

GNR Care Limited

Arlington House Residential Care Home

Inspection report

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Cheshire
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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

About the service

Arlington House is a care home providing personal care for up to 27 people in one adapted building over two floors. The service was supporting 26 people at the time of this inspection.

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

We have made recommendations about the management of risk, monitoring and the oversight of the implementation of the Mental Capacity Act.

We have made a recommendation about the management of risk. Although staff were aware of risks to people, no assessment had been completed for the use of a particular piece of equipment. The registered manager was in the process of reviewing people's care planning records to ensure that they contained up to date information.

We have made a recommendation about recording consent. Although 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 did not fully support this practice. The registered manager was in the process of reviewing people's records in relation to their mental capacity to ensure they contained up to date information.

People felt safe using the service and were protected from abuse and the risk of abuse. Medicines were safely managed and people received them on time. Safe recruitment practices were followed. Infection control practices were followed to minimise the risk of the spread of infection and regular safety checks were carried out on the environment and equipment.

Systems were in place to monitor the quality of the service that people received.

People's needs and choices were assessed prior to moving into the service. People received care and support from experienced staff who received the right training and supported for their role. People were supported to have a nutritious and balanced diet and their healthcare needs were met.

People, their family members and friends were happy with the service provided at Arlington House and positive relationships had been formed with the staff delivering care and support. People were able to voice their views and they felt they were listened to.

Staff knew people well and were knowledgeable about their individual needs and how they were to be met. People and their family members had access to information about how to make a complaint about the service.

Systems were in place to monitor the quality of the service that people received. People were engaged and

involved with changes within the service. The provider sought information and guidance from other agencies and regulators to continually develop the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 25 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

Details are in our findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective section below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Arlington House Residential 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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Arlington House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 12 people who used the service, three family members and friends about their experience of the care provided. We spoke with seven members of staff including the registered manager, care staff and the cook.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files and records in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found and sought further information from the provider who was unavailable at the time of the inspection.

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 the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people and the majority of equipment used were assessed and known to staff, and plans were in place to minimise those risks. However, assessments had not taken place for an item of equipment in use to support people with their independence

We recommend that the service consider current guidance on assessing risk and take action to update their practice accordingly.

- Staff had access to policies and procedures in relation to health and safety and had received training in this area.
- Regular safety checks were carried out on the environment and equipment in use.
- Emergency procedures were in place to help ensure that people received the care and support they required in the event an emergency. This information was easily accessible to staff.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding procedures were in place. Staff had completed safeguarding awareness training and had access to information on how to protect people from the risk of harm.
- Staff knew how to refer any concerns they had about people's safety.
- People told us they felt safe living at the service. Their comments included, "Oh yes, very safe here with people to look after us."

Staffing and recruitment

- Sufficient numbers of suitably trained and experienced staff were on duty to safely meet people's needs.
- The recruitment of staff was safe. Appropriate checks were carried out on applicant's suitability for the role before they were offered a job.
- People told us that staff were always available to meet their needs. Their comments included, "Staff are always around and about if you need them" and "If we have to wait it's because someone has just become unwell, but never wait for long."

Using medicines safely

- Staff responsible for managing people's medicines had completed training in this area and followed safe procedures.
- People told us that they received their medicines when they needed them. .

Preventing and controlling infection

- Staff had completed infection control training and followed good practice to minimise the risk of the spread of infection.
- People told us that they felt the service was always clean and tidy. Comments included, "Always very clean."

Learning lessons when things go wrong

- Lessons were learnt and improvements made following accidents and incidents.
- Accident and incidents were recorded and reviewed to look for any patterns and trends and ways of minimising further occurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. We found that where required appropriate DoLS applications had been made on behalf of people.

- Information relating to people unable to make specific decisions was not always recorded in detail. For example, best interest decisions made on behalf of people were not recorded to demonstrate that the principles of the MCA had been considered during the decision making process. In addition, records for some people did not contain the full information of others who were legally entitled to make decisions on their behalf, for example, lasting power of attorney.
- The registered manager demonstrated that they were in the process of reviewing people's care planning documents to ensure that they contained up to date information.

We recommend that the service follows current best practice, in relation to obtaining consent for people who lack mental capacity.

- Staff understood and followed the principles of the MCA. They obtained people's consent prior to providing care and support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual needs and choices were assessed prior to moving into the service.
- People, their family members and friends were involved in the assessment and planning of people's care.

- People and their family members told us that they took part in care plan review meetings.

