

Argentum Lodge Limited

Argentum Lodge

Inspection report

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Ratings

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

Summary of findings

Overall summary

Argentum Lodge is a residential care home providing personal and nursing care to 50 people living with dementia. The home can accommodate up to 56 people.

The accommodation was arranged over three floors. People were placed on each floor, according to the stage of dementia they were experiencing. People with early stage dementia were on the ground floor and those with advanced dementia on the top floor.

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

People experienced good care. People and relatives were happy with the care they received and told us they felt involved in their care and support. We observed a pleasant and calm atmosphere in the home throughout the day. Staff were respectful and kind in their interactions.

People told us they felt safe. They were protected from the risk of abuse because staff were trained in safeguarding adults and felt confident about reporting concerns. Risk assessments were in place to guide staff in providing safe support. People received safe support with their medicines.

The culture of the home was person centred and care was planned to meet individual needs and preferences. Activities took place, which included links to the local community. This was of great benefit to people in the home. People may benefit from having access to more 'ad hoc' activities suited to people with dementia, such as rummage bags. People were able to report and make complaints if they needed to.

Staff were well trained and supported, and reported feeling happy working in the home. People were supported nutritionally. Staff were knowledgeable about people's dietary needs and preferences. Staff worked with healthcare professionals to ensure people's needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

The last rating for this service was requires improvement (published January 2018). Since this rating was awarded the provider has altered its legal entity. We have used our previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating and date the service became registered under the current legal entity.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Argentum Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one Inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

The inspection took place on 12 August 2019. This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also looked at any notifications we received. Notifications are information about specific events the provider is required to tell us by law.

During the inspection-

We spoke with four people using the service, five relatives and one visiting professional. We spoke with the

registered manager and six members of staff. We reviewed care records for three people using the service and looked at other records relating to the running of the home, such as staff training records, complaints and audits.

Is the service safe?

Our findings

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

This is the first inspection for the home under the provider's current legal entity. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because staff were trained and understood their responsibility to report concerns. Staff all reported feeling confident about doing so.
- People and relatives told us they felt safe at the home. One person commented, "I feel very safe, I feel quite free to go out when I want around the garden but it has a gate, so nobody can go out, or in. I feel safe because there are people around me and they don't let you go out without support."

Assessing risk, safety monitoring and management

- Risk assessments were in place to guide staff in providing safe care and support. These were reviewed regularly to ensure they reflected the person's current needs.
- Risk assessments contained clear measures to manage the risk identified.

Staffing and recruitment

- There were sufficient staff on duty to ensure people's needs were met. The atmosphere was calm throughout the day.
- A relative commented, "There seem to be enough staff, they use agency staff sometimes. They seem okay though and know what to do so I am not worried. I think there are enough staff, though they could always do with more because there are so many people with high care needs here."
- Agency staff were used to cover some shifts. However, the same agency staff were used to ensure continuity of staff for people living in the home. Permanent staff told us consistently that the use of agency staff posed no problems for them.
- Safe recruitment practices were followed when employing new staff. This included gathering references from previous employers and carrying out a Disclosure and Barring Service (DBS) check. A DBS check identifies anyone who is barred from working with vulnerable adults.
- PIN numbers were checked for registered nurses.

Using medicines safely

- There was safe storage in place for people's medicines. These were only accessible to people authorised to do so.
- Medicines were administered from their original packaging as per NICE guidance.
- We saw that one person was being administered medicine covertly (without their knowledge). This had been decided in conjunction with the person's GP and a pharmacist to ensure it was safe to administer medicines in this way.
- There were processes in place to dispose safely of any unused medicines and records were kept of these.

- There was additional security in place for medicines requiring it and records kept of when these were administered. We checked the stock level of two of these medicines and found that they were as expected.
- One person told us "I think I get my medication on time, they seem to bring it on time, so I know they are checking it for me".

Preventing and controlling infection

- We spoke with a domestic member of staff. They confirmed they had all the equipment and supplies required to carry out their role.
- We saw that cleaning was taking place throughout the day and that the home was well maintained.
- In one of the medicines stock rooms, we noted a spillage on the floor which had been covered with a black bag. The registered manager confirmed this was cleaned up shortly after noticing it.

Learning lessons when things go wrong

- Accidents and incidents were recorded and this gave opportunity for the registered manager to identify any themes or patterns.
- We spoke with the registered manager about the actions they would take in response to concerns and they gave us examples of actions they could take such as seeking a referral to the falls team.

Is the service effective?

Our findings

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

This is the first inspection for the home under the provider's current legal entity. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before coming to live at the home. The assessment enabled care plans to be written to describe how people wanted to be supported.
- Some people had particular care needs such as diabetes. Where this was the case, we saw that care plans gave clear guidance such as when blood sugar monitoring should be carried out and the expected blood sugar levels for the person. One person had a tracheostomy and there was a care plan in place in relation to care of this.

