Mrs Annette Rawlins

Arun Lodge Res Care Home

Inspection report

6-8 Stocker Road
Bognor Regis,
PO21 2QF
Tel: 01243 866056
Website: www.arunlodge.co.uk

Date of inspection visit: 14 August 2014
Date of publication: 22/01/2015

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

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection.

Arun Lodge is a care home service that provides care without nursing for up to 21 older people. There were 16 people living at the home at the time of our inspection.

People who lived at the home required different levels of support. Some people were independent and others required low level support from staff with personal care; for example washing, dressing, eating and mobility or to maintain good health. The home was not a specialist dementia service but did support people living with dementia to continue to live there and to be cared for within a familiar environment and by staff who knew them well.

Summary of findings

The home was managed by the provider who is in day to day charge and worked alongside staff in order to provide care to people. The provider is the person who has the legal responsibility for meeting the requirements of the law.

Staff followed the requirements of the Mental Capacity Act 2005 (MCA). Staff observed the key principles of the MCA in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded. The service had good systems in place to keep people safe. Assessments of risk had been developed and reviewed.

People told us they were happy with the service they received. People were supported by kind and caring staff and positive relationships existed between them. One person told us they liked living at the home because, "I wake every morning to the laughter of the staff". Another person told us, "It is important to laugh, I like it here".

There were pictures of the provider's family on the walls and people told us the providers sometimes brought their dogs to the home. People told us they missed the dogs when they weren't there and sometimes secretly fed them treats. Special occasions such as birthdays were celebrated and people's friends and relatives were welcomed. This contributed to the homely atmosphere of the service.

The service employed enough, qualified and well trained staff, and ensured safety through appropriate recruitment practices. The home was clean and measures were in place for the prevention and control of infection. Equipment was regularly serviced and replaced when necessary. The provider had appropriate arrangements for the safe ordering, administration, storage and disposal of medicines. People were supported to get the medicine they needed when they needed it.

Staff received induction training to meet people's need and keep them safe.. Staff completed an induction which involved observing other staff to learn about their role. Staff practice was overseen to ensure that staff were competent to be able to deliver the care people required. Staff felt supported by the provider and were positive and enthusiastic about their roles.

Meal times were a focal point for people to get together within the home. Meal times were a lively and inclusive affair although people could eat in their rooms if they chose. Food was home cooked and in line with people's preferences. One person told us, "The food is good, homemade, cooked on the spot, There is time to eat no pressure put upon us. The atmosphere in the dining room is relaxed". People were supported to have sufficient to eat and maintain a balanced diet.

The needs and choices of people had been clearly documented in their care records. Where people's needs changed the provider acted quickly to ensure the person received the care and treatment they required. People had access to healthcare services when required.

Leisure and social activities were available in accordance with people's individual needs. Some people used community facilities such as the local pub or tea shops. Activities took place within the home and a Priest visited to give Holy Communion to those who wished to take part.

The provider sought feedback through questionnaires from people and their relatives. The provider took steps to ensure that care and treatment was provided in an appropriate and safe way and, where necessary, improvements were made. People told us they knew how to complain and any concerns were acted upon. The provider, along with senior staff, provided good leadership and support to the staff. The provider was involved in the day to day monitoring of the standards of care and support that were provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People were supported by staff who understood their responsibilities in relation to safeguarding. There were sufficient staff to meet people's needs. When the service employed new staff they followed safe recruitment practices.

Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

Potential risks were identified, appropriately assessed and planned for.

Medicines were managed, stored and administered safely. Premises were well maintained and equipment replaced when required. People were protected by the prevention and control of infection.

Is the service effective?

Good

The service was effective. People were supported to have sufficient to eat and drink and maintain a healthy diet.

Care records contained information on people's needs and preferences.

People were supported to maintain good health and have access to health care professionals as required.

Training was scheduled for staff throughout the year and was refreshed as needed. Staff had effective support through induction and regular supervision.

Is the service caring?

Good

The service was caring. People were supported by kind and friendly staff who listened to them.

People were involved in the planning of their care.

People's privacy and dignity were respected and their independence promoted.

Is the service responsive?

Good

The service was responsive. People made everyday choices and undertook activities in accordance with their needs and preferences.

People knew how to raise complaints if they were unhappy with the service.

Is the service well-led?

Good

The service was well-led. The provider and staff were consistent in their approach of putting the people they cared for first.

