Arden Manor Care Limited

Arden Manor Care Home

Inspection report

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Tel: 01902498820

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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

This was an unannounced inspection carried out on 13 February 2019.

This was the first inspection of Arden Manor since it was registered with the Care Quality Commission in February 2017.

Arden Manor 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.

Arden Manor accommodates a maximum of 23 older people, including people who live with dementia or a dementia related condition, in one adapted building. At the time of inspection 23 people were using the service.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they 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 said they felt safe and they could speak to staff as they were approachable. People and staff told us there were enough staff on duty to provide safe care to people. Staff knew about safeguarding procedures. Staff were subject to robust recruitment checks. Arrangements for managing people's medicines were safe.

Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks. Activities and entertainment were available to keep people engaged and stimulated.

People were involved in decisions about their care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Records reflected the care provided by staff. Care was provided with kindness and patience. Communication was effective to ensure people, staff and relatives were kept up-to-date about any changes in people's care and support needs and the running of the service.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed. People received a varied and balanced diet to meet their nutritional needs.

A complaints procedure was available. People told us they would feel confident to speak to staff about any

concerns if they needed to.

People had the opportunity to give their views about the service. There was regular consultation with people and family members and their views were used to improve the service. The provider undertook a range of audits to check on the quality of care provided.

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.

Staffing levels were sufficient to meet people's needs safely. Appropriate checks were carried out before they began work with people. People received suitable support to take their prescribed medicines.

Staff had received training with regard to safeguarding.

Risks were assessed and managed. Regular checks were carried out to ensure the building was clean, safe and fit for purpose.

Is the service effective?

Good

The service was effective.

People were provided with good standards of care by staff who were well trained and supported in their roles.

Systems were in place to ensure people consented to their care.

The service assisted people, where required, in meeting their health care and nutritional needs.

Staff worked together, and with other professionals to ensure people's care and support needs were met.

Is the service caring?

Good

The service was caring.

Staff were caring and respectful. People and their relatives said the staff team were compassionate and kind.

Staff were aware of people's needs and met these in a sensitive way that respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

There was a good standard of record keeping. Staff were knowledgeable about people's needs and wishes.

There were activities and entertainment available for people.

People had information to help them complain. Complaints and any action taken were recorded.

Is the service well-led?

Good

The service was well-led.

A registered manager was in place. Staff and relatives told us the registered manager was available to give advice and support.

Staff informed us that they enjoyed working at Arden Manor and they worked as a team.

The home had a quality assurance programme to check on the quality of care provided.

Arden Manor Care 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 inspection took place on 13 February 2019 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection we reviewed information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from the local authorities who contracted people's care.

During the inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us. We also carried out general observations in communal areas.

As part of the inspection we spoke with seven people who lived at the service, four support workers including one senior support worker, the registered manager, the cook, three relatives and two visiting professionals. We reviewed a range of records about people's care and checked to see how the home was managed. We looked at care plans for four people, the recruitment records for five staff, staffing rosters, staff meeting minutes, meeting minutes for people who used the service and the quality assurance audits that were completed.

Good

Is the service safe?

Our findings

People told us they were safe living at the home. Their comments included, "I feel safe living here, I've lived here a long time", "I'm safe, staff are around to help me" and "Staff come when I need them."

Our observations during the inspection showed there were sufficient numbers of staff available to keep people safe. The registered manager told us staffing levels were determined by a dependency tool. This was used to check against each person's dependency profile to calculate if there were sufficient staff to meet people's needs safely. There were 23 people living at the home at the time of inspection. The registered manager told us four support workers, including a senior support worker were on duty during the day. Two waking night staff were on duty overnight.

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the registered manager. They told us they currently had no concerns and would have no problem raising concerns if they had any in the future. They told us, and records confirmed they had completed safeguarding training. There was a system in place to log and investigate safeguarding concerns. Records showed prompt eight safeguarding alerts had been made to the local authority safeguarding team, and investigations had been undertaken where necessary.

People's individual risk assessments were in place with a system of review to ensure they remained relevant, reduced risk and kept people safe. The risk assessments included risks specific to the person such as for moving and assisting, choking, nutrition and pressure area care.

Regular analysis of incidents and accidents took place. The registered manager told us accidents and incidents were monitored. Individual incidents were reviewed and a monthly analysis was carried out to look for any trends. They told us learning took place from this and when any trends and patterns were identified, action was taken to reduce the likelihood of them recurring. For example, with regard to falls.

Medicines were given as prescribed. Medicines records were accurate and supported the safe administration of medicines. There were no gaps in signatures and all medicines were signed for after administration.

Measures were in place to reduce the spread of infection. Staff received training about infection control and regular infection control audits were carried out. The building was clean and there was a good standard of hygiene.

