

Mr & Mrs S Blakey

# Arden House Residential Home

## Inspection report

Recreation Road  
Pickering  
North Yorkshire  
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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 is registered with the Care Quality Commission (CQC) to provide accommodation for 14 older people some of whom may be living with dementia.

The service is located in the market town of Pickering, close to shops, pubs, the post office, doctor's surgery, dentist and other amenities. The service has accessible grounds to the front and rear.

This inspection took place on 04 March 2016 and was unannounced. The service was last inspected August 2014 and was found to be compliant with the regulations inspected at that time.

At the time of the inspection 12 people were living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were cared for by staff who had a good understanding of how to keep people safe, and how to report any abuse they may witness or become aware of. Staff had received training in this area and this had been regularly updated. Staff, who had been recruited safely, were provided in enough numbers to meet people's needs. People lived in a well maintained, clean environment. Staff handled people's medicines safely and had received training in this area.

People who used the service were provided with a well-balanced wholesome diet which was of their choosing. Catering staff consulted with people about their likes and dislikes and provided the food people enjoyed. People were cared for by staff who had received training in how to meet their needs. Staff training was updated as required, and staff received support to gain further qualifications and experience. People were supported to lead a healthy lifestyle; this included eating a healthy diet and attending appointments with their GP and other health care professionals. Staff were trained in, and understood the principles of, the Mental Capacity Act (MCA) and understood when and how these principles applied.

People were cared for by staff who were kind and caring and understood their needs. Staff had good relationships with the people who used the service and there were lots of conversations and laughter. People had been involved with the formulation of their care plans and these had been updated and reviewed on a regular basis. Staff respected people's rights to privacy and dignity.

Staff had access to information which described the people who used the service, their likes and dislikes and their preferences for the way they would like the staff to support them with their care. People had access to a range of varied activities both inside and outside of the service. Visitors were welcomed and encouraged. The registered provider had a complaints procedure which anyone could access if they had any concerns

about the service provided. This was displayed around the service and provided to people in their welcome packs. Complaints were investigated and resolved to the complainant's satisfaction whenever possible. Complainants were signposted to other agencies if they were not happy with the way the investigation had been carried out.

People who used the service were consulted about the running of the service and their views were taken seriously. Staff also had the opportunity to have an input into how the service was run. The registered manager had systems in place to ensure people lived in a safe, effective, caring, responsive and well-led service.

## 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.

Staff knew how to recognise and report abuse, and had received training about how to safeguard people from harm.

Staff were provided in enough numbers to meet people's needs and had been recruited safely.

The registered provider had systems in place to make sure people lived in a well maintained, clean and safe environment.

People's medicines were handled safely by staff who had received training in this area.

### Is the service effective?

Good ●

The service was effective.

People who used the service received a wholesome and nutritional diet which was of their choosing.

Staff received training which equipped them to meet the needs of the people who used the service.

People's rights were upheld and systems were in place to ensure people were supported with decision making when needed.

Staff supported people to lead a healthy lifestyle and they involved health care professionals when required.

### Is the service caring?

Good ●

The service was caring.

People were cared for by staff who were kind and caring.

Staff understood people's needs and how these should be met.

People who used the service or their representatives were involved in the formulation of their care plans.

### Is the service responsive?

Good ●

The service was responsive.

Activities were provided for people to choose from.

People received person centred care which was tailored to meet their needs.

A complaints procedure was in place which informed people who they could complain to if they felt the need.

### Is the service well-led?

Good ●

The service was well led.

The registered manager consulted people about the running of the service.

Audits were undertaken to ensure people lived in a well-maintained and safe environment.

The registered manager held meetings with the staff to gain their views about the service provided.

# Arden House Residential 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 registered provider was 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 04 March 2016 and was unannounced. The inspection was completed by one adult social care inspector.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any on-going concerns. We also looked at the information we hold about the registered provider.

During the inspection we used the Short Observational Framework Tool for Inspection (SOFI). SOFI allows us to spend time observing what is happening in the service and helps us to record how people spend their time and if they have positive experiences. We observed staff interacting with people who used the service and the level of support provided to people throughout the day, including meal times.

