

Oldfield Residential Care Ltd

Arden Grange Nursing & Residential Care Home

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

This inspection took place on 22 and 23 February 2017 and was unannounced.

Arden Grange Nursing Home provides accommodation and nursing care for up to 45 people. On the days of our inspection 42 people were living there.

At the last inspection on the 8 and 9 February 2016 we identified that improvements were needed regarding all five of the key questions. These were, is the service safe? Is the service effective? Is the service caring? Is the service responsive? And is the service well-led? We identified one breach of regulation 12, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sent us an action plan in August 2016 telling us what they would do to make improvements and meet legal requirements in relation to the law. We found at this inspection the provider had taken the necessary measures to ensure the quality of care people experienced had improved.

A registered manager was in post and present throughout this inspection. 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 the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received help with their medicines from staff who were trained to safely support them. Medicines were stored safely and in accordance with their individual risk assessments.

People were safe as staff had been trained and understood how to support people in a way that protected them from danger, harm and abuse. People had individual assessments of risk associated with their care. Staff knew what to do in order to minimise the potential for harm.

The registered manager and provider had contingency plans in place for times of emergency to ensure people did not receive disruption to the care they received.

People were supported by enough staff to safely meet their needs. The provider followed safe recruitment practices and completed checks on staff before they were allowed to start work.

The provider had systems in place to address any unsafe staff practice including retraining and disciplinary processes if needed.

People received care from staff that had the skills and knowledge to meet their needs. New staff members received an introduction to their role and were equipped with the skills they needed to work with people. Staff attended training that was relevant to the people they supported and any additional training needed to meet people's requirements was provided.

People's rights were maintained by staff members who were aware of current guidance and legislation

directing their work. People were involved in decisions about their care and had information they needed in a way they understood.

Staff received support and guidance from a management team who they found approachable. People and staff felt able to express their views and felt their opinions mattered. People had positive relationships with the staff members who supported them. People's likes and dislikes were known by staff who assisted them in a way which was personal to them.

People had their privacy and dignity respected by those supporting them. People had access to healthcare when needed and staff responded to any changes in needs promptly and consistently. People were supported to eat and drink sufficient amounts to maintain good health.

The provider undertook regular quality checks in order to drive improvements. The provider engaged people and their families and encouraged feedback. People felt confident they were listened to and their views were valued.

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.

People were protected from the risks of abuse by a staff team who knew how to recognise signs and what to do if they had concerns.

People had individual assessments of risks associated with their care. The provider had contingency plans to support people at times of emergency. The provider followed safe recruitment checks. Incidents and accidents were investigated in order to minimise reoccurrence.

Is the service effective?

Good ●

The service was effective.

People were assisted by staff members who were trained and supported to undertake their role. People had their rights protected by staff members who followed current guidance.

People had access to healthcare to maintain wellbeing. People were supported to eat and drink enough to maintain their health.

Is the service caring?

Good ●

The service was caring.

People had positive and engaging relationships with the staff who supported them. People were supported at times of upset by staff who showed a caring and compassionate manner.

People had their privacy and dignity protected when assisted by staff. People were provided with information relating to their care in a way they understood.

Is the service responsive?

Good ●

The service was responsive.

People and those that mattered to them were involved in their assessments of care. People had care and support plans that were personal to them. People received care from staff members who knew their individual likes and dislikes. People and their relatives were encouraged to raise any issues. The management team had systems in place to address any concerns or complaints.

Is the service well-led?

Good 

The service was well led.

People had regular contact with the management team who they found approachable. People felt involved in the service provided and felt their views mattered. Staff members and the provider had shared values regarding the support of people. The provider had systems in place to monitor the quality of support given and to make changes when needed.

Arden Grange Nursing & Residential 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.

This inspection took place on 22 and 23 February 2017 and was unannounced.

The inspection team consisted of two inspectors 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.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning.

We spoke with eight people, one relative, two nurses, one chef, one kitchen assistant, one domestic support, the registered manager, the assistant manager, the operations director, two visiting health care professionals and one visiting GP.

We looked at the care and support plans for two people, records of quality checks, maintenance records, accident and incidents records and medicine administration. We also looked at the recruitment details of two staff members.

Is the service safe?

