

Wellington Healthcare (Arden) Ltd

Arden Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Arden Court is a care home providing personal and nursing care to 35 people at the time of the inspection. The service accommodates up to 47 people in one building split between two floors.

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

People told us they felt safe. Staff had a good understanding of how to safeguard people from abuse. The service had made improvements to the medicine's issues and management of risks raised at the last inspection. The service worked closely with the clinical commissioning group (CCG) to implement changes and ensure medicines were managed safely. Care plans included risk assessments in relation to people's specific care needs. Risks associated with eating and drinking and people's pressure care were managed appropriately.

People's outcomes were consistently good, and people's feedback confirmed this. One person told us, "I cannot be any happier here."

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.

Staff engaged with people in a friendly and caring manner and their conversations with people were good natured. Staff were also attentive to people's needs. People told us staff were kind and sensitive, and their comments included, "Staff are all lovely" and "The carers are all great."

The service used an electronic care planning system and people's care plans were personalised, which included detailed information about their individual needs, abilities and preferences. It was evident people and their relatives had been involved in the development of people's care plans and their reviews.

People had the option to make their end of life wishes known and detailed end of life care plans were in place. We read many compliments regarding end of life care which included, "We wish to thank you for the superb care and kindness that was shown to [person] when they were in your care. It meant so very much to them."

The service had made improvements to their governance systems and effective monitoring systems were in place. After the shortfalls identified at the last inspection, the service had implemented a robust action plan. The service worked closely with external teams and professionals to improve standards. Quality assurance procedures were revised to ensure quality was improved throughout the service. Effective governance systems ensured the registered manager had clear oversight of 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 requires improvement (published 31 January 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings 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.

Arden Court

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

Two inspectors and a specialist advisor in nursing carried out the inspection on day one. On day two, one inspector continued with the inspection.

Service and service type

Arden Court 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 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 and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care

provided. We spoke with seven members of staff including the registered manager, clinical lead, registered nurses, activity co-ordinator, domestic staff and care workers. We also spoke with two visiting professionals who worked with the service on a regular basis. 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 seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including 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 now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure appropriate systems were in place to ensure people received safe care and treatment in relation to medicines and various risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely. The service had worked closely with the clinical commissioning group (CCG) to implement changes. Time specific medicines were administered at the correct time and staff knew the times they should be administered. One person told us, "They [staff] are pretty good with medicines. I get them regular and on time."
- Accidents and incidents were monitored and documented. The service had a robust system in place to investigate incidents and shared learning was discussed in staff meetings. For example, medication errors were logged, responded to and learning was shared in meetings.
- Care plans included risk assessments in relation to people's specific care needs. The risk assessments were person centred and covered areas such as, moving and handling, falls, nutrition and hydration and pressure care. People's ongoing risk assessments were reviewed on a regular basis or when people's needs changed.
- Risks associated with eating and drinking were managed appropriately. People had speech and language therapy (SALT) assessments in place, staff followed the guidance and recorded their food intake. When a drink was thickened with thickening powder to aid swallowing, this was recorded correctly. A professional who worked with the service told us, "From my side it is all really positive. They [service] put themselves forward to be the pilot site for this project as they were well aware there were issues with eating and drinking in the home. They have since worked really hard to put these things right. They were so enthusiastic and willing to make changes, and were really open to all my suggestions on how to improve things."
- People's pressure care was managed well. All pressure relieving mattresses were replaced since the last inspection. Air flow mattress settings were recorded and checked regularly, people were turned as needed and up to date records were in place. Learning from pressure related incidents were shared amongst the team to support best practice.

Systems and processes to safeguard people from the risk of abuse

- Staff received appropriate safeguarding training and had a good understanding of how to safeguard people. One member of staff told us, "Safeguarding is protecting residents from abuse. If residents were at any harm I would report it to the management, or I would report it to the head office or the CQC."
- People were protected from the risks of abuse and harm and information on safeguarding and whistleblowing was displayed in the service. People told us, "I am safe and happy here," and "I feel very safe living here."

Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements. We observed staff using personal protective equipment safely. A staff member told us, "We have a head housekeeper and a cleaning schedule to follow. I have all the materials I need to do my job."
- People lived in a clean environment. Domestic staff were employed to maintain the cleanliness of the service. We observed staff cleaning communal areas and people's rooms. Records showed environmental audits took place regularly domestic staff followed cleaning schedules to ensure all areas were regularly cleaned.

Staffing and recruitment

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff had the necessary safety checks in place before starting work and completed a full induction.
- Staffing arrangements met people's needs. During the inspection we observed appropriate levels of staffing to support the people who used the service. The provider used a dependency tool and had systems in place to monitor staffing levels. They used a monthly analysis system to determine if safe staffing levels were used. People told us, "There are enough staff around" and "If I shout someone [staff] they'll come. If I press my buzzer, they are here within the minute."

