

Autonomy Health Ltd

Ardent Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ardent Residential Care Home is a residential care home providing personal care to up to 23 people. The service provides support to older people living with dementia, mental health needs, and/or physical difficulties. At the time of our inspection there were 14 people using the service.

At the last inspection the service was called St Anne's Residential Home. Since the last inspection the provider has changed the name of the service to Ardent Residential Care Home.

The service is situated in a residential area in the centre of Plymouth. There are three floors at various levels accessed by stair lifts.

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

Improvements had been made to the environment and further improvements were planned. We made a recommendation about the way the environment was used to meet people's needs.

People's needs had not all been assessed. Information about how people preferred to spend their time or how staff could provide them with meaningful opportunities had not been sought or recorded. Quality assurance processes did not review this aspect of the service which meant any improvements were not identified or acted upon.

People were not offered a range of opportunities tailored to their interests and preferences. People spent a significant amount of their time not engaged. Staff did not regularly engage with people beyond offering food, drink or care tasks.

People were not always encouraged to eat a balanced diet and one person who required a modified diet had sometimes been given food that increased their risk of coughing or choking.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Staff sometimes made decisions for people; however, there was no record showing the individuals didn't have the capacity to make the decisions themselves.

Where areas for improvement had been identified, action had been taken; however, quality assurance systems had not monitored all the areas for improvement we identified. Where systems to seek feedback about the service were not successful, alternatives had not been considered.

Statutory notifications had not been submitted to the commission, as required by the regulations.

People told us they were given choices throughout the day and staff asked for consent before providing care or support.

Staff had received training relating to their roles. Where improvements or changes were identified, the registered manager allocated further training to staff to help keep their skills and knowledge up to date.

People and staff said they were happy with the service and knew how to raise any concerns.

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 requires improvement (published 07 June 2022) and there was a breach of regulations. The service remains rated requires improvement. The service has been inspected three times since 22 September 2021. Each inspection was a focused inspection and has been rated requires improvement.

At this inspection we found some improvements had been made, however we found further breaches of regulations.

At our last inspection we recommended that the provider made significant improvements to the environment. At this inspection we found action was ongoing.

Why we inspected

We carried out an unannounced focused inspection of this service on 14 May 2022. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when, to improve the environment.

We undertook this focused inspection to check they had followed their action plan, to confirm they now met legal requirements and to provide a rating for the responsive key question. This report only covers our findings in relation to the Key Questions effective, responsive and well led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ardent Residential Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

At this inspection we have identified breaches in relation to mental capacity, person centred care, statutory notifications and the governance of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.
Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Ardent 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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by 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.

Service and service type

Ardent Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ardent Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 2 November 2022 and ended on 8

November 2022. We visited the location's service on 2 November 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people and 5 staff members, including the registered manager and the deputy manager. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed 2 people's care plans and a range of records related to the management of the service. We spoke with 3 relatives by phone and received feedback from 2 healthcare professionals.



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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was not meeting the principles of the MCA. Some decisions were being made on behalf of people; however, no assessments of people's capacity to make the decisions themselves had been undertaken.

This is a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered and deputy managers had applied for DoLS on behalf of people.
- People told us staff asked for their consent before commencing any care tasks.

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

At the last inspection we found the environment was in need of improvement. This was a breach of Regulation 15 (Premises and Equipment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider shared an action plan detailing what improvements would be completed and by when. At this inspection we found there was a clear plan in place to refurbish the whole service. This had been completed in part and further work was planned. The service was no longer in breach of this

regulation. Following the inspection, the provider informed us that the whole service had been refurbished.

- The environment had not been designed or organised to offer people opportunity for stimulation. In the lounge there was little to do apart from watch television. This meant people were reliant on staff to provide engagement or stimulation.

We recommend the provider seeks reputable advice regarding best practice in dementia friendly environments.

- Following the inspection the provider told us they were aware of the need to improve how people were able to spend their time and intended to buy a 'smart table' which would provide audio and visual engagement for people.
- The areas of the service that had been decorated had a homely feel to them and people gave positive feedback about the changes. A relative confirmed, "It is very homely. I can take my dog in there which is lovely for all the residents."
- A bathroom was being refitted so it would be accessible to people with reduced or limited mobility.

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

- Records did not show a holistic approach to people's care based on best practice. For example, people did not have care plans describing their social needs which meant it was difficult for staff to fulfil people's wishes.
- When people had care plans in place for health or care needs, records did not always show these needs had been met as described.
- A social care professional confirmed the service sought to understand people's needs before admitting them to help ensure they would be able to meet each individual's needs.
- Staff knew the people they cared for. They were able to tell us about individuals' likes and dislikes, and what people found difficult.