Our findings

At the last inspection on the 8 and 9 February 2016 we identified that improvements were needed regarding the key question "Is the service safe?" We highlighted concerns regarding the management and storage of people's medicines. We identified at that inspection that there was a breach of regulation 12, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made.

People received their medicine when they needed it. One person said, "I have my tablets at set times. It's important I get them on time. They (staff) are very careful." We saw staff assisting people with their medicines. One staff member gently roused one person by rubbing their hands. They explained it was time to take their medicines and put the tablet into the person's hand. The person took their tablets themselves with a drink of water. Staff members received training in the safe administration of medicines and were assessed as competent before being allowed to assist people.

Checks were regularly undertaken to ensure medicines were given as instructed. The provider had systems in place to investigate any medicine errors to minimise the potential for reoccurrence.

When people required PRN (as and when needed) medicines to assist them managing their anxieties these were monitored by senior staff members. This was to ensure these medicines were used appropriately and that staff followed the guidance for their administration. We saw instructions were contained in people's individual care plans informing staff when the use of these medicines was required.

When it was appropriate to provide people with their medicines covertly this was supported by a best interest decision and consultation with the GP. Staff members told us that covert medicines was a last resort and only used if they were concerned about someone's health. We saw medicines were given as prescribed and stored securely. Risk assessments had been completed when it was thought that topical creams could be stored in individual people's rooms so that the potential for harm was minimal.

We looked at how people were kept safe from abuse and ill-treatment. All those we spoke with told us they felt safe, protected and supported by those assisting them. One person said, "I feel safe; they're nice people here." Another person said, "Nobody's ever said anything to upset me." Staff we spoke with told us they had received training to help them identify and respond to any concerns of abuse or ill-treatment. One staff member told us, "If I thought anything was wrong I would go to the Manager straight away. Failing that I would contact the adult safeguarding team or the care quality commission." Staff members told us that the contact details for reporting incidents of concern were located throughout the home. We saw that the details were made available to people, visitors and staff members. Information leaflets were available in the reception area of Arden Grange. We saw the registered manager had made notifications to the local authority in order to keep people safe.

People told us they felt safe when receiving services from the provider. One person told us, "They support me with my walking and my peace of mind has improved." Another person said, "When I first came here I

was in a state but I've settled now because there's care 24 hours. That gives me peace of mind." At this inspection we saw people being supported by staff who were aware of the individual risks experienced by people. For example, we saw staff members prompting the use of mobility aids when needed. We saw people had individual assessments of risk including mobility, nutrition, bed rails and skin integrity. These assessments were individual to the person and accounted for their personal needs and wishes. For example, we looked at a speech and language assessment concerning someone swallowing. The person's wishes were recorded and they indicated that they wished to continue to eat one particular favourite snack. The person understood the risks involved and with the assistance of staff they could still indulge their personal taste whilst minimising the risks involved. We saw that the risks to people were regularly reviewed or when there was a change in need.

Any incidents or accidents were reported and recorded. Systems were in place to examine incidents and accidents and the provider took action to minimise the risks of harm associated with people's care. For example, Following one person's fall a medical review and mobility assessment was completed. It was identified that a different piece of equipment could be useful in aiding the person's mobility. We saw that this equipment was provided. One doctor told us, "If someone has a fall (Arden Grange) will, if appropriate, request a medical review. This will help to identify any changes in the person's medical condition which needs to be addressed. This is a pro-active measure to prevent any future incidents." The registered manager and operations director had systems in place to review and make changes to keep people safe following any reported incidents or accidents.

We saw the premises and equipment was maintained to provide a safe living environment for people. Regular maintenance checks were undertaken by the maintenance team with the registered manager and operations director monitoring the progress. We saw the registered manager had identified an area of flooring which had originally been reported for repair but had developed into a potential trip hazard. This was brought to the attention of the maintenance team and we saw action was taken to remove any danger whilst awaiting the repair.

Plans were in place to safely support people at times of emergency. At this inspection there was a severe storm effecting most of the country. This resulted in a loss of electrical power to the home. The registered manager and the staff team including care staff, kitchen staff, domestic support and maintenance team worked together to ensure people were safe throughout this time. Staff members were given designated roles to ensure people were kept safe. Any electrical equipment needed to promote people's health, for example, pressure mattress or peg feed machines, were checked to ensure the "fail safe" systems were operational.