Staff support: induction, training, skills and experience

- Staff were positive about their training and support. Topics covered included the mental capacity act, safeguarding adults and person centred care planning.
- Staff received supervision with a senior member of staff. This was an opportunity to discuss their learning and development needs. Staff also received an annual appraisal to review their performance over the year.
- A trainer was employed across the provider's two homes to deliver training face to face. The registered manager told us how the trainer always assessed people's knowledge at the end of training.

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

- "The food is good, I look forward to it and there is a choice. I don't always know what I am getting but the food is good. You can get drinks when you want, there is always something here to have." And "My wife likes the food here, she always eats well and there is always a good choice. There is cake and tea mid-afternoon, so there is always a good variety available. If my wife didn't like it, she wouldn't eat it."
- We spoke with the chef. They told us communication was good with staff and they would make him aware of any particular dietary needs.
- The chef told us they would always try to make diabetic alternatives to the desserts on offer.
- We observed the lunch time meal and saw that people received support as they needed it, in a respectful and unhurried manner.
- There were two options to choose from and vegetarian diets were catered for.
- Assessments were used to identify people who may be at risk from malnutrition.

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

- Staff worked with healthcare professionals to ensure people received the care they needed. People at the

home were able to see a GP when necessary. People told us "I've seen the doctor once, but I haven't been here long and if I needed to see the doctor more often they would arrange it straight away." And "One thing I am really happy about, is there is a doctor that comes in here weekly, so my wife always gets to see a doctor as soon as she needs one. If my wife was ill, I feel confident the service would contact me to inform me."

- One visiting professional told us they would have found it useful to have more information about a person before visiting them for the first time, so they could manage any anxieties the person might have. We fed this back to the registered manager.

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

- The home was well maintained and suited to the needs of people living there. There were grab rails along corridors to help people move safely about the home.
- There were posters and picture on the walls and these included significant historical news stories.
- There was a 'pub' area on the ground floor which was used for various activities and we also saw a shop set up on the middle floor. This wasn't fully functioning as a shop, however we fed back that this might be of benefit to people if it were to be used as such.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We saw that the service was working in line with the principles of the mental capacity act (MCA). When a decision needed to be made about a person's care, we saw that an assessment was carried out and best interest decision made.
- The registered manager had made applications for people who needed a DoLS authorisation. Six people had an authorisation at the time of our inspection and none of these had conditions attached. Other people were awaiting their applications to be processed by the local authority.

Is the service caring?

Our findings

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

This is the first inspection for the home under the provider's current legal entity. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives were positive about the care they received. One relative told us, "This is a good place for my wife, on balance the staff are very good, and they look after her very well, she always looks clean and well tidy in appearance. Even though she can't communicate much, staff seem to take the time to make her look presentable which I think is important." Another person told us, "I think the care provided here is excellent, they keep [individual's name] looking tidy and good. They do her hair really well and she is well presented, which I think shows you they care."
- We observed throughout the day that people were treated kindly. On one occasion we saw a member of staff talk with a person about a time in their life when they worked on a farm. The person responded positively to this interaction with smiles. On another occasion a member of staff provided reassurance to a person about how smart they looked.
- Staff spoke with people in a respectful way, maintaining eye contact and ensuring they were at the same level to support communication.
- The atmosphere was calm and settled showing that people were content and their needs being met.

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

- Many people in the home weren't able to take part actively in decisions about their care, due to their level of cognitive impairment. However, family told us communication was good and they were kept informed of important information.
- One relative told us, "We are very pleased with the services, there is good communication between me and the service. They let me know how my husband is and if there are any changes to his condition. They always seem to listen and want to make things easy for you, they are very respectful."
- Relative and resident meetings took place so that people could express their opinions and learn about important developments in the home.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. For example, at the midday meal people were asked if they wanted to wear an apron over their clothes and their choice was respected.
- People were able to eat their meals at their own place and weren't hurried.
- On the grounds floor we saw that there was a small kitchen positioned within the lounge, which enabled people to be supported to make their own drinks if they wished to.

Is the service responsive?

Our findings

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

This is the first inspection for the home under the provider's current legal entity. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- It was evident that staff knew people well and understood their individual needs and preferences. One person told us "We're all treated equally here, it doesn't matter about your background or how you are now. I like them a lot because they just treat everyone equally without any judgement." And "All of the staff here have made a really big effort to get to know (name) and (name) Her husband visits every day and staff have accommodated him, he actually has a terminal diagnosis, but they have gone out of their way to enable the two of them to remain together."
- People's support plans were clear and contained details about the individual and how they liked to be supported.

