Lower Green Limited

Arden House

Inspection report

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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

Overall summary

This inspection took place on 10 December 2014 and was unannounced. This visit was carried out by two Inspectors.

Arden House Nursing Home is registered to provide accommodation and nursing care for up to 18 older people. At the time of our inspection 15 people lived at the home.

The service was found to be meeting the required standards at their last inspection on 5 December 2013.

There was a registered manager in post at this home. 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 CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

Summary of findings

DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. The registered manager and staff were aware of their responsibilities under the MCA 2005 and DoLS. The manager was in the process of submitting DoLS applications to the local authority for people who needed these safeguards.

We found that, where people lacked capacity to make their own decisions, consent had been obtained in line with the MCA 2005.

People were protected from abuse and felt safe at the home. Staff were knowledgeable about the risks of abuse and reporting procedures. There were sufficient staff available to meet people's individual care and support needs. Safe and effective recruitment practices were followed which included appropriate background and employment checks.

There were suitable arrangements for the safe storage, management and disposal of medicines.

Incidents and risks were managed well and reported appropriately and people were supported to ensure they received a well balanced diet to their liking.

People were supported by staff who knew them well and were involved with decisions about the home, and their own care. Their independence and dignity was promoted by staff that had access to appropriate training and who were knowledgeable about their care needs. The manager regularly reviewed peoples needs and the service responded appropriately when care needs changed.

People felt well cared for and supported by the manager and the provider, they felt listened to and that their views were taken into account. There were regular resident forums and staff meetings for people to express their views and any concerns were acted upon and responded to. The service had a complaints procedure in place. Issues and concerns identified were improved upon quickly and to benefit the people that used the service.

The service was well led by a manager that supported the staff and provided visible leadership. The provider supported the manager and staff well. There was a quality management system in place which included a system of audits to identify where improvements could be made.

Summary of findings

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 was safe.

People felt safe and were cared for by staff who knew how to recognise and report concerns of abuse.

Staffing levels were sufficient to ensure that people's needs were met.

Recruitment procedures were robust and safe and medicines were managed safely.

Good

Is the service effective?
The service was effective.

People were supported to eat and drink sufficient amounts to ensure their nutritional needs were met.

People had access to health care professionals where necessary such as GPs and opticians.

Staff received effective support and training and fully understood the MCA 2005 and DoLS.

Good

Is the service caring?
The service was caring.

Staff were kind, caring and patient, and encouraged people to express their views.

People were listened to and their wishes were respected.

People were treated with respect and their dignity and privacy was promoted by staff who were sensitive and understanding

Good

Is the service responsive?
The service was responsive.

People were involved with planning their care. Individual concerns were addressed and changes were made to suit peoples preferences

The service had a complaints policy. People were aware of the policy and were confident to use it.

People were supported to pursue interests and hobbies that mattered to them.

Good

Is the service well-led?
The service was well led.

The manager and the providers were highly regarded by staff and people who used the service.

There were systems in place for obtaining people's feedback and views.

The service used self-assessments and audits to guide their improvement plans.

Good

Arden House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 10 December 2014 and was unannounced. The inspection was carried out by two CQC inspectors.

Before our inspection, the provider completed a 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 also reviewed other information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection we spoke with ten people who used the service, five relatives, the registered manager and four care staff. We received feedback from health care professionals and reviewed the local authority contract monitoring report of their most recent inspection.

We reviewed care records relating to three people who lived at the home and two staff files that contained information about recruitment, induction, training and development and staff support. We used short observational framework for inspections (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they felt safe and staff had the skills and experience to keep people safe. One person said," I feel safe, staff look after me. A relative told us, "The pressure we felt around [Name] being in a care home has been lifted because [Name] is in a safe place and staff are giving [Name] the care they need".

We found there were suitable arrangements to safeguard people against the risks of abuse which included reporting procedures and a whistleblowing process for staff, if they needed to report any concerns. We saw posters for these displayed around the home and in peoples rooms. Staff told us about the types of abuse they would recognise and demonstrated their knowledge about the reporting procedures. Safeguarding incidents had been reported to the appropriate authorities and investigated. A relative told us, "[Name] feels safe and is happy, they love the staff." The manager reported incidents appropriately and supported any investigation appropriately.

