Arranmore Park Limited

# Arranmore Park Rest Home

**Inspection report**

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## Ratings

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

## Overall summary

Arranmore Park provides accommodation in single and shared rooms over three floors for up to 35 adults, who require help with personal care needs. The home is situated in a residential area of Burscough, with the village centre and local amenities being nearby. Some rooms have en-suite facilities and a passenger lift is provided for access to the first and second floors. Some parking spaces are available at the front of the building and there is easy access to public transport links and the motorway network.

We last inspected Arranmore Park on 12 May 2014, when we found the service to be compliant with five of the six outcome areas we assessed at that time. The home had failed to provide staff with training in relation to the Mental Capacity Act (MCA). We followed this up in July 2014 and found the shortfall had been appropriately met. This unannounced inspection was conducted on 3 September 2015. The registered manager was on duty when we visited Arranmore Park. She had managed the day-to-day operation of the service for many years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated regulations about how the service is run.

There were sufficient numbers of staff on duty to keep people safe. Staff members were well trained and had good support from the management team. They were confident in reporting any concerns about a person's safety and were competent to deliver the care and support needed by those who lived at the home. The recruitment practices adopted by the home were robust. This helped to ensure only suitable people were appointed to work with this vulnerable client group.

Some areas of the premises had been pleasantly decorated and refurbished. However, other areas of the home were in need of upgrading and redecorating. Equipment and systems had been serviced in accordance with the manufacturers' recommendations, to ensure they were safe for use. This helped to promote people's safety.

The planning of people's care was based on a thorough assessment of their needs, with information being gathered from a variety of sources. However, the planning of people's care varied greatly. Some care plans were well written, person centred documents, whilst others lacked individualisation and failed to include some areas of assessed needs. A range of assessments had been conducted within a risk management framework, but these had not always been reviewed when areas of further risk had been identified. These did not always promote people's safety and well-being.

People were helped to maintain their independence. Staff were kind and caring towards those they supported and interacted well with the people who lived at Arranmore Park. Assistance was provided for those who needed it in a dignified manner and people were enabled to complete activities of daily living in their own time, without being rushed.

Staff we spoke with told us they received a broad range of training programmes and provided us with some good examples of modules they had completed. They confirmed that regular supervision sessions were conducted, as well as annual appraisals.

Staff spoken with told us they felt exceptionally well supported by the registered manager of the home. They spoke in a complimentary way about her management style and described her as being, 'approachable' and 'caring'.

Medicines were not being well managed. This did not promote people's safety and could have potentially put people at risk of harm.

We found three breaches of the Health and Social Care Act 2008 *(regulated Activities) Regulations 2014 in relation to medicines, infection control and the environment.

You can see what action we took at the end of this report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**

**Requires improvement**

This service was not consistently safe.

We found some areas of the environment could have been improved, in order to promote people's health and safety. Infection control policies were not being followed in day to day practice and medicines were not well managed.

At the time of this inspection there were sufficient staff deployed to meet the needs of those who lived at Arranmore Park. Recruitment practices were thorough enough to ensure only suitable people were appointed to work with this vulnerable client group.

Robust safeguarding protocols were in place and staff were confident in responding appropriately to any concerns or allegations of abuse. People who lived at the home were protected by the emergency plans implemented at Arranmore Park. Everyone we spoke with told us they felt very safe living at the home and had every confidence in the staff team.

**Is the service effective?**

**Good**

This service was effective.

The staff team were well trained and knowledgeable. They completed an induction programme when they started to work at the home, followed by a range of mandatory training modules, regular supervision and annual appraisals.

People's rights were protected, in accordance with the Mental Capacity Act

2005. People were not unnecessarily deprived of their liberty because legal requirements and best practice guidelines were followed. However, staff we spoke with were not fully aware of how capacity was assessed.

The menu offered people a choice of meals and their nutritional requirements were met. Those who needed assistance with eating and drinking were provided with help in a discreet and caring manner.

**Is the service caring?**

**Good**

This service was caring.

Staff interacted well with those who lived at the home. People were provided with the same opportunities, irrespective of age or disability. Their privacy and dignity was consistently promoted.

People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions.

# Summary of findings

People were treated in a kind, caring and respectful way. They were supported to remain as independent as possible and to maintain a good quality of life. Staff communicated clearly with those they supported and were mindful of their needs.

**Is the service responsive?**

Good

This service was responsive.

A person centred assessment of needs was done before a placement was arranged. Plans of care were well written and in general person centred. They accurately reflected people's needs and usually outlined how these needs were to be best met, in accordance with individual preferences and wishes.

Staff were seen to anticipate people's needs well, which helped to ensure their needs were met and appropriate care and support was delivered. A holistic approach to care was evident.

People we spoke with told us they would know how to make a complaint should they need to do so and staff were confident in knowing how to deal with any concerns raised.

