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Arlington House

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 1 June 2016. Arlington House is a care home without nursing that is registered to provide care and accommodation for up to 33 older people. The home is located close to Hove seafront and the building was converted from four terraced houses and has a stair lift, a conservatory and garden. At the time of the inspection there were 25 people living at the home and many of them were living with dementia, some people also had mental health problems.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were not consistently supported with meaningful activities. Some people who were living with dementia had little to do to occupy their time, particularly in the morning when staff were busy. There were some organised activities and some people were supported to go out. However people told us they were bored and some people said they would like to go out more often or have more to do in the home.

People spoke highly of the staff and the care they received, one person said, "The staff are really super, the care is fantastic," and a relative told us "The staff are all nice, but some are really special." Staff knew the people they were caring for well and spoke about them knowledgeably. People appeared happy and relaxed in the company of staff and told us that they had confidence in them, one person said, "The staff are well trained, they understand my needs and they know exactly what they are doing, I have complete confidence in them." Staff received regular supervision and their training was up to date. Staff told us they felt well supported within their roles.

People were protected from harm with robust risk assessments by staff who understood their responsibilities with regard to safeguarding procedures. There was an effective recruitment procedure in place to ensure the right sort of people were working in the home, and only staff who were trained and competent were able to give people their medicines. People received support to ensure they had enough to eat and drink and if they were identified as being at risk of malnutrition or dehydration suitable monitoring systems were used to maintain their health. Referrals were made to health care professionals in a timely way when required and people were supported with a range of health care services to maintain good health.

Staff understood the importance of obtaining people's consent to care and treatment and where people lacked capacity staff acted in line with legislation and guidance to ensure decisions were made in people's best interests. Staff showed a high regard for people's dignity and privacy and treated them with respect, one staff member said, "We want people to feel comfortable in their home and they need to know we respect their privacy." People told us they were included in decisions about their care and support, one person said "I was asked about what I like to do and what was important to me." Records were personalised and gave a clear sense of the person. People's preferences, wishes and views were recorded as well as their

life history. We saw that staff were aware of this information and that they used it to provide person centred care to people.

People and their relatives told us that the registered manager was approachable and that they felt comfortable raising any concerns or complaints they had. The complaints log showed that issues were recorded and actions were taken to resolve any complaints, people said they felt confident that their concerns were listened to. Regular feedback was sought from people and relatives as well as from staff and professionals who visited the home. The registered manager used this information together with other quality monitoring to make improvements to the service.

People, relatives, staff and visiting professionals spoke highly of the registered manager, saying that the service was well led. One visiting professional said the registered manager was "Receptive to new ideas and very motivated to offer the best for the residents." Staff described an open culture where practice was discussed and challenged and they received clear guidance and leadership from the registered manager.

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 told us that they felt safe and staff recognised the importance of managing risks whilst maintaining people's freedom.

Staff had a clear understanding about how to protect people from abuse. People received the medicines safely when they needed them.

There were robust recruitment procedures in place and there were sufficient staff to keep people safe and meet their needs.

Is the service effective?

Good

The service was effective. Staff received training and supervision to support them in providing effective care to people.

Staff had a clear understanding of the Mental Capacity Act 2005 and there were robust procedures in place to ensure that the service was meeting the requirements of the Deprivation of Liberty Safeguards.

People were supported to have enough to eat and drink and to access health care services to maintain their health and well being.

Is the service caring?

Good

The service was caring. Staff were caring and people spoke highly of the care they received and the positive attitude of the staff.

Staff had developed good relationships with people and knew them well. People were supported to express their views and to have involvement in their own care planning.

Staff treated people with respect and maintained their dignity and privacy.

Is the service responsive?

Requires Improvement

The service was not consistently responsive. People were not consistently supported with meaningful activities.

Care plans were individualised and were reviewed and updated regularly to reflect changes to people's needs.

