

Lifestyle Care UK Ltd

Glen Arun Care Home

Inspection report

9 Athelstan Way
Horsham
West Sussex
RH13 6HA

Tel: 01403253881
Website: www.glenarun.co.uk

Date of inspection visit:
11 July 2023

Date of publication:
11 September 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Glen Arun Care Home provides personal and nursing care to up to 36 people. At the time of our inspection there were 28 people using the service. Areas of the service were being refurbished and modernised which meant some of the accommodation was not being used. There was also building work in progress as the service was being extended.

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

Risks were monitored and assessments had been updated. We saw people's medicines were stored and administered safely. There were enough staff to ensure people got the help and support they needed. All feedback regarding staff was positive and included they are "kind" and "caring." Recruitment systems were robust and ensured the right staff were recruited to support people safely.

There were effective systems in place to assess the quality of the service provided. Actions were implemented to improve the quality of the service. The service was well led and had a positive culture that was person centred, open and inclusive. Staff understood their role and responsibilities, were motivated and had confidence in the registered manager. Staff told us the registered manager was approachable and supportive.

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

Rating at last inspection

The last rating for this service was good, published 31 May 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service and due to the time since it was last inspected.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Is the service well-led?

Good ●

The service was well led.

Glen Arun Care Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Glen Arun is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Glen Arun is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 2 relatives about their experience of the care provided. We spoke with 5 members of staff including registered nurses, care workers, admin and ancillary staff.

We also spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included people's care records and medication records. We looked at staff files in relation to recruitment and staff training. We viewed a variety of records relating to the management of the service including staffing rotas, quality assurance records and audits.

After the inspection

We sought feedback from professionals who work with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm

Assessing risk, safety monitoring and management; Using medicines safely

- We saw risks to people were assessed and regularly updated. Where risks had been identified these had been assessed and actions were in place to mitigate them. For example, where people were at risk of choking, guidelines for staff were in place to reduce the risk. We saw input from a speech and language therapist (SaLT). This included details of people's required food, drink and seating position whilst eating. This information was translated into people's care plans and was readily available to staff.
- We saw that people's medicines were stored and administered safely. Medicines were stored securely following current guidelines for the storage of medicines.
- People had medication administration records (MAR) detailing each item of prescribed medication and the time they should be given. There were guidelines for the administration of medicines required as needed (PRN). We saw that people were given explanations regarding their medicines and offered pain relief.
- People told us they were happy with the way the service managed their medicines.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- People and their relatives told us they were happy with the staffing numbers; they said people's care needs were being met. Comments included, "The staff are brilliant," "There's always someone around when you need them," and, "There is a stable staff team."
- Staff files confirmed staff were recruited in line with safe practice. For example, checks were made to ensure staff were of good character and suitable for their role. This included obtaining references from previous employers. Checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The provider

ensured registered nurses had current registration with the Nursing and Midwifery Council (NMC). The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. People told us they felt safe and happy at the service. They told us, "I have no complaints."

- Staff had training on how to recognise and report abuse and they knew how to apply it. One staff member told us, "The training is good." Another staff member said, "There is plenty of training."

Staff told us they felt confident raising concerns if needed and the registered manager was, "supportive," and, "good."

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately. Accidents and incidents were investigated appropriately to ensure actions were taken to reduce the risk of reoccurrence.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

- Relatives spoke highly of the staff and their ability to deal with the challenges of Covid. They told us, "They [staff] were really helpful during Covid." They told us there were no restrictions regarding when they could visit. One relative told us, "I am always welcome. I can come and go as I like."

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.

At our last inspection we rated this key question good. At this inspection the rating has remained 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; Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- There was a registered manager in post and a clear management structure at the service that all staff were aware of. One relative told us, "There is a stable staff team. They are fantastic. The manager is really good." Another relative told us, "I know who the manager is. He was really helpful during Covid."
- Staff told us they felt confident they could raise any questions or concerns with management. One member of staff said, "I can go to [registered manager] any time."
- The registered manager and the provider undertook a range of quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included medicines, infection control, care plans and health and safety. The results were analysed to determine trends and introduce preventative measures.
- Policy and procedure documentation was up to date and relevant to guide staff on how to carry out their roles.
- People and staff spoke highly of the service and felt it was well-led. People spoke of a "relaxed" and "caring" atmosphere.
- Staff commented they felt supported and had a good understanding of their roles and responsibilities. The registered manager and staff told us the care of people living at the service was the most important aspect of their work and they strived to ensure that people received quality care.

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

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- People and staff were actively involved in developing the service. We saw examples of how feedback from people had influenced activities and how they spent their time. For example, a trip to Brighton was arranged following a request from a person living at the home.
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure nobody at the service suffered from any kind of discrimination. This was reinforced through

training.

Working in partnership with others; Continuous learning and improving care

- The service liaised with organisations within the local community. For example, the local authority, GPs and community matrons to share information and learning regarding best practice in care delivery.
- The service had an emphasis on teamwork. Handover between shifts gave staff time to discuss matters relating to the previous shift.
- Up to date information was made available for staff including details of specific topics, such as COVID-19, medicines and accidents and incidents, to ensure they understood and had knowledge of how to assist people.
- There were systems and processes to consult with people, relatives, staff and healthcare professionals. Meetings and satisfaction surveys were carried out, providing management with a mechanism for monitoring satisfaction with the service provided.