People told us there was enough staff to meet their needs. One person told us, "If I ever need help at night I am never left for more than a minute or two." We saw throughout this inspection that there was enough staff to meet people's needs. We saw staff had the opportunity and time to sit and talk with people and to socialise as well as meeting people's needs. One staff member told us, "Owing to a couple of people's needs they needed to be supported by more staff. This is always provided and if needed agency staff will be called in to support the staff team."

Staff members told us that before they were allowed to start work checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied with the responses they could start work. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The provider had systems in place to address any unsafe behaviour displayed by staff members which included disciplinary action if required.

Is the service effective?

Our findings

At the last inspection on the 8 and 9 February 2016 we identified that improvements were needed regarding the key question "Is the service effective?" At this inspection we found that improvements had been made.

People we spoke with believed those supporting them had the right skills and knowledge. One person said, "I should think they know what they're doing or else they shouldn't be here." Another person told us that staff members knew and understood their specific medical condition which was important and reassuring to them. Staff members told us they had a good introduction to their role when first starting at Arden Grange. One staff member said, "I worked with another member of staff. It helped me find my way around the building and understand where things were and how to do things." Another staff member told us, "At the end of my induction period I had a meeting where we went through how I had got on. We discussed any additional support I needed in order to do my job well." Staff members told us they had access to ongoing training they needed in order to support people effectively. One staff member told us that they had been supported to complete a qualification in health and social care. As part of their learning they were able to identify the skill of staff members and allocate roles suitable to their individual strengths.

Another staff member told us that following training in the principles of end of life care, they recognised the importance of gaining someone's wishes at a point they could express them. This was so that any decisions made reflected what the person wanted at the point they could communicate.

People received care from a staff team who felt supported. Staff members told us they had formal one-on-one meetings with a senior staff member. It was during these sessions that they were able to discuss aspects of their work including what had gone well and what could be improved. In addition to formal sessions staff told us they could seek advice and support from their colleagues and the management team at any time they needed.

People were supported by staff members who had the skills to effectively communicate between themselves and anyone else involved in their care and support. We saw staff members passing relevant information to visiting health and social care professionals in order for them to make informed assessments of people's needs. We attended one of Arden Granges "regroup" meetings. At this meeting relevant changes in people's needs and recommendations from visiting professionals were passed on to other staff members. This assisted people to receive consistent care and support.

We saw people were supported to make their own decisions and were given choices. People were given the information in a way they could understand and were allowed the time to make a decision. Throughout this inspection we saw people being offered choices and making decisions regarding a number of things. For example, where they would like to sit, what activities they would like to do and what to eat and drink. One person told us, "I like to stay in my room. But I also like to have my door open. It's my choice and it's what I like." We saw one person appear to become distracted and start to become confused when offered a choice about what to drink. The staff member assisting didn't make assumptions about what the person wanted. They stayed with the person and offered reassurance. The person was then able to make a decision about

what they wanted which the staff member then responded to. We saw staff members using gestures and facial expressions along with physical prompts to encourage people to make decisions about what they wanted. For example, we saw a staff member holding up a tea cup and a drinking glass to assist the person making a decision about a hot or cold drink.

One of the rooms at Arden Grange was a double occupancy room where two people were sharing. We asked one of those living in this room about this. They told us they were involved in the decision regarding moving into this room and that they were very happy with the arrangement.

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. We checked whether the service was working within the principles of the MCA. At this inspection we could see that the provider had trained and prepared staff in understanding the requirements of the MCA.

We saw people's capacity to make decisions was assessed and reviewed when needed. Staff had a clear understanding of the principles of the Mental Capacity Act and the process of best interest decision making. At this inspection a visiting health and social care professional told us that the staff at Arden Grange had instigated the best interest decision process for one person. The staff had recognised the need for this person to receive care and support but felt that this could be delivered in a location closer to their previous home area. This was in order for them to have increased social ties which would aid the person's emotional support.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had made appropriate applications and followed the guidance provided. We looked at the recommendations made as part of the authorised applications. The provider had taken action and was meeting the recommendations made. They had systems in place to monitor the time scales for reviews or a repeat application if necessary to ensure people's rights were maintained. At this inspection two people were receiving an assessment by an external health and social care professional as part of an application for DoLS. This visiting professional told us regarding one person that the original application was granted for only a limited time. This was because staff members recognised the person may become more settled and no longer need the protection of an authorised DoLS.

