

Oldfield Residential Care Ltd

# Arden Grange Nursing & Residential Care Home

## Inspection report

Derrington Road  
Ditton Priors  
Bridgnorth  
Shropshire  
WV16 6SQ

Tel: 01746712286

Website: [www.oldfieldcare.co.uk](http://www.oldfieldcare.co.uk)

Date of inspection visit:  
02 June 2021

Date of publication:  
29 June 2021

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Arden Grange Nursing & Residential Care Home is a residential care home that was providing personal and nursing care to 34 people at the time of the inspection. The service can support up to 45 older people across three units. All accommodation is at ground floor level.

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

People received their medicines when they needed them. We have recommended the provider replaces the thermometer in the medicine fridge with a type which measures minimum and maximum temperatures. A record of accidents and incidents were maintained however there were no systems to monitor any trends. People felt safe and staff had been trained to recognise and report any concerns. People were supported by adequate numbers of staff who were safe to work with them. People were protected from the risks associated with the control and spread of infection.

The provider's systems were not always effective in ensuring people received adequate food and drink. People did not always receive a consistent approach to maintain their skin integrity. People were supported by a staff team who were trained and competent in their role. 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 supported this practice. People were able to personalise their bedrooms. People saw healthcare professionals when they needed. Before moving to the home people were assessed to ensure their needs and preferences could be met.

The provider's systems to monitor and improve the quality of the service people received were not always effective in identifying shortfalls. People's views were valued and responded to. The service worked in partnership with other professionals to ensure people received a service which met their needs and preferences. People were cared for by a staff team who were well supported in their role.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (report published December 2020).

### Why we inspected

We received concerns in relation to staffing levels, people's nursing care needs, diet and hydration, infection prevention and control, and the general management of the home. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The overall rating for the service has remained as requires improvement. This is based on the findings at this inspection.

We have identified a breach in relation to meeting nutritional and hydration needs. We have recommended the provider replaces the thermometer in the medicine fridge with a type which measures the current and minimum and maximum temperatures. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Arden Grange Nursing & Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective 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** ●

# Arden Grange Nursing & 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Arden Grange Nursing & Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of registering with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 six people who used the service about their experience of the care provided. We spoke with seven members of staff including the manager, deputy manager, operations director, registered nurses, nurse assistants and care workers. We 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 a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and policies and procedures were reviewed.

# 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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- People were supported to take their medicines by staff who were trained and competent to carry out the task.
- Medication administration records (MAR) provided information about people's prescribed medicines, the dose and time the medicines should be administered. Records showed people received their medicines when they needed them.
- Medicines were securely stored at temperatures within the manufacturer's guidance. However the thermometer used in the medicine fridge did not alert staff if temperatures had fallen below or exceeded recommended ranges. This could affect the effectiveness of the medicines.

We recommend the provider uses a thermometer which measures the current, minimum and maximum temperatures to ensure the integrity of the medicine is not compromised.

- There was a record of all medicines entering the home and those destroyed which meant there was a clear audit trail of medicines held at the home.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were somewhat assured that the provider's infection prevention and control policy was up to date.

### Learning lessons when things go wrong

- Records of any accidents or incidents were maintained however, these were not currently being reviewed. This meant trends may not be identified or preventative measures put in place to reduce the risk of reoccurrence.
- We discussed this with the manager who told us this was something they had planned to introduce. We

will follow this up at our next inspection.

#### Assessing risk, safety monitoring and management

- Risks to people were assessed and care plans contained information for staff about how to keep people safe.
- Staff understood where people required support to reduce the risk of avoidable harm. We observed staff ensuring people had access to their mobility equipment and assisted people to mobilise where required.
- People's care plans and risk assessments had been regularly reviewed to ensure they remained up to date and reflective of people's needs.
- Equipment used by people was safe and well-maintained. Moving and handling equipment had been serviced by an external contractor.
- The provider ensured risks associated with fire safety, electrical safety, legionella and environmental risks had been assessed and considered. Regular checks were carried out to ensure the home remained safe for people.
- Each person had a personal emergency evacuation plan which detailed the level of support required to evacuate them safely in the event of an emergency.

#### Staffing and recruitment

- Staff told us there were enough staff to meet people's needs and help keep them safe.
- Regular agency staff were used to cover staff vacancies. They worked alongside permanent staff which enabled them to get to know people's needs and preferences.
- There was a good staff presence and we saw staff responded quickly to any requests for assistance.
- The provider followed safe recruitment procedures and made sure only staff who were suitable to work with people were employed.

#### Systems and processes to safeguard people from the risk of abuse

- People looked comfortable with the staff who supported them, and staff interacted with people in a kind and respectful manner. One person pointed at staff and said, "They're lovely."
- Staff had been trained to recognise and report abuse and those spoken with knew the action to take to ensure people were safe. A member of staff told us, "I have recently updated my safeguarding training. I don't have any concerns about people being abused at the home but if I did, I would report them to the manager and escalate it if no action was taken."
- The manager had followed the provider's disciplinary procedures and also reported concerns to the local authority safeguarding team to ensure people were protected from harm or abuse.