Staff support: induction, training, skills and experience

- Staff had the right knowledge, skills and experience to meet people's needs effectively. They completed the training they needed for their role and were well supported.
- People spoke positively about the staff team. Comments included "You can ask them everything and anything, really nice people."
- Staff champions were in place to support and promote awareness around dignity and good infection control practices.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy balance diet.
- People had a choice of where they ate their meals and their meals were served fresh and at the correct temperature.
- People's comments about the food included, "The food is good", "Always have a choice of food" and "I have put a stone on in weight in the last 10 months, which I needed to."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to the health care support they needed.
- People were able to request an appointment with a general practitioner who visits the service on a weekly basis.

Adapting service, design, decoration to meet people's needs

- The environment was adapted to meet people's needs.
- The layout of the building enabled people freedom of movement around the service.
- The provider had a continued programme of redecoration to maintain a safe, clean and comfortable environment to live.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that they were happy living at the service. Their comments included, "Comfortable and relaxed" and "Warm, caring and home from home."
- Staff knew people well and it was evident from their interactions with people that positive relationships had been formed. Comments included, "The staff are very courteous and caring, I call one of them my sunshine girl" and "The staff are good, you can have a good chat and laugh with them."
- Family members and friends spoke positively about the service. Their comments included, "On walking into the home on the first occasion was like walking into a warm blanket, with an ethos of this is their home. Staff are amazing and fully understand people" and "Staff are caring; able and know people well".
- People were supported to maintain their religious and spiritual needs.

Supporting people to express their views and be involved in making decisions about their care

- People and their family members were encouraged to share their views about the care provided. The provider sent an annual satisfaction survey to people to gather their opinions on the service they received. The results of the 2019 survey demonstrated that people were happy with the service they received.
- Family members and friends confirmed they had been involved in supporting their relatives to make decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect, they provided people with personal care in private and made sure their personal records were kept secure.
- People told us they were given choice and control over their day to day lives.
- People enjoyed looking after the home's cat. One person told us that they always nursed the cat at certain times of the day.
- People's family members and friends who visited the service on a regular basis were provided with a fob key that enabled them to directly enter the building when visiting. This system was monitored for the security of all.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's identified needs had been planned for and were recorded in their care plans. Staff had access to this information.
- Records were maintained of people's specific needs. For example, when a person had been identified as being at risk from weight loss and when care and support had been delivered. Not all of these records were fully completed. The registered manager demonstrated that they were in the process of carrying out a full review of people's care planning documents to make improvements where needed.
- Family members and friends told us that they were updated about their relative's care and where appropriate, were involved in care plan reviews.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in their care plans and staff understood these.
- Information was provided in different formats where this was needed for people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to activities within the service and the local community to offer stimulation to prevent social isolation. For example, one person was supported to visit local pubs to play darts.
- People told us they there were always people to talk to. One person told us, "I have some great friends here and If I wasn't here I would miss them very much."
- People and their visitors had access to WIFI throughout the building. People were supported to maintain contact with family and friends. For example, a family member had sent their relative a video message via the internet. Staff supported the person to watch the video.
- Family members and friends spoke positively about the friendships that people had developed whilst living at Arlington House. Comments included, "The manager has been amazing. Prevented social isolation impacting on [Name]. Staff are caring, able and know people well" and, "Very happy with the care, mum is no longer lonely."

Improving care quality in response to complaints or concerns

- People, their family member and friends knew who to speak to if they were unhappy about the service

they received.

- Complaints were recorded and monitored and used to improve the quality of the service.

End of life care and support

- People were given the opportunity to record their specific wishes and personal preferences about how they wanted to be cared for at the end of their life.
- A staff champion was in place to support and promote awareness in relation to end of life care.
- Specialist support was available to assist people and staff with planning end of life care.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Systems were in place for monitoring the quality and safety of the service. However, the system did not always identify gaps in care records. The registered manager assured us they would act upon this.
- The registered manager and staff were responsive to suggestions and observations made during the inspection to further improve good practice.
- People spoke positively about the registered manager stating that they were approachable at all times. The registered manager had an 'open door' policy and people were seen entering their office throughout the day for a chat.
- Policies and procedures to promote safe, effective care for people were available to staff.
- The provider and registered manager were regularly available at the service to offer support and promote development to the staff team. The provider recognised the importance of promoting good staff morale to support staff retention.
- Managers and staff had a clear understanding of their role and responsibilities and regulatory requirements. Notifications were submitted to the CQC when this was required.

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

- The registered manager understood their responsibilities in responding to people who use the service under the duty of candour following incidents and when things have gone wrong.

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

- Arrangements were in place to engage and involve people using the service, family members and staff. The provider actively used social media to share information via an online blog.
- Staff sought advice and worked in partnership with others such as health care professionals to ensure the best possible outcomes for people.

Continuous learning and improving care; Working in partnership with others

- Staff received regular support and training for their role to ensure their practice was up to date and safe.
- The provider sought information and guidance from agencies and regulators to continually develop the service.