Staff followed current guidance regarding do not attempt cardiopulmonary resuscitation (DNACPR). People's views and the opinions of those that mattered to them were recorded. Decisions were clearly displayed in people's personal files and staff knew people's individual decisions.

All the people we spoke with told us they were happy with the food they were offered and that they had access to alternatives if they did not desire what was on offer. One person declined what was on offer. A kitchen staff member asked what they would like instead. After consideration the person indicated they would like fish and chips. The kitchen staff members were aware of people's individual likes and dislikes and also health considerations including diabetes. The kitchen staff were also aware of who needed assistance with their meal preparation including soft diet options. Those who required assistance with their eating were supported in a calm and supportive manner. We saw one person received assistance where the staff member put food onto a fork and then passed the fork to the person. This allowed the person to still eat by themselves but with minimal support needed. When people's diet and nutrition needed to be monitored for

health reasons this was recorded by staff supporting them. The provider employed a dietician to provide guidance and support to people with nutritional issues. This individual would conduct a more specific assessment of individual need and gave guidance to staff on how to promote nutrition in order to maintain optimum health. For example, foods fortified with high concentrations of calories were provided for some living at Arden Grange. Throughout the inspection we saw people being offered a range of hot and cold drinks. In addition there were snacks offered at regular intervals with options for fruit or biscuits to support people's diet and nutritional needs. We saw one person was attending an out patients hospital appointment. Staff members prepared a snack box of foods the person liked along with drinks. One staff member told us, "People can be at the hospital for a while. This helps them if they are peckish or thirsty."

People had access to healthcare services, including GP, opticians and chiropodist and were supported to maintain good health. At this inspection we saw a general practitioner was completing a visit. They told us, "When I am asked to attend it is always appropriate. Staff members complete an information form for me to use which contains all the information I need in order to make an accurate assessment of the person's medical needs. I am confident that any recommendation I make will be carried out by the staff here." At this inspection Arden Grange was involved in a pilot project to prevent unnecessary hospital admissions. The registered manager told us they believed that the prevention of such admissions was necessary to prevent undue stress and anxiety for people. They said, "With the support of visiting health care professionals people should, where possible, be encouraged to remain where they are happy and comfortable. This in itself helps people to recover as they receive support in familiar surroundings." At this inspection the results of the pilot project were unknown.

Is the service caring?

Our findings

At the last inspection on the 8 and 9 February 2016 we identified that improvements were needed regarding the key question "Is the service caring?" At this inspection we found that improvements had been made.

People told us that staff were kind, friendly and looked after them well. One person told us, "I am living in luxury and I have never had this before." Another person said, "We have a laugh and a giggle with each other. We must count our blessings we are in a good place and the staff are nice." The staff we spoke with talked about those they supported with warmth, compassion and respect. Throughout this inspection we saw many spontaneous interactions between people and staff members which were relaxed and social. Staff members sat and chatted with people and reminisced about things they had in common for example where people lived and grew up.

People were supported to meet their spiritual and cultural needs. Links had been made with local religious organisations to support people with their faith. These were also opportunities for people to engage in conversations about their local area with visitors who lived locally to them. People's diverse backgrounds were also promoted by the staff supporting them. One person's primary language was not English although they spoke it fluently. One staff member told us, "We recognise that as [person's name] dementia progresses it may be that at some point they revert to talking in their original language. As such we are learning some key phrases and getting them to teach us some key words. This is so that we will be in a better position to assist them in the future."

We saw people were supported at times of upset and anxiety. One person told us "If I get in a muddle which I do. They (staff) sort me out." We saw two brief periods during the lunchtime where people started to show signs of frustration and anxiety. These were responded to promptly by staff members who assisted and reassured them. The staff members recognised that people should be able to show their emotions when they needed and helped them to express how they felt. Both individuals were supported until they indicated that they were happier and relaxed. One person expressed difficulty in understanding what was upsetting them. The staff member responded by saying, "It's OK. If you want we can just sit and hold hands for a while." This appeared to reassure the person and they started talking about things they liked.

