

Mr Stephen Forester-Morgan

# Arden House

## Inspection report

Arden House  
11 Roden Avenue  
Kidderminster  
Worcestershire  
DY10 2RF

Tel: 01562744056

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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

Arden House provides accommodation and personal care for people with a learning disability, for eight people. On the day of our inspection there were eight people living at the home.

The inspection took place on the 6 January 2016 and was unannounced.

There was a registered manager at this home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives said they were happy about the care people living at the home received. They told us staff were caring and promoted people's independence. We saw people were able to maintain important relationships with family and friends and were encouraged to develop strong links with the community. People had food and drink they enjoyed and had choices available to them, to maintain a healthy diet. Staff knew the people who lived at the home well and were able to support them to eat and drink. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them. People and relatives told us they had access to health professionals as soon as they were needed.

Staff we spoke with were aware of how to recognise signs of abuse, and systems were in place to guide them in reporting these. They were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. Staff had up to date knowledge and training to support people. We saw staff treated people with dignity and respect whilst supporting their needs. They knew people well, and were focussed on each person as an individual.

People felt involved in decisions about their care. Where support was identified as being needed, best interest decisions were made, involving family and health care professionals. Decisions were made in a least restrictive and lawful way, with applications to the local authority made when needed.

Relatives said they felt included in planning for the care their relative received and were always kept up to date with any concerns. People living at the home saw their friends and relatives as they wanted. People and their relatives knew how to raise complaints and felt confident that they would be listened to and action taken to resolve any concerns. Staff and the registered manager knew people well and were aware if people were unhappy. The registered manager had arrangements in place to ensure people were listened to and action taken if required.

The registered manager promoted an inclusive approach to providing care for people living at the home. Staff were encouraged to be involved in regular meetings to share their views and concerns about the quality of the service. The registered manager had systems in place to monitor how the service was

provided, to ensure people received quality care.

## 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 sufficient staff who understood how to meet their individual care needs safely. People had their risks identified and managed to ensure they were safe. People received their medicines in a safe way.

### Is the service effective?

Good ●

The service was effective

Peoples best interests were protected in a least restrictive and lawful way. People had choices within a balanced diet. People had access to health professionals when they needed to.

### Is the service caring?

Good ●

The service was caring

People living at the home and their relatives thought the staff were caring and treated them with dignity and respect. People were supported to maintain important relationships.

### Is the service responsive?

Good ●

The service was responsive

People and relatives felt listened to. People made everyday choices and had interesting things to do that they enjoyed. They were able to raise any concerns with staff, or the registered manager and they were confident these would be resolved satisfactorily.

### Is the service well-led?

Good ●

The service is well-led

People and their families benefited from a management team that monitored the quality of care provided, and had an open culture.

# Arden House

## **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 inspection took place on 6 January 2016 and was unannounced. The inspection team consisted of one inspector.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required by law to send to us, to inform us about incidents that have happened at the service, such as an accident or a serious injury.

We spoke with six people who lived at the home, and three relatives. We looked at how staff supported people throughout the day.

We spoke with the registered manager, and two staff. We also spoke with a community nurse and a nurse practitioner who regularly supported people living at the home. We spoke with the manager of an activity centre people that lived at the home regularly attended. We looked at four records about people's care. We also looked at two staff files, staff rosters, complaint files, and minutes of meetings with staff. We looked at quality checks on aspects of the service which the registered manager and provider completed.

# Is the service safe?

## Our findings

People said they felt safe. One person said, "There is always someone to help me." Another person told us, "I am always safe here." We saw people and staff enjoying chatting about what they were doing that day. People were confident and relaxed with staff and we saw laughter and smiles during their exchanges. Staff we spoke with said people were safe. One member of staff said people were safe because staff knew them so well.

Relatives we spoke with said their family member was safe. One relative told us about staff, "They are brilliant; they really know how to care for my [family member]." Another relative said about staff, "It's very safe, they always know what's going on." A nurse involved regularly with people who lived at the home told us that staff supported people in a safe way.

We spoke with staff about what actions they would take to ensure people were protected from abuse. They said they would report any concerns to the registered manager and take further action if needed. One member of staff told us, "We are always vigilant; when we are out in the community we are aware if there were any concerns." The registered manager explained how they would report any concerns to the correct authority as soon as they arose. Staff could explain what action they would take and were aware that incidents of potential abuse or neglect should be reported to the local authority. There were procedures in place to support staff to appropriately report any concerns about people's safety.

