Arrigadeen Nursing Home Limited

Arrigadeen Nursing Home

Inspection report

20 Cambridge Road
Clevedon
Somerset
BS21 7HX

Tel: 01275879405

Date of inspection visit:
10 October 2017
12 October 2017

Date of publication:
18 December 2017

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

Arrigadeen Nursing Home provides a service for up to 29 older people. The service is registered to provide the following regulated activities: Accommodation for persons who require nursing or personal care, treatment of disease, disorder or injury and diagnostic and screening procedures. It is also registered to provide personal care to people in their own homes. This was a combined inspection where we looked at the experience of people living in the home as well as people who used the domiciliary care service.

Arrigadeen Nursing Home is a nursing home for 29 people living with dementia. The home provides nursing care for people over 65 years who may have physical disabilities, sensory impairments or living with dementia. The home is a converted Victorian house set in its own gardens.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good.

Staff continued to ensure people were safe.

There were enough suitable staff to meet people's needs. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People received their medicines safely and, where possible, were supported to administer their own medicines. People were protected from abuse because staff understood how to keep them safe, including more senior staff understanding the processes they should follow if an allegation of abuse was made. All staff informed us concerns would be followed up if they were raised.

People continued to receive effective care.

People who lacked capacity had decisions made in line with current legislation. Staff received training to ensure they had the skills and knowledge required to effectively support people. People told us, and we saw, their healthcare needs were met. People were supported to eat and drink according to their likes and dislikes. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff continued to provide a caring service to people.

People and their relatives told us, and we observed that staff were kind and patient. People were involved in decisions about the care and support they received. People's choices were respected.

Staff remained responsive to people's individual needs.

People received care and support which ensured they were able to make choices about their day to day lives. People were supported to engage in activity programmes. People knew how to complain and there were a range of opportunities for them to raise concerns with the registered manager and designated staff.

The home continued to be well led.

People and staff spoke highly about the management. The registered manager continually monitored the quality of the service and made improvements in accordance with people's changing needs.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Arrigadeen Nursing 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 checked 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 comprehensive inspection took place on 10 and 12 October 2017 and the first day was unannounced. This was a combined inspection where we looked at the experience of people living in the home as well as people who used the domiciliary care service. The inspection was carried out by one adult social care inspector and one expert by experience, who attended the home on the first day to speak with people. A second expert by experience made telephone calls to people using the domiciliary care service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Both of the experts by experience had experience of looking after older people, one expert by experience had experience of looking after people living with dementia.
Before the inspection, we looked at information we held about the provider and home. This included their Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this into account during the inspection.

In the care home we spoke with the registered manager, the Matron, one team leader, three care staff, one cook, one cleaner, one activities provider, one maintenance person. We also spoke with three healthcare professionals who visited the home, (one speech and language therapist and two chiropodists), three people and two relatives.

We spoke with the manager of the domiciliary care service, three people and two family members. Staff working in the care home also provided care for people in the community.

We observed interactions between staff and people in communal areas. We looked at five staff files, previous inspection reports, rotas, audits, staff training and supervision records, health and safety paperwork, accident and incident records, statement of purpose, complaints and compliments, minutes from resident and staff meetings and a selection of the provider's policies.

Good

Is the service safe?

Our findings

The service continued to be safe.

People's medicines were administered by registered staff who had their competency assessed on an annual basis to make sure their practice was safe. One person was receiving covertly administered medicines and this had been agreed by the person's GP and checked with a pharmacist. No-one was self-medicating, though the providers medicines policy contained the process for staff to follow should this be necessary.

There were suitable secure storage facilities for medicines. The home used a blister pack system with printed medication administration records. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found them to be correct.

Risks of abuse to people were minimised because there was an effective recruitment procedure for new staff. This included carrying out checks to make sure they were safe to work with vulnerable adults. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK.

Everyone we spoke with, people using the care home and the domiciliary care service, as well as family members, told us they felt safe using the service. People told us if they had any concerns they were able to speak with either the registered manager or the domiciliary care service manager. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. Staff said, "People are safe in our care" and "I think people are safe, yes." All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been bought to the registered manager's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected. A visiting professional told us, "This is not a home we have any safeguarding concerns about."

Risks to people were identified using assessments. For example, there were risk assessments in place for moving and handling people, for people at risk of falls and for any anxieties people may experience. The assessments we looked at were clear. They provided details of how to reduce risks by following specific guidelines or the person's care plan. Both the care plans and risk assessments we looked at had been reviewed regularly.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. On one day of the inspection, the home was one staff member short. When we asked about the

impact of this, the staff were all positive and said, "It is a bit busier but it's ok because we all work as a team" and, "We all work together to get things done". Staff all confirmed that staffing numbers were fine, and cover arrangements were effective. The registered manager did not use a dependency tool to calculate staffing but said, "its years of experience."

Staff had clear guidelines for reporting and recording accidents and incidents. Staff said, "We report everything." The registered manager saw all accident forms, and made any notifications required.