We spoke with ten people who used the service and one of their relatives who was visiting during the inspection. We spoke with five staff including the cook, care staff, the administrator and the registered manager.

We looked at four care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as incident and accident records and six medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the

legislation.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training records, staff rotas, supervision records for staff, minutes of meetings with staff and people who used the service, safeguarding records, quality assurance audits, maintenance of equipment records, cleaning schedules and menus. We also undertook a tour of the building.

# Is the service safe?

## Our findings

People who used the service told us they felt safe and trusted the staff. Comments included, "I feel safe here the staff are wonderful", "They make sure I'm safe at night, they check on me" and "I trust the staff." People told us they felt there were enough staff on duty. Comments included, "I never have to wait long", "There always seems plenty [staff] about" and "You can always find someone if you need them."

Visitors told us they felt their relatives were safe. Comments included, "Yes, I think she is safe, they check she's alright and they contact me straight away if anything happens." They also told us they felt there were enough staff on duty. Comments included, "There's never an issue with the staff, they are there when you need them."

Staff told us they were aware the registered provider had a policy on how to report abuse and they could describe this to us. They told us they would report any abuse to the registered manager and were confident they would take the appropriate action. Staff were also aware they could report any abuse or safeguarding concerns to outside agencies, for example, the local authority or the CQC. Staff had received training in how to recognise and report abuse. They could describe to us what signs would be apparent if someone was the victim of abuse; this included low mood, depression or physical signs like unexplained bruising. Staff understood they had a duty to respect people's rights and not to discriminate on ground of race, culture, sexuality or age.

People's care plans contained assessments of daily living which might pose a risk to the person; this included mobility, skin integrity, falls, nutrition and behaviours which might put the person or others at risk. The assessments described how staff were to support people to eliminate, as far as possible, these risks, for example, assisting with mobility by using lifting equipment or monitoring behaviour and redirecting people. The risk assessments were updated on regular basis.

The registered manager undertook safety audits of the environment and repairs were undertaken by in house maintenance staff. Any faults were reported and rectified quickly. They had also devised a plan of action if the service was flooded or there was failure in the electricity, water or gas supply. Each person had their own specific evacuation plan and this described how staff were to support the person taking into account their level of understanding and mobility.

Staff told us they had a duty to raise concerns to protect people who used the service, and understood they would be protected by the registered provider's whistleblowing policy. The registered manager told us they took all concerns raised by staff seriously and would investigate. They told us they would protect staff as well and would make sure they were not subject to any intimidation or reprisals for raising concerns. Staff we spoke with told us they felt confident approaching the registered manager and felt they would be taken seriously and would be protected.

All accidents which occurred at the service were recorded and action taken to involve other health care agencies when required, for example, people attending the local A&E department. The registered manager



audited all the accidents and incidents which occurred at the service to establish any trends or patterns or if someone's needs were changing and they needed more support or a review of their care. They shared any finding with staff and these were discussed at staff meetings or sooner if needed.

People were cared for by staff who were provided in enough numbers to meet their needs and who had been recruited safely. We saw there were rotas in place which showed the numbers of staff that should be on duty daily and the skill mix. Staff told us they thought there were enough staff on duty and we saw staff going about their duties efficiently and professionally. The registered manager told us they used the dependency levels of the people who used the service to calculate the appropriate staffing levels. We looked at the recruitment files of recently recruited staff. We saw these contained references from previous employers, an application form which covered gaps in employment and experience, a check with the Disclosure and Barring Service (DBS), a job description and terms and conditions of employment. The files also contained copies of interview questions and notes made by the interviewers.

We saw people's medicines were stored and administered safely. Staff received training about the safe handling of medicines and this was updated annually. Records we looked at were accurate and provided a good audit trail of the medicines administered. We saw any unused or refused medicines were returned to the supplying pharmacy. Controlled medicines were recorded, stored and administered in line with current legislation and good practise guidelines.