**Is the service well-led?**

Good

This service was well-led.

People who lived at the home were fully aware of the lines of accountability within Arranmore Park. Staff spoken with felt well supported by the management team and were very complimentary about the way in which the home was being run by the registered manager.

There were a systems in place for assessing and monitoring the quality of service provided and action plans were developed to address any shortfalls, so that improvements could be made where necessary. However, it would be beneficial for the auditing process to be implemented on a more regular basis, so that the quality of service provided could be monitored more frequently.

# Arranmore Park Rest 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 was planned to check 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 unannounced inspection was carried out on 03 September 2015 by three adult social care inspectors from the Care Quality Commission. We were unable to secure an expert by experience to accompany us on this inspection which was why three inspectors attended. An Expert by Experience is a person who has experience of the type of service being inspected.

At the time of our inspection there were 29 people who lived at Arranmore Park. We were able to ask six of them and two of their relatives for their views about the services and facilities provided. We received positive comments from those we spoke with.

We also spoke with three members of staff, the registered manager of the home and two community professionals. We toured the premises, viewing a selection of private accommodation and all communal areas. We observed the day-to-day activity within the home and we also looked at a wide range of records, including the care files of nine people who used the service and the personnel records of three staff members.

We 'pathway tracked' the care of nine people who lived at the home. This enabled us to determine if people received the care and support they needed and if any risks to people's health and wellbeing were being appropriately managed. Other records we saw included a variety of policies and procedures, training records, medication records and quality monitoring systems.

The provider sent us 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.

Prior to this inspection we looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us since our last inspection and we asked local commissioners for their views about the service provided. We also requested feedback from eight community professionals, such as GPs and community nurses. We received two responses, which provided us with positive comments and these are included within the body of this report.

Requires improvement

# Is the service safe?

## Our findings

People told us they felt safe living at the home. One person said, “The staff are all lovely. None of them would harm a flea.” Another told us, “I get my medicines on time and I can have pain killers when I need them, so long as I don’t take too many, and the staff keep an eye on that for me.”

During the course of our inspection we toured the premises, viewing a selected number of bedrooms and all communal parts of Arranmore Park. We found some areas of the environment could have been improved, in order to promote people’s health and safety. Several of the bedroom doors ‘slammed’ shut, which could have potentially created a risk to people’s safety due to possible entrapment and injury. Some of the fire door closure mechanisms required attention to slow the door closure, so that people were protected from injury. One bedroom door we noted did not close in to the door frame, which created a potential fire risk. The lighting in bedrooms was dim and many light bulbs needed replacing throughout the home, in order to improve the visibility for those who lived at Arranmore Park, as some areas were very dark. The flooring on the first floor corridor outside bedroom 24 was uneven and could create a trip hazard. Some carpets in communal areas appeared new, but generally there was need for refurbishment, particularly in bathrooms. Some baths and toilets showed excessive wear and tear with visible rust on some fittings.

We observed domestic products, such as bleach and bathroom cleaner being stored on open shelving within bathrooms and in unlocked cupboards. This was easily accessible by anyone using the premises. This created a potentially hazardous situation and could put people at risk of harm, if such products were to be ingested.

We found the registered person had not protected people against the risk of harm, because the environment did not consistently protect people’s health and safety. This was in breach of regulation 15(1)(c)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Infection control policies were in place at the home. However, these were not always being followed in day to day practice, as the cleanliness of the environment could have been better. We were told that the bedrooms were cleaned regularly and vacuumed twice a week, whilst people were out at lunch, so that it was less disruptive.

However, one bedroom we visited was not pleasant smelling and there were cobwebs evident in some of the high covings throughout the home. We noted some carpets were dirty and in need of a thorough clean. Cleaning schedules were displayed within each bedroom, which showed when the rooms had been cleaned. We visited two bedrooms, which had been reportedly cleaned on the day of our inspection. However, we noted a light switch was dirty, the window sills were dusty, the top of the wardrobes were dusty, the wash hand basin had not been cleaned under the bar of soap and around the taps was dirty and the floor of one bedroom did not look like it had been vacuumed for several days. The registered manager told us that there were no full time domestic staff employed at the time of our inspection. One member of staff worked as a cleaner part time, when she was not on caring duties. We were told that agency cleaners were appointed three days each week.

The toilet bowl in one bathroom was dirty. The arm chair in one bedroom had dried food under the seat cushion and spillages on the arms and seat of the chair. There was dust and dirt behind the radiator covers and many surfaces were dirty and in need of cleaning. One ensuite we noted was dirty by the pipework next to the toilet. One bath hoist seat was dirty and in need of cleaning and there was a crack in the bath hoist mechanism.