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 now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved into the service through pre-admission assessments. The information gathered during the assessment was used to develop care plans and risk assessments. People's care plans were detailed and regular reviews were undertaken. One person told us, "I have reviews of my care plan and I have another one due in February. I am involved in my reviews and my children are also involved."
- Staff knew people's preferences, likes and dislikes. They provided support in line with legislation, standards and guidance to achieve effective outcomes. Information within care records included food preferences and preferences with daily routines. We observed staff providing care in accordance with people's care plans.

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

- People's nutritional needs were met, they received enough to eat and drink. They were offered choice in both where and when they ate and what they had to eat and drink. The people we spoke with told us they enjoyed the food served. People's comments included, "I do like the food, if you don't like something they [staff] make other foods" and "I have a choice, they [staff] ask me what I want to eat."
- People with modified diets had assessments from speech and language therapist (SALT) to specify the type of diet they needed to consume. Food charts were in place for those people who were at risk of malnutrition which showed the foods they consumed.
- International Dysphagia Diet Standardisation Initiative (IDDSI) training had been provided to staff to ensure people's food and drink was modified as required. IDDSI is a global standard with terminology and definitions to describe texture modified foods and thickened liquids. The service had various champions, including dysphagia champions and food and nutrition champions. Champions have specific skills and knowledge in an area of practice and are able to support other members of staff

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

- The registered manager and staff worked with other agencies and professionals to ensure people received the appropriate care. We saw information was shared with other agencies where needed. Where people required support from other professionals, this was arranged.
- A visiting professional was positive about the care the service provided, however they told us the service could have been faster in making a referral to them in relation to one person. The registered manager was already aware of this feedback and lessons learnt had been shared amongst the team.

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

- The service was homely and there was sufficient space inside and outside for people to make use of. We observed a relaxed atmosphere throughout the service and saw people making use of all the communal areas. We saw people's bedrooms reflected their taste and preferences.
- The service was adapted to meet the needs of the people living there. The service had ensured people with memory difficulties had a good level of signage and items such as memory boards near to people's doors were completed to allow people to find their way around the service more easily. Suitable adaptations and equipment were in place to enable people to maintain their independence.

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.

- Staff worked in accordance to people's best interest decisions. Staff described their understanding of MCA and DoLS and were able to identify their responsibilities to comply with the legislation. One staff member told us, "You have to presume everyone has capacity unless proven they do not have capacity regarding a decision."
- Appropriate DoLS applications had been made and staff were aware of the importance of complying with any conditions that were imposed. A staff member said, "DoLS is to protect people, their safety and their well-being in relation to restrictions."

Staff support: induction, training, skills and experience

- Staff had the necessary skills to carry out their roles. Staff had received an induction when they first started working at the service and training relevant to their roles had been provided. Staff told us, "The induction covered everything well and I was able to get back into the caring role" and "We receive regular training and refreshers."
- People and their relatives told us staff had the right skills to meet people's needs. One person told us, "The staff are very trained. They know what they are doing and they are always on training sessions."
- Staff had opportunities for regular supervision and observations of their work performance. One staff member told us, "We get regular supervisions and appraisals".

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 has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. During the inspection, we saw staff knocked on people's bedroom doors and waited for a response before entering. Staff supported people with their personal care in a manner that maintained their privacy and dignity. One person told us, "Carers are always cautious and they respect my privacy and dignity. They knock on my door even if it open [before entering] and cover me with towels [when supporting with personal care]."
- The service promoted people to live as independently as possible. A person told us, "The girls always encourage me to do things, like bend my legs to put my clothes on. A staff member added, "We help and encourage people [to maintain their independency], for example, we encourage people to feed themselves if they can."

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

- Staff engaged with people in a friendly and caring manner and their conversations with people were good natured. Staff were also attentive to people's needs. People told us, "The carers treat me with respect, they are good and caring", "The carers are really good, they always treat me with respect" and "We have a laugh with the carers."
- Staff knew people's history and preferences and used this knowledge to support them in the way they wanted. Care files explained whether people had any specific religious or cultural needs and how these would be met.
- Staff had received training in equality and diversity and they were committed to ensuring people had equal opportunities. One staff member told us, "We make sure people are treated the same as everyone else. We respect them without discrimination and we meet their needs," Another staff member also explained how the provider meets a staff member's religious needs by accommodating staff prayer facilities.

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

- People's views and decisions about their care were documented in their care plans. We observed staff interacting with people and supporting them in a way that allowed people to have control over their lives and make day to day decisions. For example, we heard staff asking people to make choices about their food, where they wished to eat and what activities they planned to do. People told us, "You have a lot of choice, the carers come and ask. Plenty of choices."
- The service had built connections with advocacy organisations and information regarding this was available for people. Advocacy is a process for supporting people to express their views and concerns.