Arrangements were in place for the on-going maintenance of the buildings. Routine safety checks and repairs were carried out. External contractors carried out regular inspections and servicing, for example, fire safety equipment, electrical installations and gas appliances.

A personal emergency evacuation plan (PEEP) giving guidance if the home needed to be evacuated in an emergency was available for each person. They took into account people's mobility and moving and assisting needs. We advised the registered manager a more regular review of PEEPS needed to be in place to

ensure they were up-to-date. The registered manager told us that this would be addressed.

Robust recruitment processes were in place which included appropriate vetting procedures to ensure only suitable staff were recruited.

Good

Is the service effective?

Our findings

Staff told us and their training records showed they received training to meet people's care and treatment needs and they kept up-to-date with safe working practices. Staff received supervision and support to carry out their role. Staff comments included, "We get plenty of training", "I have supervision every two to three months", "I'm doing the Care Certificate at the moment", "I've just done dementia care training" and "I do feel supported."

Staff told us when they began working at the service they had completed an induction programme and had an opportunity to shadow a more experienced member of staff. This ensured they had the basic knowledge needed to begin work. They said training consisted of a mixture of face to face and practical training. The registered manager told us all staff undertook the Skills for Care, Care Certificate to further increase their skills and knowledge in how to support people with their care needs. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care.

Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives. Care plans were developed from these assessments that outlined how these needs were to be met.

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through Mental Capacity Act application procedures called the Deprivation of Liberty Safeguarding (DoLS). The registered manager had submitted DoLS authorisations appropriately.

Records showed that assessments were carried out to check people's capacity and understanding with regard to specific decisions. They also recorded who was involved in the decision-making process where decisions were made in people's best interests. For example, with regard to the use of covert medicines (covert medicine refers to medicine which is hidden in food or drink).

People were supported to maintain their healthcare needs. A visiting health care professional told us a weekly clinic was held at the home with the link GP. People's care records showed they had regular input from a range of health professionals. For example, people who were at risk of poor nutrition were referred to relevant health care professionals, such as dieticians and speech and language therapists for advice and guidance.

Systems were in place to ensure people received varied meals at regular times. Records showed people's

dietary requirements such as if they were vegetarian or required a culturally specific diet, were checked before admission to ensure they were catered for appropriately. People received drinks and snacks in between meals.

We observed the lunch time meal. People enjoyed a predominantly positive dining experience at meal times. No one was rushed and people could eat their meal at their own pace. Staff were supportive to people and offered full assistance as required. Food was well-presented and looked appetising. People were positive about the food. Their comments included, "We get plenty to eat", "There is always a choice of meal" and "The food is alright." Tables were not well-set as table cloths, place mats, napkins, condiments or flowers were not available on tables. The registered manager told us that a person had previously pulled at items on the table when they had been set. We advised a risk assessment should be carried out for an individual risk rather than none of the tables being well-set. They told us that this would be addressed.

The home was bright and airy. There was a programme of refurbishment around the home. However, we observed the paintwork to skirting boards and door frames in some areas was showing signs of wear and tear. The registered manager told us that this would be addressed immediately. The communal areas and hallway of the home had decorations and pictures of interest and sitting areas were available. Lavatories, bathrooms and bedroom doors were different colours and signed for people to identify the room to help maintain their independence.

Good

Is the service caring?

Our findings

During the inspection there was a pleasant and lively atmosphere in the home. Staff appeared to have a good relationship with people. People's comments included, "The staff are lovely", "Staff are very good" and "We are looked after very well." One relative commented, "I'd give the home 10 out of 10 for the service." There was friendly banter between staff and people. People appeared calm and relaxed as they were supported by staff. People and relatives all said staff were kind, caring and patient.

Staff had a good relationship with people. People were supported by staff who were warm, kind, caring and respectful. Throughout the inspection, the interactions we observed between staff and people who used the service were friendly, supportive and encouraging.

People appeared relaxed with staff. Staff interacted in a caring and patient manner with people. They acted with professionalism and compassion. When staff carried out tasks with the person they bent down as they talked to them so they were at eye level. They explained what they were doing as they assisted people and they met their needs in a sensitive and sympathetic manner.

People told us staff were respectful. We observed that people looked clean, tidy and well presented. Staff were not rushed in their interactions with people. They spent time chatting with people individually and supporting them to engage. Where people required support it was provided promptly and discreetly by staff with people's privacy and dignity being maintained.

The registered manager promoted amongst staff an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making. People and staff were asked their opinion at their regular meetings. Staff received training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs.

People told us they made their own choices over their daily lifestyle. For instance, people had the opportunity to have a lie-in. They told us they could go to bed when they wanted, people could choose their meals and activities and staff respected their wishes. One person told us, "I choose when I want to get up."