Staff we spoke with said they received a full hand over of information about each person at the beginning of every shift. Staff told us that they would be aware of any concerns about people's health and well-being and this contributed to providing safe care. The registered manager worked along staff and reviewed risk assessments with the support from the staff team. We saw one person had been taken to see a Doctor because they were unwell. We saw the registered manager followed up the actions needed to ensure the doctor's advice was followed. Staff told us immediate concerns were always actioned straight away. People had their needs assessed and risks identified. Staff said they followed plans to reduce these identified risks, and they were regularly reviewed. For example, we saw there was a plan to reduce the risk of choking for several people living at the home. Staff had received clear guidance from health professionals and were aware of what they needed to do to support people to remain safe.

People said there were enough staff on duty to support their needs. One person told us about staff, "They are always around." People's relatives said there sufficient staff on duty to keep people safe. One relative said, "There is a consistent staff team, they are always about and they know everybody really well." Another relative said that their family member did not always wish to be involved with the pastimes arranged and there was always someone to be with them if they wished to stay at home for the day. A nurse from the local GP practice told us that staff always went with people for their appointments; they said that staff were really knowledgeable about all the people they supported.

We saw and staff told us there were enough staff on duty to meet the needs of people living at the home. One staff member said, "We all do our best, we are part of the family so we all help out with that attitude."

The registered manager told us staffing levels were determined by what the people at the home wanted to do and what support they need to achieve this. For example, there were planned activities people enjoyed attending at different times of the day, and staffing levels were scheduled around these events.

Staff we spoke with said new members of staff did not work alone until they had completed the main part of their induction training. They spent time being introduced to people and shadowed experienced staff. This was to give people time to get to know them and for them to understand the people living at the home. We saw the appropriate pre-employment checks had been completed. These checks helped the registered manager make sure that suitable people were employed and people who lived at the home were not placed at risk through recruitment processes.

We looked at how people were supported with their medicines. People said they had their medicines when they needed them. Relatives told us they were confident their family members received their medicines as prescribed and they were regularly reviewed by the local GP. All medicines checked showed people received their medicines as prescribed by their doctor. Staff said they were trained and assessed to be able to administer medicines. The registered manager ensured she regularly supported staff with their administration to observe how they used safe practice. We saw suitable storage of medicines and there were suitable disposal arrangements for medicines in place.

# Is the service effective?

## Our findings

People told us staff knew how to meet their needs. One person said, "Staff know what to do to help me." We saw people were supported by staff who knew people well. Relatives we spoke with told us that staff knew how to support their family members.

Staff we spoke with said they were trained to support the people living at the home. One member of staff told us how the registered manager regularly provided additional training information for them to look at. This information kept them up to date with developments in areas specific to the people they supported. Staff were able to explain how their training improved how they supported people. For example, a member of staff said their training about epilepsy had increased their knowledge about the subject and they were able to support people's health and wellbeing. Staff said and we saw they were supported to achieve their job related qualifications. The Nurse Practitioner for the local care homes told us that staff at this home regularly attended their training. They also said, staff were always keen to ask for extra training that would improve their ability to support people living at the home.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We looked at how the MCA was being implemented. We saw the registered manager had completed this assessment of people's capacity related to a specific decision, when it was needed. We saw family and health care professionals were involved with these assessments and the assessments were regularly reviewed to ensure people's capacity had not changed. Staff explained they understood the importance of ensuring people agreed to the support they provided. We saw they worked with people and let the people make decisions for themselves about their care, with encouragement for people to be as independent as possible. All staff had an understanding of the MCA.

Staff we spoke with understood the legal requirements for restricting people's freedom and ensuring people had as few restrictions as possible. The registered manager had submitted appropriate DoLS applications and were awaiting approval from the local authority. They understood the process and were aware of how to access any further support.

People we spoke with said, "The food is great, I always have what I like." Another person told us, "I love the food here, it's amazing." We saw there was a relaxed atmosphere during the meal time and people were



offered choice. Staff were aware of the specific dietary requirements for people and offered healthy options and plenty of drinks. Relatives told us people ate well and had a balanced diet. Staff we spoke with said people were monitored regularly to ensure they were maintaining a healthy diet with both food and drink. Staff knew how to support people and knew how to manage the identified risks for people, for example the risk of choking on food. People told us how they agreed menus during their regular meetings with staff. They said that new meals were tried and they were asked if they liked them.