We found the registered person had not protected people against the risk of harm because the cleanliness of the environment did not promote good infection control practices. This was in breach of regulation 12(1)(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found medicines were not always managed safely. We observed the lunchtime medicine round and found that medicines were routinely signed for, as being administered at the time of dispensing. Signing the Medication Administration Records indicates that medicines have been taken by a person and it is unsafe practise to sign before administration. This practice resulted in tablets being ‘potted’ with pieces of paper inserted containing people’s names, for those who wished to take their medicines later or for those the staff member could not find at the time of dispensing the medications.

The 'as and when required’ tablets for one person had run out, so the carer dispensed them from a spare strip of the same tablets. We were not able to establish where the

Requires improvement

# Is the service safe?

spare tablets had come from. Another person was prescribed a nutritional supplement, but the carer told us, "They always refused it." However, the supplement was not offered at the time of our inspection.

One person was prescribed a controlled drug (CD). There are legal requirements for the storage, administration, recording and disposal of CDs. These are set out in the Misuse of Drugs Act Regulations 2001 (as amended). Although the controlled drug was appropriately checked out by two members of staff and the remaining balance was counted and confirmed as being correct, the actual administration of the CD was not witnessed.

The MAR chart for one person showed they had been prescribed one medication for two weeks only. However, records showed it had been given for nearly four weeks, despite the MAR chart having being altered by hand to 'PRN'. A 'PRN' medication is one given 'as and when required'. The alteration had not been signed and there were no indications for when this medicine might be required. We asked a member of staff about this, who told us that the medication had been prescribed initially for two weeks, but then changed on advice from the mental health team to PRN. We later checked the person's care records and could find any entry in relation to this change. We observed that the individual was not asked if they wanted or needed the medication, but that it was given routinely. The person's daily record showed the GP had visited and had written a prescription for a further two weeks of the medication, which suggested it was intended to be given longer than the two week period. This was not documented anywhere in the individual's records. We noted that set times had been incorporated in to the MAR charts for PRN medications and we observed these were routinely given at the set times without consulting the person involved.

We reconciled the amount of paracetamol tablets for four people, who were prescribed this medication. We found the counts in all four cases to be inaccurate. No medication audits were in place. If these had been introduced, the registered manager would have been able to identify these shortfalls.

We reviewed the MAR charts for ten people, who lived at the home. Five of these were handwritten, but not signed or dated. One handwritten entry for paracetamol read, '2 to be given when required'. There was no limit to the amount that could be given in a day or the frequency they could be given. This meant there was a risk too many could be given to the person.

Six MAR charts we saw had photographs of the individual, the others did not. Photographic identification could help staff to ensure that medicines were given to the correct person.

Where people had topical creams and lotions prescribed, these were not always signed for, nor were there any indications for their use recorded. Care staff said that the new system would include record charts with body maps for lotions and creams and for patches. The sites which transdermal patches were applied was not recorded when we visited. It is important to rotate the sites of the body to which patches are applied to ensure good absorption of the medicine and to prevent skin damage.

Concerns had been raised by the home about the use of Zopiclone medication being linked to the management of falls and potential risk of injury. The registered manager could verbally inform us that she had sought advice from the individual's GP, but no written documentation was available to confirm this. This demonstrated a lack of robust records to confirm good partnership working.

We discussed the management of medicines with the registered manager, who accepted this was an area which needed to be improved. She gave us some reassurance that arrangements had been made for a new system to be implemented very shortly after our inspection, which would be more robust.

We found the registered person had not protected people against the risk of harm because medicines were not being well managed. This was in breach of regulation 12(1)(2)(f)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to two care staff about the administration of medicines, who told us a new system was going to be introduced at the end of that week. They told us that all staff who would administer medicines using the system had received relevant training.

A system was in place for staff to order regular medicines in a timely way and also to order new or urgent medicines. Medicines were stored safely in a locked medicines room,

# Is the service safe?

in a trolley or locked cupboard. The temperature of the room and the medicines fridge had been checked each day to ensure that medicines were stored at a safe temperature.

We spoke with another carer who administered medicines and asked them to describe the process they followed when administering medicines. They told us they always administered medicines before signing the MAR chart.

During our inspection we looked at the personnel records of three people who worked at Arranmore Park. We found that prospective employees had completed application forms and medical questionnaires. They had also undergone structured interviews. This helped the management team to determine if applicants met the required criteria, in accordance with company policy. All necessary checks had been conducted, which demonstrated robust recruitment practices had been adopted by the home. This meant those who were appointed were deemed fit to work with this vulnerable client group and therefore people's health, safety and welfare was sufficiently safeguarded.

A record of any safeguarding concerns had been retained within the home, so that a clear audit trail was available to show details of the incident, reporting procedures, action taken following the event and the outcome of the investigation. Staff spoken with were fully aware of what to do should they be concerned about someone's safety or well-being. They were confident in following the correct reporting procedures.

