Lifestyle Care UK Ltd

Glen Arun Care Home

Inspection report

9 Athelstan Way
Horsham
West Sussex
RH13 6HA
Tel: 01403 253881
Website: www.glenarun.co.uk

Date of inspection visit: 23 June 2015
Date of publication: 12/08/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good

Overall summary

We carried out an unannounced comprehensive inspection at Glen Arun Care Home on 5 November 2014. During this inspection we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, relating to risk assessments and the principles of the Mental Capacity Act (MCA) 2005. As a result we undertook a focused inspection on 23 June 2015 to look specifically at whether the service was safe and effective. The purpose of the inspection was to follow up on whether the required actions had been taken to address the previous breaches and to see if the required improvements had been made.

You can read a summary of our findings from both inspections below.

Comprehensive inspection on 5 November 2014

This inspection was unannounced and it took place on the 5 November 2014. Glen Arun Care Home is a nursing home which can accommodate up to 35 older people with a variety of long term conditions and physical disabilities. On the day of our inspection 32 people were being accommodated.

Where people lacked the mental capacity to make decisions the home was not guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests. Risk assessments were not complete and had not been reviewed on a regular basis.

The home has a registered manager. 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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. In this home the registered manager is also the registered person.

People felt safe with the home's staff .Relatives had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm. Care records contained risk assessments to protect people from any identified risks and help keep them safe. We found risk assessments regarding aspects of people's care were not always kept up to date or reviewed on a regular basis.

Thorough recruitment processes were in place for newly appointed staff to check they were suitable to work with people. Staffing numbers were maintained to meet people's needs safely. People and staff told us there were always enough nursing and care staff on duty.

People told us the food at the home was good and there was always a choice. Staff need to ensure they plan who is taking responsibility to support people at meal times as individual people were supported by numerous staff.

People were supported to take their medicines as directed by their GP. Records showed that medicines were obtained, stored, administered and disposed of safely.

Each person had a plan of care which provided the information staff needed to provide effective support to people. Staff received training to help them meet people's needs. Staff received an induction and there was regular supervision including monitoring of staff performance. People said they were well supported and relatives said staff were knowledgeable.

People's privacy and dignity was respected and staff had a caring attitude towards people. People knew the manager and staff by name. People were given appropriate support and had their independence promoted. Each person was allocated a key worker. We saw staff smiling and laughing with people and offering support. There was a good rapport between people and staff. There was a range of activities people could take part in if they wanted to.

The manager operated an open door policy and welcomed feedback on any aspect of the service. Staff confirmed management were open and approachable. A health care professional told us the manager and staff were very approachable and could follow their professional advice.

There were policies and procedures for quality assurance The manager and provider completed weekly and monthly checks to monitor the quality of the service provided to ensure the delivery of high quality care.

People and staff were able to influence the running of the service and make comments and suggestions about any changes. Regular meetings with staff and people took place. These meetings enabled the manager and provider to monitor if people's needs were being met.

Focused inspection on 23 June 2015.

We inspected Glen Arun Care Home on 23 June 2015. This was an unannounced inspection. The service was registered to provide accommodation and care for up to 35 older people with a variety of long term conditions, including frailty, diabetes, dementia and physical disabilities. On the day of our inspection there were 34 people living at the home, with one person currently in hospital.

During the previous inspection, on 5 November 2014, we found breaches of Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 (Corresponding to Regulation 9 HSCA (RA) Regulations 2014) in relation to inconsistencies in the recording and reviewing of risk assessments and Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 (corresponding to Regulation 11 HSCA (RA) Regulations 2014) in relation to the service not meeting the requirements of the Mental Capacity Act 2005 (MCA). Where people lacked the mental capacity to make decisions, the service was not applying the principles of the MCA to ensure any decisions were made in the person's best interests. Following that inspection, the provider had sent us an action plan detailing how they intended to address the shortfalls.