Staff were enthusiastic, motivated and worked as a team to ensure people received the care they needed.

There were effective measures in place to assess the quality of the service. The provider took action to improve the service in response to feedback received.

Arun Lodge Res Care Home

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

The inspection team consisted of two inspectors and an expert by experience that had experience of older people's care services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We reviewed the Provider Information Return (PIR) and previous inspection reports before the inspection. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

We visited the service on the 14 August 2014. We observed care and spoke with eight people who used the service, one relative, three members of staff and the provider. We looked at records, including four people's care records, four staff records, Medication Administration Records (MAR) and records relating to the management of the home including communication books between staff and maintenance records.

Some people who lived at the home were unable to tell us about their experience of the service because they had difficulty with verbal communication. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Arun Lodge was last inspected on 1 August 2013 and there were no concerns identified.

Good

Is the service safe?

Our findings

People told us they felt safe at the home. One person told us, "I am quite content here". Staff were aware of their responsibilities in relation to keeping people safe. They were able to tell us the different types of abuse that people might be at risk of and the signs that might indicate that abuse was taking place. Staff were aware of their responsibilities to report any concerns to their manager and also to external agencies such as the local authority safeguarding team or CQC. This meant that people were as far as possible protected from the risk of abuse because staff understood how to identify and report it.

People were protected from preventable spread of infection. People told us, "The whole home is clean". Another told us, "My room is also clean". Records showed staff received training in cleanliness and infection control. Staff went through the daily cleaning rota and procedures for disposing of waste. Clinical waste was placed in yellow bags and disposed of after every shift. Waste was disposed of in a locked bin outside. Soiled laundry was put in red bags and washed in a separate sluice room. Sanitizing hand foam was available at all washbasins; hand sanitizer was also available around the home. We observed staff wore personal protective equipment (PPE) when serving and clearing away food.

Staff demonstrated they followed the main principles of the MCA in their day to day work by assuming people had capacity and ensuring they got consent from people before providing care. In care records we saw that when a decision was needed and the person was deemed not to have the capacity to make that decision, a best interest meeting was held involving the provider, relatives and the person's GP. A best interest meeting considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe. Records of team meetings showed that staff and the provider discussed the principles of MCA to ensure staff acted in line with them.

There was a system in place to identify risks and protect people from harm. Each person's care plan had a number of completed risk assessments. The assessments were based on the task people had support with, who was at risk, the likelihood and severity of the risk and there was guidance for staff on how to reduce the risk including what equipment they should use. One person was identified at risk on the stairs and staff were instructed to support the person to use the stair lift in order to reduce the risk of them falling. Any accidents or incidents were recorded and documented in peoples care records. The outcomes and actions taken to reduce risk of reoccurrence were also recorded. These were reviewed by the provider. Staff told us, "We make sure everyone's healthy and happy. The home is comfortable and safe".

There were enough staff to meet people's needs. Staff told us that staffing levels were based on people's needs and that a lot of people were "quite independent" or only needed verbal reminding with care. We observed that people got the support they needed and were responded to quickly when they asked for assistance.

Safe recruitment practices were followed when the provider employed new staff. Staff records held the required documentation such as two references and proof of identity. The required checks had been carried out to ensure that new staff had no record of offences that could affect their suitability to deliver care. The provider had policies and procedures in place to manage any unsafe practice they identified. The provider had taken action in line with the policies and procedures when necessary. This ensured as far as possible that people were cared for by staff who were fit to do so.

People's medicines were managed so that they received them safely. Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicine. We reviewed Medication Administration Records (MAR) Charts and saw these were complete; where someone had refused medicine this was recorded. Staff had training in safe handling of medicines and we observed medicine being given appropriately. People told us about the medicines they required. One person told us, "I have five tablets at night" and explained to us what they took them for. We observed another person asked for medicine that was prescribed on an as needed basis and this was provided by staff. One tablet was dropped accidentally and we saw that this was properly disposed of and recorded. We saw that controlled drugs held were also recorded and stored appropriately.

We checked that premises and equipment were safe. We saw equipment was in good condition and records showed equipment was routinely serviced and replaced as necessary. Staff told us that when they identified new equipment was needed, the provider made arrangements

Good

Is the service safe?

to obtain this straight away. We saw that legal requirements such as Portable Appliance Tests (PAT), Gas and Fire Safety checks were up to date. The provider had a plan of on-going improvement for the premises and that general maintenance tasks were undertaken as required.