We observed staff moving and handling people in a safe manner, throughout our visit. This was conducted with dignity and respect and in accordance with the standard procedures of the home. Staff told us they had all had training to use the equipment and training was periodically refreshed.

However, the risk assessment for one person read, 'Ensure walking aids are used appropriately'. This statement did not provided staff with clear guidance about how this was to be achieved. It would be helpful for the staff team if instructions were recorded to clarify this entry within the risk assessment.

Clear protocols were in place, which outlined action that needed to be taken in the event of various emergency situations. Fire procedures, a wide range of risk assessment and contingency plans had all been implemented and internal equipment checks had been conducted regularly, in order to safeguard those who lived at the home, visitors and staff members. Records showed that systems and equipment had been serviced in accordance with manufacturer's recommendations. This helped to ensure it was safe for use and therefore protected those who used the service from harm. However, we noted in the boiler room there was a smell of gas. The smell had not permeated in to the corridor. We reported this to the manager and she contacted the gas board immediately, who sent an engineer out straight away and the problem was rectified.

One community professional told us that the staff understood safeguarding procedures and sought advice appropriately. Staff told us they had received training about safeguarding vulnerable adults, whistleblowing and fire safety. They told us they had regular fire drills and indicated a file that the senior person on duty would collect in the event of an evacuation of the premises. Detailed and easily accessible individual Personal Emergency Evacuation Plans (PEEPS) had been developed, which showed the level of assistance people would need to be evacuated from the building, should the need arise. Staff we spoke with were fully aware of where these records were kept, should they need them for evacuation purposes. A contingency plan outlined action that needed to be taken in emergency situations, such as a power failure, flood, loss of water or adverse weather conditions.

Accident records had been completed appropriately and were retained in line with data protection guidelines. This helped to ensure the personal details of people were kept in a confidential manner. We noted action which had been taken by the home in response to a series of falls sustained by one person. This helped to maintain their safety.

Staff and visiting professionals told us there were enough staff to provide safe care for people who lived at the home and that staff were always visible within the communal areas of the home during the day. We saw that staff were present at all times in communal areas and they regularly checked on people in their bedrooms during the day of our inspection. We noted call bells were answered within a reasonable time frame and we did not observe people having to wait for long periods of time for assistance to be provided. One relative commented, "There seems to be enough staff. There is always someone around, if you need them."

Good

# Is the service effective?

## Our findings

People we spoke with were very complimentary about the staff team. One person told us, "Staff

will do anything for me, within reason." Another commented, "Staff arrange for a doctor to come if I am in pain or unwell."

During our inspection we toured the premises, viewing all communal areas of the home and a selection of private accommodation. The home was warm and comfortable. A friendly environment was evident. We found parts of the home had been pleasantly decorated this year, including the main communal areas, the hallway and stairwell. This enhanced these areas of the environment for those who lived at Arranmore Park. However, the remainder of the premises was in need of upgrading and modernising, so that the home was of the same standard throughout, in order to enhance the environment for those who lived at Arranmore Park. The provider had already recognised this was needed and had implemented a maintenance programme, which showed timescales of when areas of the home were to be decorated and refurbished.

We noted that people were able to have their own bedding, which encouraged personalisation, and private telephones within their bedrooms was an option, which promoted privacy when making and receiving telephone calls. However, we observed one person being supported to receive a call in private from a relative on the home's telephone. People also had their own televisions within their bedrooms, so that if they wished to have some quiet time watching programmes of their choice, they were able to do so.

One person who lived at the home had a love for cocker spaniel dogs and had been a breeder in the past. The walls of this person's bedroom were adorned with framed photographs and paintings of many of the cocker spaniels they had owned and reared, which showed they were supported to maintain their passion.

We spoke with three care staff who told us they had an annual appraisal and regular supervision meetings with their line managers. They had all completed a nationally recognised qualification in social care. Two of these carers had started working at the home in the previous three months and they described their induction, which included training about the management of medicines, health and safety and fire safety. They both said they had had other training in their previous employments and had been required to produce documentary evidence of this before starting to work at Arranmore Park. They also both said they had shadowed other care staff for periods of time before working alone at the home. Records we saw confirmed this information as being accurate.

We established that the turnover of staff was very low and agency usage was minimal. This helped to ensure continuity of care for those who lived at the home. Successful applicants were supplied with a wide range of relevant information, such as employee handbooks, codes of conduct, job descriptions specific to their roles, terms and conditions of employment and numerous policies, including discipline and grievance procedures. They were also supported through a two week induction programme, which covered a wide range of topics, such as fire awareness, safeguarding adults, moving and handling, infection control and health and safety. Together this helped them to understand the policies, procedures and practices of both the organisation and the care home, which meant all new staff, were equipped to do the job expected of them.