We saw that care plans contained risk assessments which were relevant to the person. Any accidents or incidents were appropriately recorded and the manager reviewed these records to identify themes and to mitigate risks if possible. The service had appropriate levels of security to help to keep people safe without restricting their movement throughout the home and gardens.

We saw there were enough staff with the correct skills to keep people safe. The manager explained that they reviewed people's needs regularly and staffing levels were provided to support this. They told us, if peoples care needs change they would add staff to the rota with the relevant skills and experience. We found the rota showed that there was always a member of nursing staff on shift with carers we noted this to be the case. There were systems in place to support staffing levels when the provider needed to manage absence. Agency staff were used in the home on these occasions however the agency staff used were regular staff who knew people well and had received the appropriate induction and training.

The service had a fair and safe recruitment process that included all the appropriate safety checks. Staff started work after all necessary pre employment checks had been carried out. These employment checks included relevant background checks, reference checks and a review of the applicants employment history. We also saw an example of when the staff disciplinary procedures had been used in practice. The example seen showed that the process had been followed appropriately when necessary to keep people safe.

People were supported to take their medicines by staff that had been trained to administer medicines safely. There were suitable arrangements for the safe storage, management and disposal of people's medicines. We saw that the medicines round was conducted by appropriately trained nursing staff and that medicines administered were recorded appropriately and accurately to reflect what had been given. We observed staff talking to people as they administered the medication. They explained what the medicine was and asked about their health and well being.

Good

Is the service effective?

Our findings

People told us that they were cared for by staff that were trained well and were therefore able to meet their needs. One person told us "[staff name] knows what I need and makes sure I have everything when I need it." A member of care staff told us, "If we learn how people respond to things we are able to make the best decisions for their care, it is about knowing who needs what and making sure they get it."

Staff were appropriately trained to meet the needs of people living at the home. The manager had training plans in place for each member of staff and the systems in place to ensure that staff kept up to date with training were effective. A member of care staff told us, "I feel very supported to do my job as I have had all the training I need and this is on-going." Staff had regular supervision sessions and annual appraisals. We spoke with the Activities Co-ordinator who has recently been trained in moving and handling and palliative care; they told us that as they were in the lounge area regularly, they felt they could support staff if they were trained in these areas. They felt like part of the team as they were able to contribute more and help out when necessary.

We were told about a person who has recently moved into the home. This person needed to attend hospital for a procedure every third day to ensure they were comfortable. The care staff noticed that this was disruptive for that person so the manager arranged for nursing staff to be trained in carrying out the procedure at the home. This meant the person's healthcare needs were met in a way that suited them in an environment that was familiar and comfortable. The person told us, "it is much better now it is done here."

Staff and the manager had received Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. They demonstrated a good understanding and were able to explain how the requirements worked in practice. DoLS apply when people who lack capacity are restricted in their activities to keep them safe. We confirmed that the home currently had three applications in process for DoLS authorisation. We saw that these applications were properly assessed and appropriately made. We found that people's capacity to make decisions had been assessed with the involvement of other healthcare professionals and that people were supported to access independent advocacy services when required.

We saw that staff asked people's permission before they carried out personal care. We saw that in each person's bedroom was a 'communication passport' which was a folder to support staff to communicate with people. This folder had clear guidelines for staff to enable them to understand how to obtain consent from people who were unable to communicate verbally. We saw staff using this guidance to support their conversations with the people they were supporting.

People told us that they were able to choose what they ate and were involved in deciding what went on the menus. In the kitchen we saw a likes and dislikes board which also recorded visually any dietary requirements and allergies as a reminder for the chef. We saw on this board that one person did not like carrots. When we observed their meal arrive there were no carrots on the plate, this had been substituted with another vegetable just for them. We spoke to a person who was on end of life care, they told us that their appetite was small but they wanted specific food based on their choice. We saw that the food they had requested had been prepared and delivered exactly as they had specified. The portion size was appropriate which meant that they were able to eat the full meal comfortably. They told us that this was important to them.