On the day of our inspection, it was clear that the manager and staff had worked hard to make improvements, they had thoroughly addressed all the previous issues and shortfalls and no concerns were identified. People were being supported to make decisions in their best interests. The registered manager and staff had received updated training on the MCA and the Deprivation of Liberty Safeguards (DoLS). The deputy

Summary of findings

manager, a Registered Mental Nurse (RMN) had provided all staff with updated and comprehensive training in the principles of the MCA. All personal and environmental risk assessments had been reviewed and were now closely monitored to ensure they accurately reflected an individual's changing needs and condition.

People said they felt safe at Glen Arun and were happy, comfortable and relaxed with staff. They told us "The staff are wonderful; I could speak to any of them. I've got no complaints." People received care and support from staff who were appropriately trained and confident to meet their individual needs and they were able to access health, social and medical care, as required. There were opportunities for additional training specific to the needs of the service, such as diabetes management and the care of people with dementia. Staff had also received both one-to-one supervision meetings with their manager, and formal personal development plans, such as annual appraisals, were in place.

People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans we looked at were person centred and contained appropriate updated risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

There were policies and procedures in place to keep people safe and there were sufficient staff on duty to meet people's needs. Staff told us they had completed training in safe working practices. We saw people were supported with patience, consideration and kindness and their privacy and dignity was respected.

Safe recruitment procedures were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received appropriate training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately, including the administration of controlled drugs.

People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

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.

Good

Based on the evidence seen, we have revised the rating for this key question to 'Good'.

People were protected by robust recruitment practices, which helped ensure their safety. Staffing numbers were sufficient to ensure people received a safe level of care.

Medicines were stored and administered safely and accurate records were maintained.

Comprehensive systems were in place for regularly monitoring the quality of the service. Concerns and risks were identified and acted upon.

Is the service effective?
The service was effective.

Good

Based on the evidence seen, we have revised the rating for this key question to 'Good'.

People received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities.

Staff had received updated training in relation to the Mental Capacity Act (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people, as needed, to ensure their rights were protected.

The service had close links to a number of visiting professionals and people were able to access external health care services.

Glen Arun Care 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 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.

The inspection took place on 23 June 2015 and was unannounced. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of a range of care services.

Before the inspection we looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. On this occasion we did not request 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.

During the inspection we spoke with seven people, three relatives, a visiting GP, the chef and the activities coordinator, the office administrator, three care workers, the deputy manager, the registered manager and the providers. Throughout the day, we observed care practice, the administration of medicines and general interactions between the people and staff.

We looked at documentation, including three people's care and support plans, their health records, risk assessments and daily progress notes. We also looked at three staff files and records relating to the management of the service, including various audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

Glen Arun Care Home was last inspected on 5 November 2014 when concerns were identified regarding the safety and effectiveness of the service.

Good

Is the service safe?

Our findings

At the last inspection, the provider was in breach of Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 (Corresponding to Regulation 9 HSCA (RA) Regulations 2014) in relation to inconsistencies in the recording and reviewing of risk assessments During this inspection we found improvements had been made and the provider was no longer in breach.

People and relatives spoke positively about the service and considered it to be a safe environment. People said that they felt safe, free from harm and would readily speak to staff if they were worried or unhappy about anything. One person told us "I'm in my bed all the time and they come and take care of me. They are always very kind if they have to move me and make me comfy." We observed that people looked happy and relaxed with all the staff. There were smiles and friendly, non-care task conversations as staff went about their work.

During the previous inspection on 5 November 2014, it was found that the recording and reviewing of personal risk assessments was inconsistent. An example of this was in one person's care plan, where the risks had been identified but risk assessments had not always been completed to ensure the risk could be reduced. The Waterlow assessment (this gives an estimated risk for the development of a pressure sore) identified the person as "high risk" and stated the risk should be evaluated each month. The evaluation sheet was blank. The plan also stated the person should be turned every two to four hours. From the records we could not see this was happening as regularly as the risk assessment identified.