## Is the service effective?

### Our findings

People who used the service told us they were happy with the food provided. Comments included, "The food is marvellous, you just can fault it", "There is plenty of choice, but the cook knows what I like and she makes sure I get it" and "I enjoy the food it's really nice and tasty." People told us they were supported to lead a healthy lifestyle and to access their GP they wanted. Comments included, "The staff look after me and make sure I am seen by the doctor", "I can go to the doctors but they usually call him and he comes here" and "They come with me if I need to go the hospital."

Visitors told us they felt the food was good. Comments included, "It always smells and looks good" and "I know [relative's name] enjoys the food because they tell me." They also thought the staff were good at accessing their relative's GP in good time. Comments included, "I know they call the doctor out for [relative's name] they always ring and tell me if she is unwell" and "I am always told about hospital appointment and what the doctor has said."

We saw the food was well presented and looked wholesome and nutritious. People could choose where to eat their meals and this was accommodated; however, the majority of people ate in the dining rooms. We saw these were social occasions and an opportunity for people to catch up with friends and have a chat. Staff were heard encouraging people to eat and asking people if they would like more to eat. Staff provided assistance to those who needed it discreetly and sat next to people to support them. Food had been prepared to accommodate people's needs and pureed diets were provided where needed. The cook also knew the importance of fortifying the diet of those people who may have a reduced appetite to ensure they received the proper nutrition.

People's food and fluid intake was recorded daily and they were weighed each week. If the staff identified any fluctuation in the person's weight they made referrals to the appropriate health care professionals for advice and assessments; they also made referrals if someone experienced other difficulties such as with swallowing. Records we looked at showed staff were recording the information required by the health care professionals so they could provide ongoing support and assessments.

The registered manager described to us the process they used to ensure all staff training was up to date and refreshed when required. They kept records of dates when the training had been completed and when it needed updating. The registered provider had identified training which they thought was essential for staff to receive which would equip them to meet the needs of the people who used the service. This included, moving and handling, health and safety, safeguarding adults from abuse, fire training, emergency evacuation procedures and infection control. Staff told us they found the training was relevant to their role and equipped them to meet the needs of the people who used the service. They told us along with completing the essential training they were also able to access more specific training, for example, dementia awareness and food and nutrition. One member of staff said, "The training here is brilliant, I've learnt so much since I started working here."

Induction training was provided for all new staff, their competence was assessed and they had to complete

units of learning before moving on to new subjects. New staff shadowed experienced staff until they had completed their induction and had been assessed as being competent.

Staff told us they received supervision on a regular basis; they also received an annual appraisal; we saw records which confirmed this. The supervision session afforded the staff the opportunity to discuss any work related issues and to look at their practise and performance. Staff told us they could approach the registered manager at any time to discuss issues they may have or to ask for advice. The staff's annual appraisals were held to set targets and goals for the coming year with regard to their training and development.

Staff recorded how people had been cared for and if there had been any untoward events. This was then communicated to the next shift and areas to monitor were passed on. The staff also communicated if anyone had been seen by their GP and what the outcomes of these visits were. People's care plans contained copies of assessments of their communication needs. Following the assessment, instructions had been provided to the staff in how best to communicate with the person.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that one person who used the service was subject to a DoLS. This had been applied for January 2015, (and expired, or not processed?) this was brought to the registered manager's attention and she assured she would make another application. We saw best interest meetings had been held and any relatives who acted on behalf of the person were identified in their care plans. Copies of authorisation of Lasting Power of Attorney (LPA) were also on file.

Staff monitored people's health and welfare and made referrals to health care professionals where appropriate. People's care files showed staff made a daily record of people's wellbeing and what care had been provided. They also recorded when someone was not well and what they had done about it, for example, contacted their GP to request a visit. There was also evidence of people attending hospital appointments and the outcome of these. Care plans had been amended following visits from GPs and where people's needs had changed following a hospital admission.