People told us they had access to health care when they needed it. One person said, "I see the doctor when I need to." We saw on the day of our visit one person visiting the local GP. Relatives told us their family member had access to health care professionals, for example the dentist and chiropodist. A community nurse said people visited her regularly as they needed to, and that staff made appropriate referrals to her if they had any concerns. The nurse also told us that staff that accompanied the people living at the home were very knowledgeable about the person and were able to share all the information they needed. Relatives told us they were always kept up to date with any concerns and felt involved in their family member's care. Staff we spoke with told us how important it was to monitor the health of each person. We saw there was regular input from specific health care professionals. For example, the speech and language team had been involved in supporting one person. This assisted staff to support people at the home.

## Is the service caring?

### Our findings

People told us they were happy at the home. One person said, "I am very happy here, its home." Another person told us, "It's very comfortable here, I love it." Relatives told us they were happy with their family member's care. One relative said about their family member, "They are much happier and more sociable than they were before they lived there." Another relative told us, "They are happy all the time, and have lots of things to do; it's a first class service." We saw a relaxed atmosphere at the home and staff told us they enjoyed supporting people who lived there. The manager of the activity centre people living at the home regularly attended told us how happy people living at the home always appeared to be. They told us how well the staff supported people and that staff really knew people well and were very involved in all aspects of their lives.

People told us they felt part of a family. The staff were friendly and patient when they provided support for people. The staff took the time to speak with people as they supported them. We saw a member of staff going with people to their activity for the day, there was an excited atmosphere as people looked forward to visiting a specialist farm. They told us what activities they would be doing, for example collecting eggs. We saw through their facial expressions and body language the people and the member of staff were looking forward to the experience. Staff said they were supporting one person to find their family through other agencies. This was to support the person who had lost contact with some of their family and they wished to re-establish the connection that was important for them.

Relatives said they were involved in the care planning for their family member. A relative said, "I am always involved with everything." Relatives confirmed staff knew the support people needed and their preferences about their care. One relative told us, "Staff are great, they listen to my (family member) and respect the choices they make." Another relative said their family member did not always want to do what others wanted to do and this was always accommodated, they were very pleased about that. Staff said they contacted relatives regularly, or spoke with them when they visited. Staff were knowledgeable about the care people required and they were able to describe how different people liked their support to be given. This was confirmed in records we looked at.

We saw staff promote people's independence, and respond to each person with knowledge of them as an individual. For example, staff offered guidance to one person when putting on their boots and with another they observed from a distance, ready to help if needed. We heard staff calling people by the names they preferred. We saw that people's rooms were personalised with things they had made during their many different activities that reflected their interests. People had a choice of different communal rooms to spend time in. We saw many examples of art work made by the people living at the home, the art work reflected each individual's preferences and they spent time showing us what they had created.

We saw people were treated with dignity and respect. For example, we saw doors were closed whilst people received support with personal care, assistance was offered discreetly and in a kind manner. Staff told us that treating people with dignity and respect was important to them. For example, one member of staff said they always encouraged people back to their rooms to try on clothes when they had new ones to support

their dignity. People had been supported with their appearance where needed and were dressed in clothes which reflected their personalities and what they were doing for the day. Information was available in easy read formats such as the complaints procedure.

Relatives and friends said they were able to visit whenever they wanted to support their links with their family member. They told us they were made welcome whenever they visited, they could also call and speak to their family member if they wanted to. One relative told us about taking their family member out and how they were always happy to return back to the home afterwards. They said they felt involved and included in the care for their family member.

## Is the service responsive?

### Our findings

People told us they were involved in making choices about the support they received. One person said, "I go to bed when I want." Another person told us, "I choose what I want to do, they (staff) always listen to me." Relatives said they were included in decisions about their family members care. The relatives we spoke with told us they were regularly involved in reviews of their family members care and were confident that staff listened to their views. We saw that staff gathered as much information as possible about each person living at the home, their interests, and preferences. Many of the people living at the home had been there a long time and we saw that staff really knew them well. One person had moved to the home more recently, their relatives told us that staff had found out a lot about the person really quickly so they could support them effectively.

We saw staff were familiar with people's likes and dislikes. For example, one person told us the registered manager had arranged a visit from a person involved in their favourite past time. The person told us how much they enjoyed the visit and how important it was to them. The epilepsy nurse we spoke with said staff really knew people well and staff always followed their advice. They also told us people were very settled at the home and they had seen an improvement to people's wellbeing.