Contingency plans were in place to ensure the safety and well-being of people in the event of unforeseen circumstances such as extreme weather. We inspected this service following a period of hot weather. We observed the provider had displayed a heat wave plan with guidance for staff. This gave instructions on cooler areas of the home such as those away from direct sunlight, how to ensure the home was as aired as far as possible to reduce the temperature and to encourage people to have cold drinks in order to minimise the risks associated with dehydration.

Good

Is the service effective?

Our findings

People were positive about the support they received. One person told us, "I am quite content here". People were supported to have sufficient to eat and drink and maintain a balanced diet. One person told us, "The food is very good, there is choice. I get regular drinks throughout the day". Another person told us "For lunch I get what I want. There is plenty of food".

Care plans provided information about people's food and nutrition. In care records we saw the provider used the 'Malnutrition Universal Screening Tool' ('MUST') to determine if people were at risk of malnutrition. Where there were concerns regarding people's level of risk the provider had involved health professionals such as the person's GP, diabetes nurse and dietician. People had their weight recorded monthly if they chose to and those who were identified at risk, weekly. People's care records contained nutritional risk assessments which identified any risk, for example loss of appetite and what actions staff should take.

Staff knew people's food requirements well, for example, who was at risk of malnutrition and who had specialist requirements due to conditions such as diabetes. Equipment such as specially adapted cutlery and plates were provided if people needed them. Staff told us that no one required physical assistance to eat but some people needed help to cut up meat into smaller pieces and others needed to be encouraged to eat sufficient amounts. At lunch we observed staff supported people in line with what we had been told.

We looked at menus and saw there was a good variety of food. There were cold drinks available throughout the meal and tea and coffee served after the meal. Some people asked for a different drink that was not on the table for example, juice or still water and staff provided these. We observed people helped themselves to fresh fruit in a bowl when they wanted.

We looked at how the provider ensured people were supported by staff that had the necessary experience, knowledge and skills to carry out their roles in order that people received effective care. We saw that staff received essential training such as, moving and handling, medication, safeguarding, health and safety, food hygiene and infection control. In addition staff were able to develop further by completing specialist training and relevant qualifications in order to better support people. One staff member explained they had just completed NVQ level 2 in health and social care and was starting NVQ Level 3. National Vocational Qualifications (NVQs) are work based awards that are achieved through assessment and training. To achieve and NVQ candidates must prove that they have the ability (competence) to carry out their job to the required standard

Staff were supported to be able to provide the care people needed through induction, regular one to one meetings with the provider, appraisals, training and team meetings. A staff member told us about their induction and how they observed a more senior member of staff deliver care. The staff member explained this allowed them, "To get to know how residents like things" before they actually undertook care tasks.

One to one meetings between staff and the provider were used to discuss issues they had and identify any training needs. In records of team meetings the provider ensured staff received information regarding the care needs of people. For example, we saw that staff were informed when and why monitoring records for some people needed to be completed to provide information for health professionals. Records showed that where the provider identified any shortfalls in care provided, such as records not properly maintained, that this was addressed. Staff told us they felt supported by the provider and other senior care staff. One told us that they felt they could go to the provider if they had any problems and described them as `sympathetic'. Another staff member told us, "I am never afraid to ask if I need help".

People had been supported to maintain good health and have on-going healthcare support. Care records showed that people had access to other professionals when required and visits by health professionals to the home were recorded. We saw that people had involvement from GPs, District Nurses and Physiotherapy services. One person was at risk of pressure sores and needed repositioning every two hours. Staff signed the care records to confirm they followed this plan.

Care records showed that where staff had noticed that someone was not their `normal selves' they had called the person's GP to see them and this had been signed by the member of staff to show when actioned. Staff had carried

Good

Is the service effective?

out the instructions from health professionals required in order to support people to maintain good health. This included supporting people with exercises and maintaining additional health records as requested.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day to day care. People told us there was a lot of laughter in the home. One person told us, "It is important to laugh, I like it here". Another person told us they liked it because, "I wake every morning to laughter from the staff". Staff spoke to people in a friendly and respectful manner. There was a lot of conversation and engagement between staff and people living at the home. People told us that their friends and relatives were able to visit them without restriction. One told us, "I can have visitors any time".