The layout of the service did not help those people who were living with dementia to easily find their way around. There were long thin corridors and all of the doors looked the same. There was no distinction between bedroom doors and toilet or bathroom doors. It is recommended the registered provider refers to current good practise guidelines with regard to providing a more dementia friendly environment.

# Is the service caring?

## Our findings

People who used the service told us the staff were kind and caring. Comments included, "The staff are wonderful they will do anything for you", "I think the staff are marvellous, they are so kind and caring" and "The girls will do anything for you, I like living here."

Visitor told us they thought the staff were kind and caring and met the needs of their relative's in a sensitive and compassionate way. Comments included, "I can't fault the staff they are so kind and caring, they make sure mum's happy and well cared for."

We saw staff treated people with kindness and respect. They explained any caring tasks they were undertaking to the person and asked for their permission. Staff described to us how they would maintain people's dignity by ensuring doors were closed when undertaking personal care and making sure people were happy with the care tasks being undertaken. They also described to us how they would ensure people's choices were respected. They told us they would ask people and make sure they had understood what had been said. They also told us they would allow people time to answer. One member of staff said, "You have to respect their rights it's their home and we are here to help them." Another said "I make sure they are well cared for, and we have a bit of laugh as well."

The registered provider had a range of policies and procedures in place for staff to follow which reinforced the need for staff to be mindful of people's background and culture. This was also recorded in people's care plans along with their preferences about how they chose to be cared for and spend their days.

We saw staff were sensitive when caring for people who had limited communication and understanding due to dementia. They spoke softly and calmly and gave the person time to respond. They used various ways including verbal and non-verbal communication, for example, smiling and nodding; to make sure people understood what had been asked of them. We saw staff caring for people in a relaxed and unhurried manner. Staff were supported by ancillary staff which included catering and domestic staff so they could concentrate on caring for the people who used the service.

Care plans we looked at demonstrated people who used the service, or those who acted on their behalf, had been involved with its formulation. We saw reviews had been held and people's input into these had been recorded. Those family members we spoke with who had an input into the care and welfare of their relatives said they knew what was in their relative's care plans. They also told us the registered manager kept them well informed about their relative's welfare.

All confidential information was stored securely and staff only accessed this when needed.

## Is the service responsive?

### Our findings

People who used the service told us they enjoyed the activities which were on offer at the service. Comments included, "I can go to the lounge and join in if I want to", "We do all kinds of things from flower arranging to quizzes" and "It's nice to have something to do during the day." People told us they knew who they should raise any concerns with. Comments included, "I would see [registered manager's name] if I had any concerns" and "I don't have any complaints but I suppose I would see the manager if I did."

Visitors told us they knew they could raise concerns or complaint and knew these should be directed to the registered manager in the first instance. Comments included, "I would see the manager but we are happy with everything at the minute" and "I don't have any concerns but I would see the manager, she s approachable."

Care plans we looked at contained information about the person and their likes and dislikes, they also contained information about how the person's needs were to be met by the staff. Assessments had been done by the placing authority prior to the person moving into the service to ensure their needs could be met by the service. From these assessments a care plan had been developed. The care plans were updated and reviewed regularly and changes made where required, for example, following a stay in hospital or deterioration in the person's needs. Assessments had been undertaken about aspects of daily living which might pose a risk to people, for example, poor mobility, tissue viability and behaviours which might put the person or others at risk. These instructed staff in what to monitor and what action to take to keep the person safe.

Staff had completed daily notes which showed how the person had been that day and how their needs had been met.

Some of the people who used the service chose to stay in their rooms or were cared for in their rooms, they were visited regularly by the staff to reduce isolation and attend to their needs. Instructions for staff to monitor people who stayed in their room were recorded in their care plans. This included turn charts, fluid and food intake charts and general observation charts. These had been completed consistently and gave good picture of what care and attention people had received. Staff told us they were aware of the impact isolation could have on people so they made sure people were involved in what was going on in the service so they did not become depressed or too isolated. An activities coordinator was employed and they made sure people were offered the opportunity to participate in activities, this included things like exercise, listening to music, reminiscing and crafts. They recorded all activities, who had joined in and what they thought of it. They had also undertaken a review of the activities to see what else people would like to do.