Major incident contingency plans were in place which covered disruptions to the service which included fire, loss of gas, oil, electricity, water or communications. Business continuity plans were also in place for severe weather. Everyone living in the home had a Personal Emergency Evacuation Plan (PEEP), which gave staff the information they needed to support people. Staff told the registered manager they didn't feel the fire training they received was relevant to the home. The registered manager responded to this by booking two sessions of home specific training, so all staff were able to attend a session.

Good

Is the service effective?

Our findings

The service continued to be effective.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. People we spoke with in the care home said the food they received was, "Simple", "Adequate", "Alright I suppose" and, "Okay." Regarding breakfast, one person said, "My porridge is lumpy. They leave it to go cold so I can eat it, but I don't like it cold." A member of staff overheard this and said, "Ring your bell and ask them to warm it up for you, they will, you know." One healthcare professional told us, "Staff is always able to update me and know the person's needs well." Four people required specialist diets, information about these and other dietary requirements was available. Menus identified people's likes and dislikes. All kitchen records were complete and up to date.

Where required, support was offered to people using the domiciliary care service for preparing meals; this was typically cereal or porridge in the morning, sandwiches which could be prepared and left in the fridge for lunchtime, and ready-made meals which could be reheated in a microwave. One person appreciated the support staff provided with meals and said, "One carer cooks a meal for me from scratch, other carers reheat a bought-in ready meal."

People were supported by staff that had access to a range of training to develop the skills and knowledge they needed to meet people's needs. People from the care home and the domiciliary care service told us they were happy with the service they received and said, "They are all different, and have NVQs at different levels", "I get good care, good girls they know what I want, they leave my frame close to my chair and make me a flask of coffee before they go", "They are all competent and well trained, they keep family informed of any changes" and, "They are well trained some go above and beyond, I have every confidence in them." One person said, "They generally know what they are doing but I think their training could be better on general stuff." The registered manager said, "Staff are told to ask for any particular training they would like."

People were supported by staff that had undergone a thorough induction programme which gave them the basic skills to care for people safely. Staffs was supported to complete the Care Certificate, which is a nationally recognised standard which gives staff the basic skills they need to provide support for people.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. Staff said, "We give people choices" and, "People can choose what they want." People told us, "Carers always ask before they do anything , they know I like to be as independent as I can be", These comments showed staff worked in accordance with the principles of the MCA to ensure people's legal rights were respected.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. No-one staying at the home were subject to any DoLS at the time of our inspection. However, there were systems in place to record expiry dates and any conditions attached to the DoLS should there be a need for this.

Families where possible, were involved in person centred planning and "best interest" meetings. A "best interest" meeting is a multidisciplinary meeting where a decision about care and treatment is taken for an individual, who has been assessed as lacking capacity to make the decision for themselves. The registered manager ensured where someone lacked capacity to make a specific decision, a best interest assessment was carried out. We saw examples of when professionals and families had been involved in best interest meetings.

People's care records showed relevant health and social care professionals were involved with people's care. Care plans were in place to meet people's needs in these areas and were regularly reviewed. A visiting professional told us, "They're always co-operative and give me what I need."

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Staff told us they felt supported by the registered manager, and other staff. One member of staff told us, "The manager's door is always open." Annual appraisals give both managers and staff the opportunity to reflect on what has gone well during the year and areas for improvement or further training required. This helped to make sure staff had the required skills and confidence to effectively support people.

Good

Is the service caring?

Our findings

The service continued to be caring.

People and visitors told us the home was family run, friendly and homely. Our observations were that staff were kind and supportive and people responded well to staff. Staff said, ""I would have put my mother in this home", "I just love being with people" and, "it's a lovely environment to work in." The registered manager told us they were proud of the way staff treated people and said, "They treat people like family. They're open and relatives feel comfortable and relieved because they know their loved one is safe."

Two visiting professionals told us they visited the home frequently and said, "We love it here." They told us, "I get the impression that they focus more on care here", "I would happily put my parents in this home", "They know their people" and "They are organised and flexible". They also told us, "We come here every eight weeks all the way from Cornwall because we just love the people here."

People's rooms were personalised with photos, paintings on the wall, flowers or plants, reading materials and fruit. One person had a lot of their own artwork on the walls that they had created in activity sessions at the home.

Where people used their call bells, we observed staff responded quickly. However there were occasions when staff didn't speak with people when they were supporting them, for example we observed people having clothes protectors put on them and staff assisting people to move around the home in silence. We discussed this with the registered manager who told us staff usually engaged people in conversations. We also observed two occasions when staff entered people's rooms without knocking. Most staff knocked on people's doors and greeted the person by name when they entered. During the inspection, we noticed information about the incontinence products people used was on the notice board, where any visitors to the home could see the information. We discussed this with the registered manager, and on the second day of the inspection the information had been removed from public view.

People using the domiciliary care service agreed that carers treated them with respect and in a dignified and caring manner. People told us, "Carers are quite good, quite caring, they will do anything you ask", "[Name of carer] is lovely to talk to, we have a good chat ; I laugh and joke with the others too" and, "They are very kind to me, I get good care; they listen and are interested in my life; they are observant too." Relatives told us, "There is a variety of different personalities, they are all amenable and good, I have confidence in the way they care for [name]" and, "I am more than happy with the carers, they are kind and treat [name] well.