Lunch time was a focal point for people to come together at the home. During lunch we saw staff encouraged people in a sensitive way. We observed a staff member encouraged a person who had not eaten very much. The person asked "Is there a time limit?" The staff member replied, "No take as long as you want". The staff member advised the person they should, "Eat as much as you want". At one point the person started to look distressed but the staff member reassured them they had done very well and the person smiled broadly. The person had eaten significantly more of their food as a result of this reassurance and patience.

Another staff member asked to join a table with two people. She ate the same meal and the three people engaged in conversation together. One person was joking with the staff member that they had food stuck on their teeth. After the meal one staff member did a dance and made some jokes making sure all the people that were present were included. People enjoyed it and laughed.

Records of team meetings demonstrated that the provider encouraged staff to develop relationships with people. Records stated, "If you have spare time chat to people".

Care records contained information for staff that enabled them to support people in a kind and compassionate way. For example, we saw that one person could shout out if they became confused and there were instructions for staff that told them to 'offer reassurance and let her know that you are nearby'. We observed that when the person called out during our visit staff went to her and spoke reassuringly with her and the person settled.

People's privacy and dignity were respected. We asked staff how they respected people's privacy and dignity. One told us, "I always treat people how I want to be treated". They explained to us the actions that they took to ensure people's privacy which included ensuring doors were closed, shower curtains closed and bedroom curtain closed when dressing. Staff spoke to people in a friendly but respectful manner and care tasks were undertaken in a way that maintained people's privacy. Staff closed doors when they delivered personal care and asked people if they required support in a discreet manner. Care records gave instructions for staff so they could support people's dignity. In one person's records it stated that he 'Takes a great pride in his appearance and enjoys having a shower, remaining clean shaven and putting a shirt on'.

People were involved in planning and making decisions about their care. Care records indicated where people had made choices about their lifestyle that could result in a negative impact on their health, that they had signed to say that they understood, had the risks explained to them and this was their choice. This ensured that people were able to make informed decisions about their lifestyle. We saw that in some instances people had also signed to indicate that they consented to the provider taking emergency action such as calling an ambulance if they were in severe discomfort.

Good

Is the service responsive?

Our findings

People told us that the service was responsive to their needs. We asked people who needed support if they were able to bathe or shower when they wanted. Two people told us they had a shower every day. Another person told us they had a choice of shower or bath and could have them more often, "If I request it". A staff member told us there was a rota for people to have a shower or bath but this was flexible and people, "Can have a bath and shower when they wish".

We observed that staff responded quickly to people's requests and people received care when they needed it. One person told us that they sometimes felt awkward about using their call bell at night. She told us that staff had reassured them and told them they should make more use of it as they were happy to respond. We saw in care records that there was information for staff to encourage and offer reassurance in order for the person to use their call bell when they needed support.

Staff demonstrated a good knowledge and understanding of personalised care. One told us, "It is what a person wants in a way that best suits them to meet their needs". Another told us, "Having the person involved in their care, having their views listened to, working with other professionals to keep them happy and comfortable".

Staff told us there were routines in relation to times of breakfast and lunch but that these were flexible. They told us there is, "No rush time wise". We saw that people completed an initial questionnaire when they moved to the home in relation to food and meal times. People were asked about the foods they liked, their dislikes and any cultural or background needs that influenced the food they ate. People were asked about the times they liked to eat and what snacks they liked to have. The provider also asked for feedback on a regular basis about the menu and quality, quantity of food, temperature of food and questions relating to the performance and attitude of staff serving the food. One person told us that, The food is good, we have choice. I get what I want". Another person told us they sometimes sent out for a takeaway meal instead as they enjoyed this.

Care records were personalised and contained information about the background and preferences of people. Care plans covered areas such a personal care, psychological and mental health, social life and interests. Care plans were reviewed on a regular basis. Where there had been no changes in the care provided staff wrote an explanation of the current situation and the care needs of the person. Staff told us they referred to the care plans and that all of the information they needed was in the plan. Staff told us that they still asked people about their care needs. We spoke to people and confirmed the care delivered was in line with their care plan. Care plans were personalised and did not just focus on physical care tasks that needed to be completed. For example, in one person's plan there was guidance for staff to spend time with someone as her `mood lifts when staff have a chat with her over a cup of tea'. The dining room was laid out with one large table and two smaller tables. The provider told us that this was in order for people to eat together in line with the friendships they had made. Lunch time was a lively, social affair.