The registered provider had a complaints procedure which was displayed in the entrance to the service. This was also provided in the welcome pack given to all new admissions. This told the complainant they could raise concerns with the registered manager or a member of staff and this would be investigated and a response provided, both of these were time limited. The complaint procedure also informed people they could contact the Local Government Ombudsman or the local authority if they were not happy with the way

the registered manager had conducted the investigation. Staff told us they tried to resolve people's concerns immediately if possible, for example, concerns about missing clothing or meals, but they would pass anything more serious to the registered manager to investigate. We saw a record was kept of all complaints received, these recorded what the complaint was, how it had been investigated and whether the complainant was satisfied with the outcome. The registered manager told us they made sure when needed people received a copy of the complaints procedure in a format which met their needs, for example, in another language if needed. The registered manager had also kept a record of all compliments and thank you cards sent from relatives praising the work the staff had done and the quality of the care provided.

## Is the service well-led?

### Our findings

People who used the service told us they felt included in the running of the service. Comments included, "The manager comes round to see if we are happy with everything", "I see the manager on a daily basis and we have meetings" and "I'm happy with everything and that's what I tell them."

Visitors told us they had been asked for their views about the service. Comments included, "I can go to the manager anytime really, she is approachable" and "We have had meetings and we discuss things about the home and what's happening, for instance Christmas and outings."

There is currently a registered manager in post and they understood their responsibilities with regard to their registration. They also understood the requirement placed on them through the registration criteria of the service and how this affected the care and support provided to the people who used the service.

Staff told us they found the management team approachable, they told us they could see the registered manager anytime and ask for clarification and advice. One member of staff said, "The manager is really good she has helped me lot." Another said, "You can ask her anything and she will tell you." They told us the management team showed good leadership and were always there when they needed them. Out of hours support was provided and phone numbers were available for staff to ring if needed.

The registered manager told us they tried to create an open culture at the service where staff were enabled to share their knowledge and experience and felt empowered to approach them. This was achieved through regular staff meetings and staff supervision where their practice and issues which might be affecting the smooth running of the service were discussed. The meetings were also used as a time to celebrate achievements and good things about the service, for example, what went well and any events which enhanced the quality of life for the people who used the service.

The management style was open and inclusive and we saw staff discussing aspects of the care provided with the registered manager during the inspection. Staff told us they had regular staff meetings where the registered manager provided them with up to date information on aspects of the service and good practice guidelines, for example, updates on dementia, nutrition and other aspects of working with older people. We spoke with the placing authority and they told us they had a good relationship with the management team and found them supportive and approachable. All staff had a job description and this defined their roles and responsibilities.

The registered provider had produced a document which detailed the vision and values of the service. This explained that the service endeavoured to provide people with support to maintain their independence and skills and lead a healthy lifestyle which was of their choosing. It also outlined the service people should expect to receive.

The registered manager had systems in place which gathered the views of people who used the service; these were mainly in the form of surveys and questionnaires. These were given out periodically and respondents were asked for their opinions on aspects of the service provided. The results were analysed and

a report made of the findings. If any issues were identified these were addressed using an action plan with time scales for achievement.

We saw meetings were held with the people who used the service and their relatives; a record of these was kept. Topics discussed included entertainment, activities, food, outings and the general running of the service. Relatives we spoke with confirmed they had attended meetings and found them a useful forum for airing their views. This ensured, as far practicable, people who used the service and other stakeholders could have a say about how the service was run.

The registered manager had systems in place which evaluated the environment and helped to identify areas for improvement, it also monitored the level of cleanliness of the service.

The registered manager showed us records which indicated they undertook regular audits of the service provided. These included audits of people's care plans, the environment, medicines, health and safety, staff training and staff recruitment. The registered manager made sure equipment used was serviced and maintained as per the manufacturers' recommendations. The fire alarm system was checked regularly and all fire fighting equipment was maintained and serviced.