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 requires improvement. At this inspection this key question has now improved to good. 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

At our last inspection the provider had failed to ensure appropriate accurate and contemporaneous records were maintained by staff. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People has personalised care plans to meet their needs. The service used an electronic care planning system and people's care plans were personalised, which included detailed information about their individual needs, abilities and preferences. The care plans provided guidance for staff about how best to support people's needs, which included routines with oral care and personal hygiene. People had a snapshot of their needs on display in their bedrooms.
- Enhanced training was provided to staff around record keeping. Staff completed daily electronic care records for people and kept them up to date. These showed staff were meeting people's individual needs as recorded in their care plans. People told us, "I can't fault the care" and "They [staff] look after you."
- It was evident people and their relatives had been involved in the development of people's care plans and their reviews. One relative told us, "We feel involved in [person's] care and reviews. We had a meeting today [to review concerns identified with person's needs]."

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.

- The service was aware of the AIS and each person's specific communication needs were detailed in their care records. At the time of the inspection, there was no-one using the service who required their information in an alternative way.

End of life care and support

- People had the option to make their end of life wishes known and detailed end of life care plans were in place. Staff had received end of life training and the service worked closely with healthcare professionals to

deliver end of life care. A visiting professional told us, "I attend the home every week and we have a GP available for anything needed in between my regular visits. I have seen the 2 end of life residents today and feel the care given is good, this is one of the better homes in the area for end of life care."

- We read many compliments regarding end of life care. One compliment read, "I just want to thank you [service] and all the staff for the beautiful, kind and caring way in which you all contributed in looking after my [relative]. I'm so glad she was in your care as you made a huge difference to the few weeks they were with you."

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 a range of activities. The service employed an activities co-ordinator and provided people with a choice of person-centred activities and social opportunities. We observed people taking part in activities and engage in them. A person commented, "There is enough to do. Always something going on. We can make things and join in."

- There were trips out into the community and we found people had a say in the type of activities and trips planned. A staff member told us, "Staff are matched with the residents according to their likes and outings are also planned."

- People told us relatives and friends were welcome to visit them at the service. A person told us, "My family and friends visit me, they are treated well." A visiting relative added, "Staff make me feel welcome when I visit."

Improving care quality in response to complaints or concerns

- Processes, forms and policies were in place for recording and investigating complaints. We reviewed the complaints log and found the service had responded to formal complaints in line with the provider's policy.

- People and relatives we spoke with were aware of how to make a complaint. People told us, "I have no complaints", "I have no concerns, I know how to make a complaint" and "I know how to make a complaint, the slightest little thing and I will complain, they [staff] always resolve the issue."

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 now improved to good. 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; 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; Continuous learning and improving care

At our last inspection the provider had failed to ensure appropriate systems were in place to ensure good governance. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service had implemented and was on track with a robust action plan. The service worked closely with external teams and professionals to improve standards. A professional who worked with the service told us, "The home responded very positively to the last inspection result and implemented changes to address the issues identified very quickly, since then they have worked closely with [name of teams] to embed changes."
- Quality assurance procedures in place were revised to ensure quality was improved throughout the service. Effective governance systems ensured the registered manager had clear oversight of the service. For example, daily pressure relieving mattress and cream chart checks were implemented and daily food chart audits were completed by the nutrition champion.
- The registered manager understood their legal obligations, including conditions of the Care Quality Commission (CQC) registration and those of other organisations. Services are required to notify us of any significant incidents or safeguarding concerns. We reviewed the records held about the service prior to our inspection and found notifications had been received in line with requirements.
- The registered manager was aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. We saw the service had let people and their relatives know if something went wrong under their duty of candour and the rating from our last inspection was displayed in the building and on the provider's website.

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

- There was a good culture within the service which had a positive impact on people. Staff were friendly and

open with people and as such people responded to staff. People told us they were happy living in the service and would recommend the service to others. One person commented, "There is a happy atmosphere in the home."

- People's choices were respected, and they were supported to live in the way they wanted. A relative told us, "My [relative] came here a few weeks ago, they had been living with me and my family but we became unable to cope. They had respite in another home but I think this home is better with regards to their personal hygiene and care, the staff are very responsive."
- Staff felt supported by the registered manager and said they were approachable. Staff said they were involved in regular meetings and the provider ran an employee of the month initiative. Staff's comments included, "A brilliant manager, [name of registered manager] would deal with a problem straight away" and "I enjoy my job and feel supported by the manager."

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

- Staff, people and their relatives' views had been sought through regular contact, surveys and quality monitoring. We found the comments to be positive and staff were happy in their role. The provider was in the process of creating a 'you said, we did' feedback sheet.
- Staff kept people and their relatives updated. Regular residents' meetings took place which considered people's wishes and requests. Staff were good at keeping relative's informed. A relative told us, "They [staff] put us in the picture and always update us."

Working in partnership with others

- The service worked in partnership with others such as commissioners, safeguarding teams and health and social care professionals. The service had also developed links with the local community. A visiting professional who regularly worked with the service told us, "Communication between the home and [external service] is good."