Records and certificates of training showed that a wide range of learning modules were provided for all staff, some of which were supported by workbooks, so that knowledge checks were properly assessed. These included areas such as fire safety, infection control, the Mental Capacity Act (MCA), food hygiene, medication management, health and safety, safeguarding adults and moving and handling. Staff had also completed additional learning in relation to the specific needs of those who lived at the home. For example, diabetes, dementia awareness and end of life care were topics built into training programmes. The staff we spoke with were extremely positive and enthusiastic. It was evident that the company considered training for staff to be an important aspect of their personal development programmes. All staff we spoke with told us that they received a good training programme and were eager to learn more.

Records showed that regular formal supervision was provided for all staff and appraisals were conducted each year. These meetings between staff and managers, encouraged discussions about an individual's work performance, achievements, strengths, weaknesses and training needs.

Good

# Is the service effective?

Staff we spoke with confirmed annual appraisals and regular supervisions were conducted.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager was aware of the requirements of the MCA and associated DoLS procedures. Policies were in place in relation to the DoLS and the MCA. People's rights were protected, in accordance with the MCA. At the time of our inspection people were not being unnecessarily deprived of their liberty. Mental capacity assessments had been conducted.

Some people who lived at Arranmore Park were living with dementia. A care worker we spoke with confirmed she had received training about caring for people living with dementia, mental capacity and deprivation of liberty safeguards. We asked staff if they understood mental capacity to consent as described in the Mental Capacity Act. The staff we asked did not know how capacity was assessed. One person had a Deprivation of Liberty safeguard (DOLS) in place. We asked staff what this meant for the person. Beyond, 'keeping them safe' some staff were unclear what this meant. Staff said they had received training about DOLS and capacity but not all staff had this within the last two years. This was discussed with the manager at the time of our inspection, who assured us she would ensure all relevant staff understood the concept of DoLS and the MCA.

Care files we examined showed that people had given their consent in a variety of areas, such as agreeing staff to administer their medications, staff checking on them during the night time and the Care Quality Commission (CQC) viewing their confidential records. The consent forms for medication administration and night time checks for one person who lived at the home were both signed by a family member.

People we spoke with told us the food served was of a good quality and they had a choice of two menus for lunch and evening meal. We were told staff asked them about this the previous day. One person we spoke with commented, "Overall, the food is good. It has improved since we got a new chef."

A carer told us people could ask for drinks and snacks at any time, such as juice or tea and sandwiches, biscuits or cereal. We saw in daily records that staff often prepared snacks at different times of day and night to meet individuals preferences.

We observed lunch being served. One of the inspection team dined with some of the people who lived at the home. The dining room was dimly lit and cool, which people commented on. The food was served in accordance with a list and not in table order. This resulted in some people finishing their meal before others on the same dining table were served their food. This was discussed with the registered manager at the time of our inspection, who assured us she would monitor the management of meal times.

Two people informed us that they were not allowed their walking aids in the dining room. This resulted in them being unable to leave the dining room to use the toilet facilities, should they need to do so. When we suggested to one person that they ask for their walking aid they replied, "It's against the rules." We discussed this with the registered manager of the home, who told us that walking frames were taken out of the dining room, once people were seated, in order to reduce the possibility of people falling over this equipment, so that their safety was promoted. However, she did assure us that walking aids would be returned to their owners should anyone wish to leave the dining table during a meal and staff did assist one person to go to the toilet during their meal, at our request.

During lunch time in the dining room we observed a member of staff asking one person to take their medication. This individual told the staff member that they were eating their lunch. Therefore, they were given the opportunity to take it later, which was agreed. Following this agreement, another person on the same dining table stated, "That's the first time I have seen anyone refuse like that….they (the staff) usually stand there and bully people into taking it." This was not witnessed during our visit to Arranmore Park.

People's specific dietary needs and preferences were recorded in the kitchen area. This helped the catering staff

Good

# Is the service effective?

to ensure people received appropriate nutrition to suit their needs and tastes. Food and fluid intake charts were completed for those people who were at risk of malnutrition or dehydration. We noted that people, who were in their bedrooms had water jugs available and we were told that these were changed regularly. We noted that the home had achieved five stars in their recent food hygiene inspection conducted by the Environmental Health Officer on behalf of the local authority. This rating corresponds to 'very good' and is the highest level achievable.

Good

# Is the service caring?

## Our findings

People who lived at the home were very complimentary about the staff team and the care they received. One person told us, "The staff are wonderful. We are very well looked after. I have no complaints whatsoever." Another commented, "I am very comfortable here and I have no complaints." People we spoke with told us that care and support was provided by regular staff, which promoted continuity of care. One person said, "They (the staff) knock before entering the room and are respectful. Another told us, "It's not home but it's the next best thing." Relatives we spoke with told us that they felt communication between the family and the home was good and that they were always kept well informed.