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

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

- Staff recorded people's food and drink intake over a 24-hour period. However, there were no systems in place to ensure people received adequate food and fluids. One person's records showed they had only taken between 320 and 800 millilitres a day over a six-day period. On four of the days, there was no record of the person having been offered a drink after 5pm. There was no evidence that this had been reported to the registered nurse or that this had been followed up.
- Entries in another person's intake chart recorded they had only been offered four drinks over a 24-hour period and their total intake was only 650 millilitres.
- Records showed that one person had refused all food offered over three days. On another two days, they had only eaten a small amount. There was no evidence that this had been discussed with the person's GP.
- One person who had lost weight was not being offered fortified milky drinks as recommended by the speech and language therapist team.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate nutrition and hydration was effectively managed. This placed people at risk of malnutrition and dehydration. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager responded immediately after the inspection and informed us they had taken action to address this.

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

- People's needs were assessed, and information was used to formulate a plan of care. However, care plans did not always contain sufficient information to reduce the risk of pressure damage to the skin. For example, the care plan for one person who was at high risk of pressure sores did not contain information about how often they should be repositioned when in bed. Repositioning charts demonstrated that staff were not following a consistent approach.
- People's care plans did not contain information about the required setting on airflow mattresses. People's skin integrity could be compromised if settings were not in accordance with their weight.
- People were assessed before they used the service to ensure their needs and preferences could be met. People and their relatives, where appropriate, were involved in the assessment and review of their needs.
- Assessments of people's diverse needs, such as religious preferences and sexuality were discussed prior to using the service and included in their plan of care to inform staff.

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 restrictions on people's liberty had been authorised.

- Staff had been trained and had a good understanding of the MCA.
- Where there were concerns about a person's capacity to consent to their care and treatment assessments of their capacity and discussions had taken place to ensure decisions made were appropriate and, in the person's, best interests.
- The manager had made appropriate DoLS applications for people who required this level of protection to keep them safe and meet their needs.
- Staff sought people's consent before assisting them with a task and understood the importance of ensuring people's rights were respected.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained and competent in their role.
- Before staff began working with people, they completed an induction programme which gave them the basic skills and training they needed. A member of staff said, "My induction was great, and I was able to do shadow shifts."
- Staff told us they were well supported and received regular supervisions where they could discuss their role.
- The provider had effective systems to monitor staff skills and training to ensure they remained competent and received refresher training when needed.

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

- Records showed people saw a range of healthcare professionals. These included visiting GP's, district nurses and specialist healthcare professionals.
- Where there were concerns about a person's health or well-being, we saw that referrals to appropriate professionals were made without delay.

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

- Each person had their own bedroom which they could personalise in accordance with their tastes and preferences. There were communal areas where people could choose to spend their time.
- At the time of our visit a programme of redecoration was being carried out throughout the home. The manager told us the people who lived there would be involved in choosing colour schemes.
- Grab rails helped people to maintain a level of independence when mobilising around the home.

# 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 requires improvement. At this inspection this key question has remained the same. 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.

### Continuous learning and improving care

- The provider had a number of audits and checks in place to monitor safety and all aspects of the service provided. However, these had not always been effective in identifying areas for improvement.
- For example, they had not identified the shortfalls we found at this inspection in relation to hydration and nutrition, analysis of accidents and incidents, medicine fridge thermometer and airflow mattresses.

### Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since the last inspection the registered manager had left employment. However, there was a manager in post who had made an application to the Commission to be registered manager.
- There was a clear staffing structure in place and the staff we spoke with were clear about their role and responsibilities.
- Staff training, skills and competence were regularly monitored through observations of their practice and regular refresher training. This helped to ensure people received care which was up to date and followed current best practice.
- Staff were able to discuss their role through regular supervisions and annual appraisals.
- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.
- The manager had informed us about significant events which occurred at the home within required timescales. In accordance with their legal responsibility, the provider had displayed their previous rating in the home.

### Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views were valued and responded to. People were involved in planning and reviewing the care they received.
- There was a supportive culture of openness and transparency. Staff felt valued and motivated to do their work. A member of staff told us, "I feel that I could approach the manager if I had concerns. I am confident that the new manager would do something." There were regular meetings for staff where their views were encouraged.
- The provider had policies in place to ensure people's protected characteristics were considered and understood by staff.

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 provider and manager promoted an ethos of openness and transparency which had been adopted by the staff team.
- There were open discussions with people and their relatives when things went wrong.

Working in partnership with others

- The service worked in partnership with other professionals and organisations to achieve good outcomes for people. These included health and social care professionals, hospitals, and commissioners.

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 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs
Treatment of disease, disorder or injury	Systems were either not in place or robust enough to demonstrate nutrition and hydration was effectively managed. Regulation 14(1), (2) (a) & (b), 14(4), (a), (b) & (d)