Staff told us people had not specified any preferences around sexuality or sexual orientation, or particular requirements about the gender of staff providing care. The registered manager said, "No-one has expressed any specific equality or diversity preferences. We've had gay carers before now, and do not discriminate against anyone."

Good

Is the service responsive?

Our findings

The service continued to be responsive.

People received care that was responsive to their needs and personalised to their wishes and preferences. One relative told us, "We're involved in everything" and "They know my relative." People were able to make choices about all aspects of their day to day lives. A visiting professional said, "It's a very homely home, not 'clinical.'

People using the domiciliary care service said, "They know when I am poorly and having problems with my joints so are extra careful" and, "They know if I am unwell and ring my Doctor." The domiciliary care service manager told us, "People are always involved and I ask them what they want." Records showed people were referred to other healthcare professionals such as speech and language therapists when necessary.

People using the domiciliary care service told us they were actively involved in planning their care, and their care plans were updated as their needs changed. People's care plans were very basic however staff knew people and they were reviewed monthly.

From our discussions with staff, it was clear they were knowledgeable about the people they were supporting. People living in the care home had care plans which contained information about their communication needs, lifestyle preferences and how to maintain a safe environment. Care plans gave staff guidance to support people with their nutritional needs, health needs and personal preferences. For example, one person's care plan described the routine the person preferred at night which included if the person liked their door left open or closed. Another person's care plan identified the person could become very anxious; the care plan stated, "Let [name] talk to her family if very anxious." Staff had information about people's likes and dislikes and the day to day care they should provide in people's rooms. Staff told us information about people's life history was recorded in the "all about me" files in people's rooms. One member of staff said, "It's a small home so we get to know the residents well." Staff told us they also spoke with families to find out people's likes and dislikes, especially if the person was unable to tell them directly.

A member of staff provided activities two days a week. The care home activities programme showed a range of activities which were provided by other staff at other times. People told us they enjoyed activities such as singing, quizzes, art, visits from external providers (Punch and Judy, animals). Staff visited people in their rooms to do a quiz of "complete the simile." People enjoyed this activity and we heard one person laughing and chatting with the staff member.

We observed care home staff moving one person using a hoist. They did this safely and spoke to the person throughout, so the person knew what was happening. People using the domiciliary care service told us they had confidence in staff when they were supported with transfers.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been two complaints since our last inspection and these had been dealt with in line with the provider's

policy. Everyone we spoke with told us they had no concerns or complaints, but knew how to make a complaint if necessary. People were asked if they were happy with all aspects of the home including the laundry service, activities and if they could discuss concerns in an annual survey. Staff had received several compliments from relatives, comments included, "Just wanted to say thanks for how you are looking after [name]", "We are so pleased we got [name] into Arrigadeen" and, "Just to say thank you for all the care, help and attention you gave Mum while she was with you."

Good

Is the service well-led?

Our findings

The service continued to be well-led.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. A variety of monthly, quarterly, six-monthly and annual checks took place including medicines and safeguarding audits. We saw that where shortfalls in the service had been identified action had usually been taken to improve practice and standards of care for people.

People using the domiciliary care service told us the service was well led and said everything was running smoothly. They told us they found the manager to be friendly and approachable and was usually available to speak to and would always ring back if asked to do so. People said, "I can speak to the manager when I want to, she knows her job well; on the odd occasion she has phoned me and asked how things are", "It is a professional organisation which delivers what they say, the manager can always be contacted if needed" and, "I have never seen the manager; she is in telephone contact with my family." Everyone said they would be happy to recommend this service to others.

The manager of the domiciliary care service worked alongside staff. They told us, "I formally review people every couple of months. I do care as well so if I see any changes I re-do the assessment and care plan, so people are reviewed all the time." The manager also conducted monthly spot checks as part of their quality assurance.

Staff told us they were happy with the was the service was managed, felt the service was well-led and said, "The management are all very accessible", "If the manager isn't in, we can go to any other manager or senior staff member with a concern or issue" and, "We can raise issues or concerns without fear of consequences." Staff also had regular team meetings which kept them up to date with any changes in the home.

Staff were reminded of the registered manager's vision and values of the organisation, which was, "To give care I would expect my family to receive; safe, person-centred care and maintain their independence." Staff were aware of the values of the service and told us, " This place is homely" and "It's very friendly." Staff told us the service was, "A good place to work."

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The home is managed by the registered manager who is supported by a Matron and seniors who work together to lead the staff team. 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 and relatives were involved in decisions and changes regarding the running of the home. All of the surveys we saw showed people had been happy with their stay at the home. Comments from people included, "Wonderful management" and, "I enjoy being at Arrigadeen greatly and feel very safe and well

cared for." Comments from relatives included, "Staff are extremely helpful" and, "I feel I can ask any questions, plus they are all very friendly when we visit." Other comments showed relatives were happy with the cleanliness of the home, the friendliness of staff and the relaxed atmosphere.

People had been supported to maintain links with the local community through attending various churches. Local ministers visited the home for people to receive Communion. A local library visited regularly to exchange library books.