At this inspection, we discussed the issue with the manager, who said that there had been a "completed overhaul" of the risk assessment process. They told us that a comprehensive monitoring tool, the 'Resident assessment review form' had been introduced for each person and incorporated monthly reviews of all relevant risk assessments, including Waterlow and the Must tool (Malnutrition Universal Screening Tool) which ensured that a person, identified as being susceptible to risk associated with eating or drinking, can be closely monitored. We saw in one car plan that theses assessments had been reviewed monthly In other plans we saw that following monthly reviews, a person identified as being at risk of developing pressure sores had been provided with a pressure relieving mattress. In another example, a person who had been assessed as being 'unsteady walking with a stick' had been provided with a more stable walking frame. The deputy manager told us "Previously I used to do random care plan audits but now I do everyone's. As you can see, all care plans are now regularly reviewed and I audit each plan, including risk assessments, monthly."

There was enough staff to meet people's care and support needs in a safe and consistent manner. The manager told us that staffing levels were regularly monitored and were flexible to ensure they reflected current dependency levels. They confirmed that staffing levels were also reassessed whenever an individual's condition or care and support needs changed to ensure people's safety and welfare. This was supported by duty rotas that we were shown. During our inspection, we observed staff had time to support people in a calm unhurried manner. People and relatives we spoke with had no concerns regarding the number of staff on duty at all times. They said there were enough staff available to offer support and provide safe care on a consistent basis. One relative told us "Mum has been very poorly at times and there's always been enough of them to give her the extra care." Another relative told us "There always seems to be enough staff around, you don't hear call bells ringing for long."

Medicines were managed safely and consistently. We spoke with the clinical lead nurse and regarding the provider's policies and procedures for the storage, administration and disposal of medicines and relevant staff training records. We also observed medicines being administered. We saw the medication administration records (MAR) for people had been correctly completed by staff when they gave people their medicines. MAR charts had also been appropriately completed to show the date and time that people had received 'when required' medicines.

People were protected from avoidable harm as the provider had comprehensive safeguarding policies and procedures in place, including whistleblowing. We saw documentation was in place for identifying and dealing with any allegations of abuse. The whistleblowing policy meant staff could report any risks or concerns about practice in confidence with the provider. Staff had received relevant training, they had a good understanding of what constituted abuse and were aware of their responsibilities in relation to reporting such abuse. Staff told us that because of their training they were far more aware of the

Good

Is the service safe?

different forms of abuse and were able to describe them to us. Records showed that all staff had completed training in safeguarding adults and received regular update training. This was supported by training records we were shown. Staff also told us they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon.

The provider operated a safe and robust recruitment procedure. We found appropriate procedures had been followed, including application forms with full employment history, experience information, eligibility to work and reference checks. Before staff were employed, the provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services. Nurse PIN numbers were regularly checked by the provider. All nurses and midwives who practise in the UK must be on the Nursing and Midwifery Council (NMC) register and are given a unique identifying number called a PIN. These checks help ensure the protection of people and assist employers in making safer recruitment decisions.

Good

Is the service effective?

Our findings

At the last inspection, the provider was in breach of Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 (corresponding to Regulation 11 HSCA (RA) Regulations 2014) in relation to the service not meeting the requirements of the Mental Capacity Act 2005 (MCA). Where people lacked the mental capacity to make decisions, the service was not applying the principles of the MCA to ensure any decisions were made in the person's best interests. During this inspection we found improvements had been made and the provider was no longer in breach.

The service ensured the needs of people were consistently met by competent staff who were sufficiently trained and experienced to meet people's needs effectively. People and relatives spoke positively about the service and told us they had no concerns about the care and support provided. They said staff were competent and skilled in their roles and that people had confidence in their abilities. One person told us "Yes I think they seem trained enough to do the job properly." Another person told us "The staff are brilliant, really lovely girls – and they're wonderful at their job." A relative told us "We thought that was it recently and the staff were all so good. We got the family here and they set up recliner chairs in the room here so we could stay with X. I can honestly say that X has been poorly several times and it's only because of the good care she's had that she's still here."