Good information was provided for people who were interested in moving in to the home. The service users' guide and statement of purpose outlined the services and facilities available, as well as the aims and objectives of Arranmore Park. This enabled people to make an informed decision about accepting a place at the home. People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions.

At the time of our inspection a district nurse was on site to attend to the wound dressings of one person who lived at the home, which showed this individual's health needs were being met, in relation to wound care. One external professional provided written feedback, which read, 'I can confirm that at all times there is clear evidence of a real spirit of partnership working, and the manager of Arranmore is highly motivated, dedicated and committed to her role as manager, and is a good example to her team of staff. There is a warm welcoming atmosphere within the home and I have seen evidence of an excellent relationship between staff and residents.' Records showed that a wide range of community professionals were involved in the care and treatment of those who lived at Arranmore Park, such as GP's, audiologists, chiropodists, an optician, the falls team, community nurses, opticians and dentists. We spoke with a practise nurse who visited the home regularly who said, "There is a nice atmosphere here. The staff are all good, caring and helpful."

The plans of care we saw incorporated the importance of dignity and independence, particularly when providing personal care. We observed staff on the day of our inspection treating people in a kind and caring way. They spoke with those who lived at the home in a respectful manner. Staff evidently knew people well and responded appropriately to meet individual preferences. Some people clearly preferred a quieter approach, whilst others enjoyed a jovial laugh and joke with staff members. The social worker who we spoke with at the time of our inspection told us that the staff at Arranmore Park were without exception very friendly and approachable and that they were very welcoming.

On the day of our inspection, we saw that staff interacted with people without exception in a cheerful and pleasant way. It was clear from talking with staff and observing interactions, that they knew all the people who lived at the home well. Staff addressed people by the names they preferred. We saw that staff were gentle and patient when supporting people to take medicines or eat and drink or simply to walk to their bedrooms. All care staff responded to individual people in a way that showed they knew them well and were concerned for their welfare. People looked happy and were evidently comfortable in the presence of staff members.

Records showed that all new care staff and some longer standing members of the staff team completed the 'Six Steps' training in end of life care. This involved demonstrating that the service met a number of specific standards including enhanced training for all care staff. The records of one person, who had been diagnosed with a terminal illness showed an advanced lasting decision to refuse treatment and resuscitation had been made by them. They had also stipulated that they wished to spend their final days at Arranmore Park. They had personally signed the relevant documents and discussed these decisions with their close family members, the care provider and their GP, who had all received copies of the decisions made. The plan of care in relation to death and dying for this individual was signed by them. It was very well written and clearly identified the individual's last wishes and their instructions for funeral arrangements.

Comments from people who worked at the home included: "It's really nice here. It's a friendly and homely place."; "The manager has the resident's best interests at heart in everything she does"; "People here are well looked after" and "I'm very protective about the people I care for." They also

Good

# Is the service caring?

told us how they promoted people's independence in daily activities such as personal care and dressing. One said, "We do this by encouraging them to do as much as they can for themselves."

One community professional told us, "Impressions when I first went into the home and even now are that Arranmore Park has a very homely feel about it. I am given privacy to carry out my work and I am well supported by the staff team. The manager is always prepared for my visits with an understanding of what I require. Finally I have always found the residents to be treated with dignity, respect and offered choice."

Good

# Is the service responsive?

## Our findings

People we spoke with told us there were regular staff at the home. We were told the staff spoke with residents and they all had a good sense of humour. We were also told that activities were provided, which people got involved with. One person told us they particularly liked Bingo stating, "We all cheat but, we have a good laugh."

People told us that they were offered a range of choices, such as being able to choose their own clothes, selecting what they wanted to eat from the menu and making decisions about personal hygiene matters. We spoke with one person who had very recently been admitted to the home.

They told us that they had been able to make a decision about moving in to Arranmore Park. They said, "The food is very good indeed, but I am not a fussy person."

We examined the care files of nine people, who lived at Arranmore Park. We saw that people had been involved in their development and very thorough needs assessments had been conducted before a placement was arranged at the home. These included people's likes and dislikes and this helped to ensure the staff team were confident they could provide the care and support people required. Care staff confirmed that they had read the care plans for those they supported, to ensure they knew what each individual required.

We found most plans of care to be very person centred, which outlined clear aims, objectives and actions to be taken. These provided staff with detailed guidance about people's assessed needs and how these needs were to be best met. However, one we saw could have been a little more explanatory. Personal profiles had been completed and these included areas, such as independence, washing and dressing, leisure interests, mobility and night support. We discussed these with the registered manager and advised that they could possibly be extended to encompass people's dietary needs. People's life histories had been recorded, which helped the staff team to familiarise themselves with what people liked and disliked and also what their hobbies and interests were. The plans of care had been reviewed at regular intervals and any changes in needs had been recorded well.