There was an effective complaints procedure in place and people felt confident that issues they raised would be dealt with appropriately.

Is the service well-led?

Good

The service was well- led. The registered manager was highly regarded by people, their relatives and staff and provided strong leadership.

There were robust systems in place to gather feedback on the service and to monitor quality. The registered manager used this information to drive improvements.

The ethos of the home was positive and person centred and this was embedded within everyday practice.

Arlington House

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 1 June 2016 and was unannounced. The inspection team included an inspector and a specialist adviser, who had experience of working with people who were living with dementia.

Before the inspection we reviewed the information that we held about the home. This included previous inspection reports, information which had been shared with us by the local authority, and by health care professionals who had involvement with the home. We looked at safeguarding concerns that had been raised and notifications that the provider had submitted. A notification is information about the important events which the provider is required to tell us about by law. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This helped us to plan so that we looked at relevant areas during the inspection.

During the inspection we spoke with eight people who lived at the home, four visiting relatives, four members of staff, the registered manager, the chef and two visiting health care professionals. We looked at areas of the home including people's bedrooms, the kitchen, bathrooms, and communal dining room, lounges, conservatory and garden. We spent time sitting with people, talking and observing the delivery of care and support. We observed people receiving their medicines, the lunchtime meal and an organised activity in the afternoon. We reviewed the records of nine people, and 'pathway tracked' three people. This is when we looked at their care documentation in depth and obtained their views. This was an important part of our inspection as it allowed us to capture information about a sample of people receiving care. We looked at a range of records including quality assurance audits, staff records and training schedules and policies and procedures.

The last inspection at Arlington House was in October 2013 when there were no concerns.

Good

Is the service safe?

Our findings

People and their relatives told us that they felt safe living in the home. One person said, "The staff are kind, I feel safe knowing they will come if I need them," another person told us, "The manager makes me feel safe, she is here a lot and keeps an eye on everything." A relative said "The care is excellent, I know people are safe here."

Staff at Arlington House had a good understanding of how to keep people safe. Environmental risks were identified and managed, for example, staff undertook regular checks to ensure that the hot water in every room was within the recommended temperature range to prevent scalding, and where a corridor was being cleaned a sign warned people that the floor was wet. The house was clean and tidy and there were no unpleasant smells. One person said, "They keep the place spotless, I can't fault the cleanliness of the place." We saw that staff used appropriate protective equipment when supporting people with personal care and they were observed to be washing their hands regularly to ensure infection control risks were minimised.

Staff had received up to date training in safeguarding people and demonstrated a clear understanding of how to protect people from abuse and avoidable harm. Staff knew when they should be raising safeguarding alerts and told us that they would report any concerns to the manager without delay. Staff were aware of their responsibilities with regard to the provider's whistleblowing policy. A whistleblowing policy enables staff to raises concerns about a wrongdoing in their workplace, one staff member said, "I would not hesitate to report something if I felt it was wrong, and I have done so in the past."

Risks to individuals were identified, assessed and clearly documented. For example, where someone was at risk of falls, triggers were clearly identified and a detailed care plan was in place to guide staff. This included the steps they should take and the equipment to use so that the person was supported effectively and risks of falls were minimised. We noted that staff were aware of the risk assessment and care plan for this person, and they were following this to ensure they had the correct equipment when mobilising in the house. Staff gave examples of how they supported people to take positive risks. One staff member told us that they supported a person who was not able to mobilise independently for more than a short distance. They said when they go out the staff member ensures there is a wheelchair to hand. This means that the person is enabled to maintain their independence and walk as far as they can, but when it becomes unsafe for them to continue the wheel chair is available to support them. Another staff member spoke about someone whose mobility was variable, saying "We assess the risks on a daily basis, sometimes they are able to walk unaided, other days they need their walking frame, it's important to keep people safe but also to maintain their freedom."