Staff said they had received an effective induction programme, which included getting to know the home's policies and procedures and daily routines. They also spent time shadowing more experienced colleagues, until they were deemed competent and felt confident to work unsupervised. Staff also confirmed they received regular supervision and annual appraisals and told us they felt "valued" and "supported" by the manager and deputy manager.

Since the previous inspection staff had received updated training on the MCA. The deputy manager, who was a Registered Mental Nurse (RMN) had assumed the responsibility for ensuring that all staff were trained in the principles of the MCA and had an understanding of the importance of acting in a person's best interests and protecting their rights. They were aware of the need to involve others in decisions when people lacked the capacity to make a decision for themselves. This ensured that any decisions made on behalf of a person who lived at the home would be made in their best interests.

Staff spoke very positively and enthusiastically about their MCA training and the difference it had made to how they now engaged with people. One member of staff told us "Having worked in children's services all my life, it was important to me that residents here have the care and respect they deserve – and they do! The carer who mentored me on my first day was inspiring and very big on 'best practice' like I am. So by the end of the shift I knew I would be staying." Another member of staff told us "Staff here now are brilliant. I'm so happy. People are being given more time to make choices. For example, when we go round with supper menus, we spend more time discussing options and people appreciate it."

One member of staff also described the difference they had seen in some people's behaviour. They told us "Since I started we have all had training in mental capacity. It's had a knock-on effect and really made such a difference to people's confidence. We are all talking now about individual capacity and encouraging people to take decisions and make choices about their lives. They are now asking us for things, such as drinks or 'can I go to bed?' Before, they would just sit quietly – not wanting to bother anyone."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the manager was aware of the process and fully understood when an application should be made and how to submit one. The manager confirmed that following individual assessments, there were no DoLS authorisations in place.

At lunchtime the dining areas looked attractive and welcoming having been laid with nice tablecloths, serviettes, cutlery and glasses of juice. People who needed one to one support with their meal received the necessary assistance, either in the lounge area or in their rooms. We saw that staff were polite and respectful and people were asked about choices, preferences. Among the friendly exchanges we heard were: "X, would you like gravy? Where would you like it, on the side, on your meat or all over? Let me know if you want anymore." "Would you like some sauce over your fish or just some butter?" "You alright X, you look like you're enjoying it?" The food was homemade

Good

Is the service effective?

with fresh vegetables. We saw that staff sat down alongside individuals who required support and chatted as they helped with the meal. People were positive about the quality and quantity of food provided and they confirmed there was always a choice at each meal, which reflected individual preferences. After lunch, there was the opportunity for people to write down in a book what they had thought of the meal which we saw people doing.

People were supported to maintain good health. No issues were raised by people or their relatives regarding access to a GP or other health professional. Care records indicated that people had regular access to healthcare professionals, such as GPs, speech and language therapists, podiatrists and dentists and had attended appointments, as necessary regarding their health needs. People told us that they felt that medical attention would be sought and indeed relatives were very impressed with the medical care and attention provided. One person told us "Yes I think I see the doctor every two weeks or more if I need to."

A relative told us "X was semi acute with a suspected DVT and they got prompt medical treatment and it was all reviewed a couple of days ago." Another relative told us "There are regular reviews as X has breast cancer - which was picked up here - and she was referred to the hospice for support and medication."

Care plans we looked at demonstrated that whenever necessary, referrals had been made to appropriate health professionals. Staff confirmed that, should someone's condition deteriorate, they would immediately inform the manager or person in charge. We saw that, where appropriate, people were supported to attend health appointments in the community. Individual care plans contained records of all such appointments as well as any visits healthcare professionals.