Written information was available about people's likes, dislikes and preferred routines. Records documented information about people's hobbies and interests to help ensure staff provided person-centred care when the person was unable to tell staff about their routines and how they wanted their care to be delivered.

Care plans provided detailed information to inform staff how a person communicated or made decisions. Accessible information was displayed around the home to help keep people involved in decision making.

The registered manager told us people had the involvement of an advocate, where there was no relative involvement. Advocates can represent the views for people who are not able to express their wishes.

Good

Is the service responsive?

Our findings

People and relatives confirmed there was a choice of activities available. Their comments included, "I go out to the park and have a cup of tea", "I sing karaoke in the microphone", "We have visitors", "[Name] likes quizzes and puzzle books", "We do keep fit exercises" and "I read the paper." An activities programme advertised armchair exercises, sing-a-long to music, karaoke, quiz, movie night, music, eye spy, bean bag, ball games, board games, reminiscence, singing, pamper days and hairdresser. A record of activities was maintained and people were offered the opportunity to be involved, if they wished. People confirmed activities, seasonal entertainment and parties took place.

People and their relatives were kept involved and consulted about the running of the service. Three-monthly meetings took place with people and relatives and minutes were available for people who were unable to attend. Meeting minutes showed items discussed related to the environment and people's care.

There was a good standard of record keeping to help ensure people's needs were met individually. Detailed information was available so staff were aware of how they wished their care to be provided when they may no longer communicate their wishes verbally.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a more personalised service.

Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives. Care plans were developed from these assessments that outlined how these needs were to be met. For example, with regard to nutrition, personal care, communication and moving and assisting needs. Records showed that monthly assessments of peoples' needs took place with evidence of evaluation that reflected any changes that had taken place. Evaluations included information about people's progress and well-being. Reviews of peoples' care and support needs took place with relevant people.

Staff completed a daily accountability record for each person and recorded their daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's support plans. Charts were also completed to record any staff intervention with a person. For example, for recording the food and fluid intake of some people and when personal hygiene was attended to and other interventions to ensure people's daily routines were met. These records were used to make sure staff had information that was accurate so people could be supported in line with their up-to-date needs.

Records showed the relevant people were involved in decisions about a person's end-of-life care choices when they could no longer make the decision for themselves. A visiting professional told us, "We'll call the family and discuss." People's care plans detailed the 'do not attempt cardio pulmonary resuscitation' (DNACPR) directive that was in place for some people with regard to their health care needs.

People knew how to complain. People we spoke with said they had no complaints. The complaints procedure was on display in the entrance to the home. A record of complaints was maintained and four complaints had been received and investigated.

Good

Is the service well-led?

Our findings

A registered manager was in post who became registered with the Care Quality Commission in February 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they 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.

The registered manager understood their role and responsibilities with regard to safeguarding and notifying the Care Quality Commission (CQC) of notifiable incidents. They had ensured that notifiable incidents were reported to the appropriate authorities and independent investigations were carried out if necessary.

The registered manager was enthusiastic and had introduced ideas to promote the well-being of people who used the service. Staff and people we spoke with were all positive about the management and had respect for them. Comments included, "I enjoy working here", "The manager is approachable", "I do feel supported", "We are a friendly staff team and work well together", "The manager looks after us" and "We are supported by the manager."

The registered manager assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. The registered manager and staff were open to working with us in a co-operative and transparent way.

The atmosphere in the service was warm, welcoming and open. A variety of information with regard to the running of the service was displayed to keep people informed and aware and this included the complaints procedure, safeguarding, advocacy and forthcoming events.

Staff told us and meeting minutes showed staff meetings took place. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. One staff member commented, "We've just had a staff meeting last month."

Staff said communication was effective within the home. A handover session took place, between staff, to discuss people's needs when staff changed duty at the beginning and end of each shift. One staff member told us "Communication is effective." Another staff member said, "We have a handover at the end of each shift."

Auditing and governance processes took place to check the quality of care provided and to keep people safe. A quality assurance programme included daily, weekly, monthly and quarterly audits. Audits included checks on the environment, finances, medicines management, care documentation, training, kitchen audits, accidents and incidents, infection control and nutrition.

The registered manager told us a director of the organisation had previously visited the home daily to check its running and to speak with people and staff regarding the standards in the home. Sadly, the director had

very recently died and people and staff were paying their respects before his funeral on the day of inspection. Suitable arrangements were in place for the continued running of the home and its sister homes.

The organisation monitored the quality of service provision through information collected from comments, compliments/complaints and survey questionnaires that were sent out annually to people who used the service and relatives. Staff, people and relative's comments that were made during the inspection were overwhelmingly positive. Relative's comments included, "I'd definitely recommend the home," Staff said they enjoyed working at the home.