People had access to leisure and social opportunities that reflected their interests, preferences and spiritual needs. A priest visited the home on a monthly basis to conduct Holy Communion and people chose if they wished to take part or not. Another person regularly attended a local church with friends. People accessed local community facilities such as the local pub and tea shops.

There was a weekly activities board and we saw organised activities took place that included Music for Health Workshops, Exercise and Wellness session and Alive activities – enabling older people in care to participate in meaningful activity. There was also a planned talk advertised that was taking place soon after our visit titled, `An African journey'. A small theatre group also performed plays on a two monthly basis. We saw that some of the activities had been introduced to support people to follow exercise programmes suggested by health professionals. Special occasions such as birthdays were celebrated and people's friends and relatives were welcomed.

People could choose whether they took part in activities or not. One person told us that they chose not to take part in many activities but was aware a physiotherapist visited to lead an activity. Film shows took place and a theatre company visited. Another person told us about a pantomime that was performed at the home where two people played all the parts. They told us, "It was amusing to watch".

Care records showed that people were encouraged to maintain the social contacts they had before they moved to

Good

Is the service responsive?

the home. For example, if a person had regular visits on a Friday from relatives when they moved to the home they were encouraged to maintain this at the home also. Relatives were encouraged to join in celebrations such as birthdays and the provider told us that relatives or friends of three different people had joined them for Christmas dinner. People told us they were visited by relatives. One person told us, "My son often takes me out" and another person said "My daughter takes me on walks along the sea front".

Information was displayed in the home on how people could complain if they were unhappy with the service they received. This included contact details of external agencies. We asked people if they knew how to complain and if their complaints or concerns would be acted on. One person told us, "If I have any complaints they are sorted but I rarely have anything to complain about". Three people told us that they could chat to staff to settle any issues they had. There had been no formal complaints recorded since our previous inspection.

Good

Is the service well-led?

Our findings

The home provided care within a homely environment. The provider described it as a "normal home on a larger scale". We saw in records that the provider asked staff to think, `Would you be happy if it was your home?' in relation to standards within the home. We asked a staff member what was good about the home and they told us, "It's a homely home. People can do what they please. They get choices. It is their home at the end of the day". People appeared comfortable within the home and when they engaged with staff. There were pictures of the provider's family on the walls and people told us the provider sometimes brought their dogs to the home. People told us they missed the dogs when they weren't there and sometimes secretly fed them treats. This contributed to the homely atmosphere of the service.

We asked the provider and staff what challenges they had faced that year. The provider and staff were consistent in responding that maintaining staffing levels had been the main challenge. We saw that the provider had taken action in response and additional staff had been recruited. Staff told us they, "All chipped in together" when there had been less staff available and in order to maintain the levels of staff required to meet people's needs. The provider told us this meant they had only used agency staff to maintain staffing levels on two occasions over the past six years.

Staff were enthusiastic, motivated and spoke in a caring way about people in the home. They told us they felt supported by the provider and senior staff team and able to approach them with any concerns or if they required help. We asked one member of staff what they were most proud of, they told us that, "I know have done my utmost that my residents are happy and their needs are met".

Staff had a clear understanding of their responsibilities on reporting poor practice. They understood the term whistleblowing and the actions they would take in line with this to ensure people were safe. Whistleblowing is where a member of staff can report concerns to a senior member in the organisation, or directly to external organisations. We saw that where concerns had been raised that provider investigated and documented the results of the investigation and actions taken. We saw that any concerns related to staff were addressed and disciplinary action taken as appropriate.

The provider used quality assurance surveys to gain feedback from people at the home and their relatives in relation to specific areas. The provider advised that they were present in the home from Monday to Friday and worked alongside the staff team to deliver care. In this way the provider told us they were able to assure themselves of the quality of the service and competency of the staff. The provider told us they believed in "leading by example".

We reviewed the staff communication book, records of handover meetings between staff and records of weekly meetings with the provider and senior staff. We saw that the provider identified issues and took action to resolve them. We saw that the provider addressed issues that included staff conduct. Any gaps in recording of charts or records were identified and highlighted to staff with the importance of these being maintained. We saw that the provider had highlighted an error in the records of controlled medicine, taken action to correct it and addressed the issues with staff to prevent in happening again. Health and safety issues were addressed for example staff informed to move equipment if it was a trip hazard.