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

- One person had been advised by the speech and language therapist to have modified food and drinks to help reduce coughing whilst eating. However, at times they had been given food that did not meet the advice provided. This increased their risk of choking. Following the inspection, the registered manager told us the person's records had been updated and the information communicated to staff.
- People were not always encouraged or offered the opportunity to have a healthy, balanced diet. When staff offered people a biscuit, most people were not offered any alternative. The registered manager told us staff should have offered further choices and they would address this with the staff team.
- The registered and deputy managers had identified areas for improvement in relation to mealtimes. They had been working with staff to improve people's experience.
- People told us they liked the food and were able to make choices about what they had to eat.

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

- People's care plans described what support they required with their oral health, however staff had not completed training in oral healthcare.
- People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals.
- Information and advice from external professionals was included in people's care plans to guide staff.

We recommend the provider ensure staff complete training in oral health care.

Staff support: induction, training, skills and experience

- New members of staff completed an induction programme; this included shadowing experienced members of the team. One staff member told us their induction enabled them to feel confident providing care to people.
- Staff meetings were held to share information, updates and best practice with staff. Staff confirmed these were useful and they felt any ideas or suggestions were listened to.
- People told us they were happy with staff and they met their needs. One person told us, "Staff know what they are doing", and a staff member confirmed "The training is good here."
- Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had.

Is the service responsive?

Our findings

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

At our last inspection we did not rate this key question. This is the first rating for this key question for this service. This key question has been rated requires improvement. This meant people's needs were not always met.

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 were not consistently offered the opportunity to spend their time in a meaningful way. External entertainers came into the home each week, but people did not have daily opportunities to take part in stimulating activities that reflected their interests.
- There were no care plans in place detailing how individuals liked to spend their time and what made a meaningful day for them. Most people sitting in the lounge on the morning of the inspection had only the television to entertain them. Most people did not watch the television but stared into space. One person told us, "It's mostly the TV or a bit of drawing or something."
- Staff did not engage with people throughout the day. Most people were only spoken to by staff when drinks or care tasks were offered. Staff confirmed this was how people spent most mornings. A staff member told us, "We could do with a few more activities, probably."

This is a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People from a local church visited for those people who wanted to maintain their religious practice. Planning personalised care to ensure people have choice and control and to meet their needs and preferences
- People's care plans described their needs but did not always describe any specific wishes or preferences about how they would like to receive their care and support. Following the inspection, the registered manager shared some updated care plans which contained more detail about people's preferences.
- People and their relatives had not always been offered the opportunity to see or contribute to people's care plans.
- People told us they were given choices throughout the day, such as when to get up and where they spent their time.
- One staff member told us the staff team were focused on ensuring people's choices were respected. Staff described using objects to help people make choices, when people no longer responded to verbal communication.

End of life care and support

- Staff had not completed training to support people at the end of their lives; however, some staff were due to start a training programme with the local hospice.
- People's end of life wishes were discussed with them and, if shared, documented as part of their care plan.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans described how they preferred and needed staff to communicate with them.
- Surveys to gather people's views of the service had been produced in an easy read format for people who preferred information that way.

Improving care quality in response to complaints or concerns

- People confirmed they would feel confident raising any concerns they had with the staff or management.
- Complaints had been investigated and action taken to improve the service.

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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and registered manager had not ensured the service met regulatory requirements and provided a consistently good quality service for people.
- The registered manager and provider had not monitored the records effectively to assure themselves people were receiving the care and support they required.
- Residents' meetings were held but minutes showed people did not respond to the items discussed. Despite the lack of response, alternative ways of collecting people's views and feedback had not been considered.
- Relatives had been sent questionnaires requesting feedback about the service. The registered manager told us very few were returned. They confirmed they had not discussed or suggested alternatives, such as relatives' meetings.

This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had failed to ensure statutory notifications were submitted in line with regulatory requirements.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- At the previous inspection we recommended the provider made significant improvement to the environment. At this inspection we found some action had been taken and further action was planned. Following the inspection, the provider informed us that the whole service had been refurbished.
- People told us communication with management was good and they felt able to raise any concerns or ideas with them.
- Relatives and staff were positive about how the service was run.

Continuous learning and improving care

- There was a quality assurance system in place to drive continuous improvement within the service. Senior staff, the registered manager and the provider completed checks and audits of the service. Where areas for

improvement had been identified, action had been taken; however, they had not identified all the concerns we found during this inspection.

- Quality assurance questionnaires and checks of the service did not include questions about whether people had enough to do at the service. This meant any suggestions for improvements may have been lost. This contributed to the breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The registered and deputy managers were responsive to feedback and used the information to improve the service.

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 promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was not consistently delivering good outcomes for people. The culture in the service did not promote engagement or stimulation. People's records, quality assurance systems and staff practice did not focus on how to provide a meaningful day for individuals.
- People had been consulted about the decoration of the service and had been able to choose wallpaper designs and paint colours.

Working in partnership with others

- The home worked in partnership with key organisations to support care provision. A social care professional confirmed communication with the service was relevant and proportionate.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not ensured the commission had been notified of incidents, as required by the regulations.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People did not always receive care that met their needs or reflected their preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not ensured the service met the principles of the Mental Capacity Act 2005 (MCA).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems had not identified all areas for improvement.