We saw that people who needed support to eat and drink were supported appropriately and not rushed. There were staff available to help people and we saw that lunchtime was calm and relaxed and people enjoyed the social interaction with staff and others during this time.

We saw that for people identified as having a risk of not eating or drinking, these risks were monitored and managed. For example, we found that where a person had been identified as losing weight, they had been referred to a dietary specialist and to their GP and changes were made to their diet and medication in order to mitigate this risk.

People were supported to access additional healthcare services where appropriate and in accordance with their needs. We saw and records confirmed that people's health needs were monitored and discussed with them. When it was identified that additional support was required from

Good

Is the service effective?

other healthcare services this was arranged and accessed effectively. A relative told us, “when I visit, I visit to spend time with [relative] not to check up on things, I know [relative’s] needs are met so we can enjoy our time.”

Good

Is the service caring?

Our findings

People told us they were happy at the home One relative said, “The home is brilliant, as soon as you walk through the door you’re met by a warm and friendly atmosphere and staff make me feel as important as the people who use the service. I am happy with the care my [Name] receives.” One person told us, “staff look after me.”

Staff knew about the people they cared for well and all people who used the service had a key worker, who is a named member of staff responsible for their care. The key workers provided extra personal support to people and they told us they new who their key worker was. We saw staff being caring and supportive throughout the day. One relative said, “Staff are very good and very helpful, they respond to [Name] needs and moods to support them”.

We observed throughout the day staff talked with people in a way that promoted their dignity and were very caring and patient in their approach. People were involved in lots of different decisions about their care, a staff member told us, “The residents are the boss, we are just working here, it’s their home.” We saw that some people were knitting different coloured squares for a blanket that will be donated to a charity. People told us that this gave them something to work towards together and was a lively topic of conversation between people who lived in the home and staff throughout the day. Most of the people were involved in this and felt their opinions mattered.

There were regular meetings for people who used the service to express their views and opinions. Questionnaires are also completed. One question asked do you feel your care needs are met. The response was, “Yes very well. “All questionnaires we looked at were positive about the care they received and their involvement in making their own decisions.

We saw that all care plans and personal information were kept securely to maintain people’s privacy. One staff member told us when I am giving personal care, “I always communicate what I am doing and make sure the door and curtains are closed.” All staff we talked with understood the importance and knew how to promote people’s privacy and dignity.

Relatives were able to visit at anytime and felt part of the home and involved in their relatives lives there. We saw a relative arrive and immediately staff asked them if they wanted to have some lunch with their relative. We spoke to two relatives of a person who had recently passed away at the home. They told us that their relative had been happy and comfortable at the home. Their relative had experienced a difficult transfer to the home, but on arrival the staff had done everything to ensure that the person settled in easily. The manager had encouraged them to stay with their relative for the first night to help with this process. The relatives told us that they, “Can’t speak more highly of the staff and cannot fault the home, the staff did everything for my [relative] nothing was too much trouble.” The staff had ensured that the person’s room and belongings were treated with respect following their death and flowers had been placed in the room by staff. The relatives felt that the way the home had responded to them during this difficult time had been, “perfect.”

Good

Is the service responsive?

Our findings

People told us how staff had encouraged them to maintain their independence and take up activities that reflected their personal hobbies and interests. One person showed us their knitting and told us, "We are making blankets for the local hospice, it's for charity." The Activities Co-ordinator told us that the most important aspect of the planning of activities is learning about the person. They said, "I find out about their history, what interests them then we aim to do things that matter."

We spent time with another person who was knitting. We were told that they had not been knitting, since their health had deteriorated a number of years ago. The Activities Coordinator told us that they had encouraged and supported this person to knit again, when they were sure that they would not be able to. The person was also contributing to the donation to the hospice as were the care staff. Knitting within the home had become a social activity with both staff and people involved and sharing the experience.

On the day of our visit, the staff were decorating the home for Christmas. We observed that there was an individual Christmas tree for each person and the staff were supporting those who were able, to decorate their individual tree. Staff were encouraging people to choose which decorations they wanted for their tree and once the trees were finished one went to each person's room.

