensure that people received the care they needed; such as involving GPs and other healthcare professionals in making important decisions.
- Staff were aware of people's individual healthcare needs and were able to explain how they met these needs through the provision of care, support and activities.

- We saw staff working closely with visiting healthcare professionals to provide them with an update and record any information provided.

Adapting service, design, decoration to meet people's needs

- Arundel Park is a purpose-built care home which was bright and homely.
- The provider and staff had worked effectively to ensure that the layout remained suitable for people as their needs changed. For example, some carpeting had been replaced with vinyl to improve hygiene and cleanliness.
- Further adaptations and developments were planned in relation to signage, décor, lighting and facilities for people living with dementia.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff obtained consent for people's care and support. A relative told us, "I have witnessed staff hoisting my relative, they are very good. There are always two carers and they chat to [relative] as they are moving [relative]."
- Staff understood the principles, of the MCA and people were supported wherever possible to make their own decisions.
- Where necessary, staff completed mental capacity assessments and the best interest decision making process was followed and documented.
- DoLS applications had been made when required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives spoke positively about the way care was provided and the attitude of staff. Comments included, "The girls and fellas who work here are excellent. They are second to none", and "Staff are kind and treat me well."
- We saw and heard examples of staff treating people with kindness, compassion and respect. Staff knew people and their needs well and used personal information to engage and encourage people. For example, to encourage them to eat at mealtimes.
- People with needs relating to their faith or culture were supported appropriately. For example, one person expressed a preference for TV channels which reflected their faith. People's gender, sexuality and other equality and diversity characteristics were considered as part of the assessment process.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were encouraged to comment on the provision of care and were actively involved in the decision-making process through discussions with staff and regular meetings.
- Staff discussed decisions with people and offered choices throughout the inspection. One person told us, "They [staff] always ask before they help me in anyway."
- Important decisions were recorded in care records and reviewed regularly.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was supported by the way care was provided. Staff supported people to maintain their independence by encouraging them to do as much as they could for themselves.
- Staff supported people with their personal care needs in a discrete and sensitive manner. We saw signs on bedroom doors indicating personal care was being provided to help maintain people's privacy. Staff told us how important this was to people and explained how they supported people's right to privacy at all times. One person using the service confirmed, "They always knock before they enter my room."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's individual needs and preferences were met by the service.
- Care records contained detailed information about people's histories, likes and dislikes. Staff used this information effectively to provide individualised care and support. For example, records contained information about family members, first jobs and food preferences. One person told us, "They [staff] all know me and I know them very well as I have been here a long time."
- People were given choice and control in the way care was provided. When they refused care, staff were respectful of their decision, but remained mindful of meeting people's basic needs. For example, when one person refused a drink staff checked how much fluid they had consumed and then encouraged them to drink more.
- Care records were subject to regular review and updated as people's needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People living at Arundel Park had different communication needs according to their health conditions and ethnic origins. Staff adapted the way in which they communicated with people to engage them and to ensure important information was shared. For example, one person who was visually impaired had information shared with them verbally. The service also made use of Easy Read and large print versions of information as required.
- One person had family members who did not speak English. The service made sure an interpreter was available for meetings.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported and encouraged to take part in a range of activities and to maintain relationships.
- The service employed a full-time activities coordinator who organised individual and group activities. The activities were developed in response to people's needs and wishes and made use of both indoor and outdoor space.
- People and their families spoke positively about the service and how they were made to feel welcome. This helped people to maintain their relationships and, in some cases, build new ones. For example, one person was supported to go out regularly with a long-standing friend and access community facilities.

Improving care quality in response to complaints or concerns

- Complaints were addressed in accordance with the provider's policy and best-practice guidance.
- There had been two formal complaints in 2019. Both had been resolved and appropriate action taken.
- None of the people that we spoke with said that they had made a complaint recently. They each said that they would feel comfortable raising issues with any member of staff.

End of life care and support

- Arundel Park did not routinely support people with end of life care.
- Where people had expressed a preference, care records contained information about their end of life wishes. Staff told us the information was used to support family members and to make individual arrangements.
- We discussed the need to monitor end of life care and ensure it met best-practice guidance with the registered manager. He assured us key staff had completed appropriate training and specialist accreditation was being considered.

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 Good. At this inspection this key question the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Our observations and discussions evidenced a positive, learning culture where people were supported to reflect on performance and improve practice. For example, in relation to pressure care.
- People had good outcomes and their health and wellbeing was prioritised by the service. People and their relatives told us the care they received had a positive impact.
- The registered manager and provider constantly monitored the provision of care and the environment to further improve people's experience of receiving care.

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

- The registered manager and provider understood their responsibility to share information with people when care had not met the expected standards.
- We checked records and found the provider had acted on the duty of candour regarding incidents and accidents. Family members, the local authority and CQC had been notified accordingly.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Each of the staff we spoke with had a clearly defined role within the service and understood their role and responsibilities.
- Notifications regarding important events had been submitted as required.
- The registered manager and provider completed regular safety and quality audits to measure performance and generate improvements.
- The response to issues raised during the inspection was positive and immediate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider regularly engaged people using the service, their relatives and staff through, surveys, meetings and informal discussions. People said communication with the management team was good.
- People were provided with information about Arundel Park in the form of a welcome pack. Information was available in a number of formats and different languages if required.
- The service had good links to the community including places of worship, schools and recreational

facilities. The activities coordinator involved people and the local community in fund-raising activities and had plans to develop further links.

Continuous learning and improving care

- The provider placed continuous learning and improvement at the heart of their practice. They made use of audits, reports and other forms of communication to monitor and improve the safety and quality of care.
- Lessons learnt from incidents and accidents in other services were shared with managers and staff to improve practice.
- Learning from other services managed by the provider was shared with senior managers and staff as appropriate.

Working in partnership with others

- The service worked effectively with internal and external partners to develop practice.
- There was clear evidence of working with healthcare professionals and commissioners to improve outcomes for people.