Staff we spoke with told us how well they knew people living at the home and that helped them to support people and improve their health and well-being. People were supported by a small consistent staff team. Staff said they were confident that people living at the home would tell them if they were unhappy about anything. People's care plans contained information about how to support people. We saw that advice had been sought in specialist areas. For example, the epilepsy nurse said they were involved in providing advice for some people at the home. The care plans we looked at gave clear information for staff to follow. We saw staff had followed the guidance given.

People told us they could choose what they wanted to do. Some people did activities together and others chose things to do on their own. People told us they were never bored and always had interesting past times they enjoyed. We saw a mixture of organised activities and pastimes that were specific to the individual. For example, one person told us they really enjoyed the organised activity they were attending with other people living at the home. Relatives told us that their family members had interesting things to do with their time that were individual to them. They told us how some people went out regularly to events in the community which their family members always enjoyed. One relative said, "They are always busy, out and about enjoying themselves." One relative told us how their family member went to church regularly and was involved in social events linked to the church, and that this was important to them.

People told us about their involvement with the community and how much they enjoyed this. They showed us that they had been involved in events such as the Bewdley Festival, and the Jubilee Gardens. They were involved in projects that were on display in the community and people told us they were proud of these. They said how much they were looking forward to future events. Relatives told us they attended regular meetings and organised social gatherings. They said that these events were well supported by relatives and friends and they really enjoyed them.

People said they would talk to staff or the registered manager if they had any problems. People said they felt listened to, and were happy to say what they needed to. For example, we saw there were regular residents meetings that involved people in improvements at the home. Relatives told us they were happy to raise any concerns with either the registered manager or staff. People had a copy of the complaints procedure available in formats that they could understand. The registered manager had not received any complaints; however there was a clear process that people living at the home and their relatives were aware of.

The registered manager regularly used questionnaires to gain feedback from relatives and professionals. All the comments we saw collected were positive. For example, the speech and language therapy team had commented that it was always a pleasure to visit.

## Is the service well-led?

### Our findings

People told us they enjoyed spending time with the registered manager. One person said, "We are all part of a family." Another person told us, "It's the best place I have ever lived." The registered manager told us she worked alongside staff with people who lived at the home and knew them all well. Relatives told us they were confident with the registered manager and staff at the home. One relative said, "The home is well managed, it's like one big family and we are all included." Another relative told us, "It's a real home, and everyone is wonderful." Relatives told us that any ideas they had would be listened to and acted upon where possible. A further relative said, "It's a home from home, filled with love."

Staff told us that they were like a family at the home. They said the culture of the home was open and inclusive, and centred on each person as an individual. One member of staff told us about the home, "We are like a family, we all work together to help each other." They said the registered manager was available when they needed to speak to them. The registered manager said staff could speak directly to them at any time. The registered manager lived at the home and was available at any time to support staff with the people living at the home. They told us how proud they were of the staff and their development and that when they went away on holiday they were confident that the staff would continue the support for people living at the home as they would. Staff also told us they would raise any concerns with the registered manager. They said they felt listened to by the registered manager. For example, one member of staff had made suggestions for extra equipment and it was resourced in a timely way.

Staff told us there were regular staff meetings and completed staff surveys. These ensured that staff received the information they needed and were given an opportunity to voice their opinions. Staff we spoke with said they felt these meetings were useful and they felt supported. They were aware of the whistle blowing policy and said they would be confident to use it if they needed to. All the staff we spoke with said they had regular one to one time with the registered manager. They said this was very helpful in their development. The staff we spoke with said they felt valued by the registered manager. One member of staff we spoke with said, "We all work with the same ethos, residents are the most important here." The health professionals we spoke with all said they had a good relationship with the registered manager and they were always willing to listen to advice.

The registered manager completed regular audits to monitor how care was provided. For example, the registered manager had an overview of accidents and incidents to ensure that concerns were identified and investigated. They regularly spoke with staff, people and their relatives to obtain feedback. This was to ensure the quality of the care they provided. They were supported by external agencies to monitor the quality of the care that was delivered. The registered manager told us they had achieved the gold award for Investors in People. This was an independent recognised award that looked at the quality and the systems behind how care was delivered.

The registered manager told us about improvements they were making to the home. They had improved the garden so all the people living at the home could access this when they wanted to. There were plans for refurbishment of certain areas which people told us they were involved with. For example, one person told

us they had been involved in contributing ideas to their bathroom refurbishment.