Records we saw reflected people's needs accurately and we observed written instructions from community professionals being followed in day to day practice. One plan of care showed the person was offered a variety of choices and it stated, 'Staff to be aware of (name removed) dietary likes and dislikes.' However, these were not recorded within this plan of care and although this information was available elsewhere, it would be beneficial to record it under the relevant plan of care, so that it was easily accessible. However, the personal care section of the plan of care was very person centred and included independence and dignity, preferences in nail polish, hair care, oral care and chiropody. One relative commented, "The staff are marvellous. Mum is getting first class care." A community professional wrote on their feedback, "It is my view that Arranmore Park appropriately assesses the people that they accept into the home and at all times endeavour to meet their individual care needs. When difficulties arise they do not hesitate to ask for help from the relevant health professionals."

We spoke with a senior care worker about the assessed needs of one person. She explained to us how the staff team supported the individual to ensure their needs were being met. We saw that the plan of care for this person accurately reflected what the carer had told us. We saw that care summaries had been completed for some people who lived at the home. The manager told us these were being introduced for everyone. We noted that care workers wrote in a daily report, at the end of each shift.

Detailed assessments were in place within a risk management framework. These covered areas, such as the risk of developing pressure wounds, the risk of malnutrition, the use of bed rails and falls. These had been updated annually. A high risk of malnutrition for one person had led to a referral being made to a dietician and advice about diet and fluids was recorded within the plan of care. However, we found that a few of the risk assessments were generic and not particularly person centred and not all had been updated when someone had was known to have additional specific risks. Regular reviews of risk assessments can help staff to minimise or prevent risks and keep people safe. However, members of the staff team were able to describe in detail how people were supported and it was clear that they knew people well and were able to provide the care required by each individual who lived at Arranmore Park.

Good

# Is the service responsive?

Where assessments had shown risk, these were graded using a scoring tool and care plans were in place. Where risk of malnutrition had been identified, people had food and fluid records so that staff could ensure they were receiving adequate nutrition.

A key worker system was in place at Arranmore Park, which enabled people who lived there to develop strong bonds with individual staff members, who got to know them and their families well. This also helped to ensure people's needs were being appropriately met.

All care staff had access to the care records and they completed progress notes of daily events. We saw that the home had received positive feedback from families

We looked at the records for one person who had arrived at the home in the previous 24 hours. A very thorough pre-admission assessment had been undertaken with the person and a relative. This covered all activities of daily living. Although a detailed care plan and risk assessments had not been completed at the time of our inspection, due to the short period of time he had been at the home, the documents seen included enough information for staff to understand and manage the risks of falls, pressure care, nutrition, mobility, medication and likes and dislikes.

The complaints policy was clearly displayed within the home, which identified the procedure to follow in order to make a complaint. This was also included in the service users' guide provided to people when they first moved in to the home. A system was in place for recording complaints received by the home. This record identified the nature of the complaint, action taken and the outcome following an internal investigation, including the response provided to the complainant. There had only been two complaints recorded since 2013. Staff we spoke with were fully aware of what to do should someone wish to make a complaint.

People we spoke with or their relatives told us they were confident in raising any concerns with the registered manager. Care staff we spoke with understood how to deal with any complaints in line with the policy of the service and they said that they were confident the manager would respond to any issues raised, but they knew how to escalate concerns to the provider or the Care Quality Commission if it was ever required.

A variety of leaflets were displayed in the foyer of the home, which provided helpful information for those who lived at the Arranmore Park and their relatives. For example, contact details for the local advocacy services was clearly displayed. We established that one person who lived at the home was being supported by an advocate. Contact details were also available for the Care Aware helpline, should people wish to talk with someone who was not directly connected with the home.

People we spoke with about the provision of leisure activities told us they were very satisfied with what was available to them. We saw that activities were provided for people to enjoy. These included arts and crafts, knit and natter, bingo and quizzes. Staff told us that people were supported to go out to places of interest from time to time and ten people had recently enjoyed a canal trip with luncheon provided. We established that one morning each week a member of staff read sections of a book for those who wished to listen, which people seemed to enjoy. We saw that one person liked helping to clear the dining tables after meals. Staff told us this individual liked to keep busy.

The notice board within the foyer of the home displayed the leisure activity programme. The plan of care for one person in relation to leisure interests stated, 'Discover what events or activities (name removed) enjoys and encourage (name removed) to engage in those activities. However, despite this person being in the home for some time, their leisure interests had still not been recorded, so that staff could focus on provided activities of their choice.

We noted that one person who lived at the home used to be a boxer and so liked to go out in to the garden every day to do exercises. However, we did not see a risk assessment in place, in order to help to reduce the possibility of injury for this individual. However, this was subsequently developed. Another person used to work in a café and enjoyed helping to clean the dining tables following meals. These activities supported the two people in maintaining their individual interests.

One person who lived at the home told us about a clock that was of sentimental value and which had recently broken. They told us that staff went out of their way to get this repaired. Another person gave us an example of how responsive the manager had been in dealing with a concern they had raised.