Staff told us that they had time to spend with the people they care for and to understand their needs. One member of staff told us that if they were engaged in a conversation with a person they would finish it before doing something else, they said, "Spending time with people is more important than the coffee being on time."

We looked at the care records for three people. We saw that each person's needs had been assessed prior to moving in to the home and had been reviewed regularly to make sure that they were up to date and continued to reflect the support that people required. Our observations throughout the day confirmed that care was delivered in line with people's current needs. People who lived in the home and their relatives had been involved in the development of the care plans and they included information about people's lives outside of the home alongside their likes and dislikes so that staff had a good understanding of the person and not just their care needs.

We saw one person's communication passport in their room. This is a document that introduced the person to the staff and contained details of their life history, personal relationships, likes and dislikes and guidance on how they best like to be communicated with. We saw in this document that this person was unable to communicate verbally but liked to be as independent as possible. We saw that the person's preference for the use of pictorials in their room to help them to orientate had been put into place. Staff told us that this was very effective and promoted their independence.

We saw that for people that had complex health needs, the guidance for staff was clear and included input from people receiving the care. For example, we saw that the guidance about a health related procedure for a person was written to take account of the impact to the person. The first instruction to care staff was to, "Explain the procedure to [person] and reassure throughout."

People told us that if they had any concerns they would speak to a member of staff or the manager. We were told that there were regular residents and relatives meetings where issues and concerns were discussed. There were minutes of the meetings available for those who could not attend and people and their relatives were aware of when these meetings would take place. We saw that the complaints process was detailed in posters in people's rooms and complaints that we looked at had been investigated and responded to in a timely way and to the complainants satisfaction.

Good

Is the service well-led?

Our findings

People who lived at the home, relatives, staff and care professionals who had been contacted were all positive about the manager and the way the home was run. One professional said, “The manager is so approachable and welcoming. You can ask the manager anything and she is on the ball.” One staff member said, “I feel supported by the manager and the providers, they encourage an open relationship and I am able to talk to them about work and personal matters.”

People who lived at the home and staff had been actively involved in developing the service. They were encouraged to have their say at regular resident, relative and staff meetings. We were told by the manager that they were involving people in the choice and colour of curtains which were due to be replaced within the lounge area. We saw in a prominent place in the lounge swatches for the choice of materials and a form for people to choose which they wanted. Staff told us that they supported people to complete the forms to make the choice..

We spoke with the manager about an emergency that they had managed on the day of our inspection. The manager told us that she promoted a culture of calm within the home. We told the manager that apart from noticing the support she gave to her staff during this time, we were unaware that there was a situation that the staff were dealing with. The manager told us “that’s how we do it here.” Staff confirmed that they were encouraged to deal with emergency situations in a calm unhurried way to ensure that there is little to no impact on people living in the home to minimise distress. The manager was clear with staff as to what she expected of them, they were clear of these expectations and the manager demonstrated these expectations in all that they did around the home.

We saw that a system of audits, surveys and reviews were completed regularly. These were used to monitor performance, manage risks and keep people safe. These included areas such as infection control, medicines, staffing and care records. The provider had regular meetings with the manager to monitor and assess the home’s performance. We saw that where areas for improvement had been identified action plans were put in place to improve these areas, for example. The provider told us that through feedback from residents, a request for a cordless call bell had been made to be used in the lounge. This was implemented and was in use on the day of our inspection. One relative responded in a questionnaire to the question “what could the home do better or change to improve the care we offer.” The response was, “Scratching my head to think of improvements! The providers are very hands on and like the manager very approachable.”

The provider told us that they had made a lot of physical improvements to the environment within the home and that they wanted the home to be a place that their parents could live in. They wanted to promote the culture of the service being, ‘a homely home’. The providers were very involved with all aspects of the home and people and staff told us that they were very approachable. Staff were supported and all staff we spoke with knew what was expected of them.

Outside professionals commented on the professionalism of staff and the good relationships they had with the home. For example, one professional who had provided training in end of life care told us that the staff were enthusiastic and the home knew who to contact if there were any concerns.

We saw thank you cards and letters praising the manager and staff from relatives who were happy with the home. These reflected the comments that we received from relatives and people living at the home.