Meeting people's communication needs

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

- We discussed people's communication needs with the registered manager. They told us that there wasn't anyone with a sensory impairment or any other communication need at the present time. However, if required they would produce information in a format suited to the individual person.
- We noted at the midday meal, staff gave people a visual prompt of the meal options available to help them choose.
- We saw that the activity programme was written up on whiteboards and in some places the ink was quite faint and may be difficult for people to see. People may benefit from greater use of visual prompts around the home to help them understand the information presented.

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

This KLOE is applicable where the service provides or supports activities, hobbies, community contact, employment and education support. Also enables or supports contact with families, friends and others in the community as well as personal care.

- There was an activity programme in place and an activity coordinator was employed in the home.
- The activity programme included external entertainers such as singers and dancers.
- Links had been made within the local community. A mother and toddler group took place in the home as well as children from a local primary school attending to spend time with people.

- People and relatives were happy with the activity programme and told us, "She [wife] goes into the lounge most days there is enough entertainment and people coming in. She has her own hairdresser come in and the church she is with also come in for communion. There have also been different animals visiting, such as rabbits, which my wife seemed to enjoy."
- The registered manager told us they would shortly be having a 'sensory table', that projected lights, installed in the home, which they hoped people would enjoy and help keep people engaged.
- We discussed with the registered manager how people may benefit from more 'ad hoc', activities to engage them. Such as rummage bags or memory boxes. We also noted a shop type set up on the middle floor, which people may enjoy if it was fully functional.

Improving care quality in response to complaints or concerns

- People told us they confident and able to raise complaints and concerns. One person commented "If I wanted to make a complaint I would ask my family to help me, if I was very unhappy I could speak to the office."
- There was a process in place for managing formal complaints. We saw that when people had used this process, their concerns had been acknowledged and responded to.

End of life care and support

- There was nobody being cared for at the time of our inspection who was receiving end of life care, though there were people living with advanced dementia.
- There was some information in people's files about their end of life wishes, however this was quite 'generic' for each of the plans we looked at. The plans didn't contain specific details about the person concerned. We discussed this with the registered manager who told us that some people and their families weren't ready to discuss this stage of their lives, but they would review this and talk about the person's and families wishes when they were ready to do so.
- For one person it was clear that their wishes had been discussed with family. A relative told us "Yes, we have sat down and gone through the end of life plan with my wife. All of that is sorted."

Is the service well-led?

Our findings

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

This is the first inspection for the home under its current registration. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a registered manager in place. Although there was no specified deputy, a registered nurse took charge of the home in the absence of the registered manager. There were 'supervisors' overseeing and leading care staff.
- There was a positive atmosphere in the home throughout the inspection. People were settled and content. Comments from people and relatives included, "There is a nice feeling about the place and staff do respect the people living here, nothing seems to be too much trouble.", and "They can't do enough for you here, all the staff have helped my wife settle in."
- The home was inclusive and treated people equally. We saw specific examples to illustrate how people felt comfortable to be open about their personal relationships.
- Family members felt included and informed about their loved one's care. A relative told us "We were given an Argentum information pack, it has all of the information in there about the service and what is available. We can visit whenever we want and are always made to feel very welcome."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood the responsibilities of their role including the need to make notifications to CQC in certain circumstances.
- It was clear that communication was good between people and their families and that people were comfortable about taking their concerns to the registered manager.
- Feedback was sought from people to help the service identify any areas for improvement. Comments included "If I felt unhappy with anything I would speak to the office, I would feel happy to do that. I've never had to make a complaint about anything here. I've filled in a questionnaire about the service, there is one that comes out regularly." Another person told us "There are relatives' meetings, I've been invited to a couple and we've been asked about our views on the garden and how we could be involved with it. We've also had discussions about activities, they usually hold meetings once every three months."
- There was a programme of audits in place to check that the service was running as it should. This included checking people's care plans, infection control and medicines. We saw that these audits identified areas for action, which were then dated once complete.

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

characteristics

- People, staff and relatives were asked for their views and opinions in the form of a survey. Results from these were positive and comments included, 'so far I have been very impressed by the care she is receiving' and 'Argentum lodge is managed and operates day to day to an extremely high standard'.
- Staff told us they had meeting and felt confident their views and opinions would be listened to.
- A newsletter was produced to keep people and families informed of what was taking place in the home.

Continuous learning and improving care

- It was evident that people were listened to in order to improve people's care and experiences. One relative told us, "when [individual's name] was first admitted, she was spending a lot of time in bed. I spoke to the carers and asked them to assist her to sit out a bit more, which they did."
- A log was kept of all accidents and incident to enable the registered manager to identify any themes.

Working in partnership with others

- The registered manager worked with other services and teams to ensure people received the care they needed. On the day of our inspection, there was a health professional from the 'frailty team' assessing a person at the home.
- At the time of the inspection, the service wasn't working towards any accreditations. The registered manager told us this was something they would consider for the future once they had achieved a 'Good' rating for the home.