People were involved in making decisions about their own care and support. People told us they were asked about everyday decisions that affected them, such as where they wanted to eat their meals, or what activities they wanted to be included in. One relative told us, "Staff always ask [relative's name] how they liked things done and that they felt listened to." Throughout this inspection we saw staff members asking people how they wanted to be supported and if they needed any further assistance.

People were encouraged to be as independent as they could. One person told us, "I am able to bath myself but they (staff) just make sure I am ok and see if I need any help." Another person told us that staff members go in and see them every morning and see if they need any help in getting ready. Staff members we spoke with told us they try and promote people's independence by making tasks easy to complete. One staff member said, "If you make sure everything needed for a wash is nearby people are usually able to do simple

things for themselves. This helps with their dignity and independence." One person said, "It is important to me as you are at peace with yourself when you can still get things done." However, people were involved as much or a little as they wanted. One person told us, "I think of all the things I don't need to do anymore e.g. washing, cleaning getting the greens in. Life is now just pleasurable."

People told us they were treated with respect and their dignity was maintained. We saw staff supporting people with their personal care discreetly allowing time for the person to help themselves. One person told us, "They (staff) always cover me up during personal care and always knock before they come into my room." We saw staff supporting people with clothes protectors which were used for the minimal amount of time needed to support the person.

Staff members had a clear understanding of confidentiality. Records personal to individuals were kept securely and accessed only by those with authority to do so. We saw staff sharing information with other professionals involved with the healthcare of people. Only information relevant to the health need was shared.

Is the service responsive?

Our findings

At the last inspection on the 8 and 9 February 2016 we identified that improvements were needed regarding the key question "Is the service responsive?" At this inspection we found that improvements had been made.

People we spoke with told us they were involved in the development of their care and support plans. When they felt it was appropriate the involvement of friends or families was encouraged to identify how the person would prefer to be supported. Staff members we spoke with told us that before people took up residence at Arden Grange their needs were assessed. This was to ensure their needs could be met in a way that they liked. The care and support plans that we saw reflected people's individual health and social needs and contained details that staff members needed to follow in order to provide consistent care.

All the staff members we spoke with knew the individual likes and dislikes of those they supported. One person told us that little things as simple as how much butter you liked on your toast mattered to them. One staff member said, "When [person's name] first came to live here they couldn't tell us what was important to them. There were no family members or friends around for us to ask. We spoke to people where they used to live and found out they liked football and who they supported. We used this knowledge to talk with them and have started to see some positive interaction from them." At this inspection we saw this person's room had been decorated with memorabilia regarding the team they supported. People were supported by a staff team that knew them as individuals and who were knowledgeable about their personal needs.

People had their care and support plans regularly reviewed or adapted when their needs changed. One visiting health professional told us, "I have full confidence that (staff) respond to any changes in people's health promptly and efficiently. I know that if I recommend any treatment or adapt anything the staff will respond to ensure the person received the correct care." We saw changes identified as part of a medical review were communicated to staff members. Plans of care were then adapted to account for these changes.

People told us that they were involved in a range of activities that they enjoyed and found stimulating at Arden Grange. We asked one person what their plans were for the day. They told us they were having breakfast and were then going to take part in an exercise class. Another person told us, "We had a recent trip into Bridgnorth and this afternoon we are having a tea party." We saw people engaged in activities including exercise, puzzles and reading. In the afternoon there was a film screening where people made a decision about what they wanted to watch. Those who spent time in their rooms were involved in individual time with the activity coordinators. This could include personal pamper sessions or just conversations about things that interested them. One person spent their time with a staff member reading a football annual from a time when they used to attend the matches.

In addition to activities in their home people also went out to their local town for shopping and socialising. One staff member told us during a recent trip out they took the opportunity to introduce some people to supermarket self-scanner machines. They told us that doing things like this helped people feel involved with changes in their society and still be a part of their community. We saw pictorial records of activities people

had been involved in. These were personal books containing pictures or activities and examples of crafts they had completed. People told us they liked completing these books and used them to reminisce about things they enjoyed. One staff member told us when people moved on from Arden Grange these books were made available to family members as a record of their loved ones' time there.

People were encouraged to maintain relationships with those that mattered to them. Relatives and friends were free to visit whenever they wanted and private areas for visiting were available. We saw relatives and friends visiting throughout this inspection.