A community professional wrote on their feedback, "It is obvious from the work carried out with the manager and her team that they are always striving for the best for the people they care for and are saddened when sometimes

Good

# Is the service responsive?

people have to be moved on to a more appropriate care setting because the residents needs either outweigh the registration of the home or skill mix of the care staff. The manager has always been honest about this fact and works hard to ensure that all moves run as smoothly as possible."

Good

# Is the service well-led?

## Our findings

We spoke with six people who lived at Arranmore Park about the management of the home. They all said they knew who the manager was and that the home was being well managed. A visiting professional told us, "I do know the manager and she is very approachable."

At the time of our inspection the registered manager was on duty. She was extremely organised and very positive about providing a high standard of service for those who lived at Arranmore Park. On arrival at the home we asked for a variety of documents to be made accessible to us during our inspection. These were provided promptly. We found all records we looked at to be well maintained and organised in a structured way. This made information easy to find. The manager was able to recall all the room numbers for each person and she addressed every individual she spoke with by name.

Records showed that meetings were held regularly for those who lived at the home and their relatives. This allowed people to talk about things they felt were important to them in an open forum and to make suggestions, as well as provide feedback about the services and facilities available. Minutes of these meetings were clearly displayed within the home, so that any interested party could establish what topics were discussed and any actions taken. One person we spoke with told us they attended the meetings and said the last one they went to involved a discussion about building a shop in the grounds of the home and that resident's views about this were obtained before any plans were developed.

We saw minutes of a range of staff meetings, which had been held at regular intervals. This enabled different grades of staff to meet in order to discuss various topics of interest and enable any relevant information to be disseminated amongst the entire workforce.

We observed the registered manager speaking with people in a respectful and courteous manner. She addressed each person by name throughout the day and from conversations she held with them it was clear that she understood their needs and knew all about them. The staff team were all very co-operative during the inspection. We found them to be passionate, very enthusiastic and dedicated to their work.

The home had been accredited with an external quality award, achieving a 5 star rating, which was the highest level available. This meant that a professional organisation visited the service annually to conduct detailed audits, in order to ensure the quality of service was maintained to an acceptable standard. The registered manager had notified the Care Quality Commission of any reportable events, such as deaths, safeguarding concerns or serious injuries. This demonstrated an open and transparent service.

We were told that the auditing process was conducted in line with the annual external accreditation programme and we saw the full report, which was received by the home and which produced the results in a profile format for the different areas assessed. More frequent audits would help to assess and monitor the quality of service provided on a more regular basis. These audits should cover areas, such as care planning, health and safety, risk assessing, the environment, infection control, medication management, staff training, recruitment, record keeping, the provision of food and nutrition.

Records showed the provider met with the registered manager of the home each week to discuss any areas for improvement and areas of good practice. A report was then developed following the weekly meetings, so that any shortfalls could be rectified. The provider also conducted a full audit of the home each year, following which a detailed report was produced, supported by action plans indicating how any areas for improvement were to be addressed.

Feedback about the quality of service provided was actively sought from those who lived at the home and their relatives, in the form of surveys. This was done through the accreditation scheme each year. Staff surveys were conducted annually. This helped the registered manager to gather the views of staff members, as to what it was like to work at Arranmore Park. One community healthcare professional told us, "At all times I have been made very welcome at Arranmore Park by the manager and her care staff. The staff have always been very approachable, friendly and obliging and willing to work with us. From my point of view I enjoy visiting the home and feel valued as a health care professional and feel my time is well spent there. The staff team at Arranmore Park is well led and well supported and the deputy managers are of the same thinking as the manager."

A wide range of updated policies and procedures were in place at the home, which provided the staff team with

Good

# Is the service well-led?

current legislation and good practice guidelines. These included areas, such as health and safety, equal opportunities, infection control, safeguarding adults, Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA).

Comments from people who worked at Arranmore Park included: "The manager is great. She is very approachable and listens to us. Everyone likes her. She is lovely with the residents"; "The manager is very good. Firm but fair and she has the resident's best interests at heart"; "The manager is one of the most genuinely nice people I've ever met. She has time for people" and "The manager is really approachable and supportive." The staff we spoke with told us that there was a good atmosphere in the home and that people were well cared for at Arranmore Park.

This section is primarily information for the provider

# Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises<br><br>We found the registered person had not protected people against the risk of harm, because the environment did not consistently protect people's health and safety.<br><br>Regulation 15(1)(c)(e) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br><br>We found the registered person had not protected people against the risk of harm because the cleanliness of the environment did not promote good infection control practices.<br><br>Regulation 12(1)(2)(h) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br><br>We found the registered person had not protected people against the risk of harm because medicines were not being well managed.<br><br>Regulation 12(1)(2)(f)(g) |