People and relatives felt comfortable to raise any concerns or complaints with staff or the manager. One person told us, "I would tell the person in charge if I had a concern." They went on to explain that a previous concern had been addressed by the management team to their satisfaction. The management team had systems in place to investigate and respond to complaints. We saw details of investigations and the outcome and explanations provided to the complainant. The operational director had oversight of complaints to ensure they had been responded to appropriately by the management team.

Is the service well-led?

Our findings

At the last inspection on the 8 and 9 February 2016 we identified that improvements were needed regarding the key question "Is the service well-led?" At this inspection we found that improvements had been made.

People told us they knew who the management team were and that they found them approachable. One person said, "We do see [manager's name] around and about. They are always popping in to see how we are doing." People and their relatives felt involved in the running of their home and in the decisions that affect them. Those we spoke with told us they have regular meetings which are facilitated by the activities coordinators. During these meetings they can talk about what they would like for example, any changes to the menu or what activities they would like to do. People told us they were recently consulted on the use of one room. A decision was made to turn it into an "indoor –outdoor area". They were consulted on how they wanted to use the room and how it would be decorated. At this inspection we saw this room had nearly been completed and people were looking forward to its "grand opening."

The management team had processes in place to gather feedback from people and their relatives on how their home was run. Following our last inspection and after feedback was gained from people it was clear that some people did not know how to make a complaint or raise a concern. We saw a recently published newsletter which recognised people's feedback. Attached to the newsletter was the complaints process for people to refer to. Copies were also kept in the reception area for visitors. In addition a comments book was also available for people to feedback what they felt about the care people received. We saw this book was regularly reviewed by the management team and their comments and feedback was added where appropriate.

People we spoke with and relatives believed the management team and provider were open and transparent and were able to openly discuss anything they wanted. Staff members were aware of any incidents or key events so that improvements could be made. For example, at our last inspection we found improvements were needed to be addressed in all areas that we inspected. Staff we spoke with had read the report and the issues highlighted were discussed at team meetings. Staff members told us the management team recognised the improvements that were needed to be made and engaged the staff in assisting with the changes.

We asked staff members about the values they followed and those which were promoted at Arden Grange. One staff member told us, "We are here to respect people's wishes. To be polite at all time and discreet in what we do. At all times we respect and promote people's dignity." This reflected what people told us throughout this inspection. The values that staff were expected to demonstrate were displayed in the communal areas of the home and in Arden Grange's promotional literature.

Staff members were aware of appropriate policies which directed their practice including the whistleblowing policy. Staff members we spoke with told us they were confident they would be supported if they ever needed to raise a concern.

Staff members told us they felt involved in the running of the home within which they worked and that they attended regular team meetings. It was during these meeting that they could discuss any aspects of their work they needed. They also had the opportunity to make suggestions on how they could work better to meet people's needs. For example, following the suggestion from a staff member daily information sharing meetings were introduced.

Arden Grange had initiatives in place to engage their local community which is located in a rural area. One GP told us Arden Grange had installed a secure internet connection for use during medical visits. This contributed towards the accurate access of up to date information regarding medical health conditions. This was so people received more efficient health care. People told us that they had regular visits from a mobile fish monger. This allowed them to pick what fish they would like to have cooked. This initiative not only promoted people's choice in what to eat but also involved them with their local community. As the provision of fresh fish was advertised to take place at Arden Grange people living locally also attended to make purchases. One person told us, "When everyone turns up to buy their fish we can also have a good gossip about what is happening locally."

Arden Grange had a registered manager in place at the time of this inspection. The registered manager understood their responsibilities in terms of complying with the terms of their registration. The registered manager had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

The registered manager took responsibility for maintaining their knowledge and skills. They did this by attending training courses provided including the completion of a qualification in management. They also had regular contact with a provider's representative organisation where they accessed any changes regarding health and social care. In addition they had recently completed their nurse revalidation. This is the process they need to go through to renew their registration with the nursing and midwifery council.

The provider and management team had systems in place to monitor the quality of service provision. The registered manager assessed information from quality checks, incident and accidents and feedback from people and staff which they used to drive improvements. For example, following a quality check of the medicine and their administration it was identified that more up to date information on medicines was needed. As a result the provider purchased several medicine reference books for staff to use and located them with the medicines trolley. This was so staff had access to up to date information regarding the medicines people were prescribed.