We saw that where incidents or accidents had occurred, records were completed and actions were taken to ensure people were protected. For example, changes were made to someone's care plan following advice from the falls clinic to reduce the risk of further accidents.

People were supported to take the medicines they needed safely and on time. Medicines were kept securely in a locked cabinet and Medication Administration Records (MAR) were completed accurately. Systems were

in place to account for and dispose of medicines safely, and only staff who had been trained and assessed as competent were able to give medicines to people. We observed people being supported to have their medicines and saw that the member of staff was methodical, confident and focussed on the task. Some people were receiving their medicines covertly, this meant their medicines were being disguised in their food or drink. Where this was happening records showed that people had been assessed as not having capacity to make a decision about taking their medicines, and a best interest decision had been taken following medical advice, that they should have their medicines administered covertly. Staff we spoke with understood the necessity for this and the importance of having a best interest decision in place before administering medication in a covert way. Where people required PRN medicines (medicines to be taken as required), there were clear guidelines in place for staff. For example, some people had been prescribed PRN medicine to manage pain and we saw staff asking them about their pain levels to check if they required their medicine.

There were enough staff on duty to keep people safe and we saw that staffing numbers were consistent over the previous month. People told us there were enough staff to meet their needs, one person said, "I never have to wait long if I ring my bell, staff always come quickly." We noted that staff responded promptly to call bells on the day of the inspection and people told us this was usually the case. One person spent most of the day in their bedroom upstairs and we noted that staff made sure the call bell was within reach, they said this was "So they can call staff if they need help." We saw that staff also checked this person at regular intervals during the day.

The Registered Manager told us that she used regular bank staff to cover absences and some staff worked additional hours to ensure continuity for people living in the home. Agency staff were not used. The provider had a robust recruitment policy and appropriate checks had been completed before staff started work, this included checks with the Disclosure and Barring Service (DBS) to ensure that staff were suitable to work with people. The registered manager had taken appropriate action, in line with the provider's disciplinary policy, to ensure people were protected when an incident of unsafe practice was identified.

Good

Is the service effective?

Our findings

People told us that they had confidence in the staff who supported them and that the care they received was effective. One person said, "The staff are well trained, they understand my needs and they know exactly what they are doing, I have complete confidence in them." Another person told us, "The staff know what to do, I have no concerns," and a third person said, "I feel happy and confident with the staff."

Staff told us they were well supported and had received the training their needed to be effective in their role. One staff member said, "The induction was thorough and I felt confident because there was always someone to ask." All new staff were expected to complete the Skills for Care care certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. A training plan was in place and the registered manager ensured that staff were up to date with their mandatory training. Staff told us they were encouraged to undertake additional training and we saw evidence of a range of training subjects that were relevant to people being supported such as mental health awareness, and end of life care.

A health care professional told us that they had provided workshops in dementia care and that these had been well attended by the staff. We saw that some staff demonstrated a good understanding of the needs of people who were living with dementia whilst others were less aware. The registered manager told us that there were a number of new care workers who needed additional support and guidance and we observed that the registered manager took an active role in instructing and guiding staff. We noted an example of this, when a person was struggling to use a fork at meal time and a staff member had not noticed this. The registered manager was quick to point this out and asked them to bring a spoon, so that the person could eat their meal independently. Some people who were living with dementia had also been diagnosed with mental health problems and the registered manager demonstrated a clear understanding of their needs. People had regular support from mental health professionals to ensure their mental health needs were met. This was reflected in people's records and a visiting mental health professional spoke highly of the care provided by staff. They told us that staff had recognised mental health symptoms quickly and were able to provide a clear baseline from their previous knowledge of the person. This was helpful for the mental health professionals involved in the person's care.

Staff received regular supervision and yearly appraisals. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Staff told us that these meetings provided them with the opportunity to raise any concerns or discuss practice issues with a manager. They described supervision as "Useful" and "Supportive." One staff member said, "Staff communicate well here and the team is good," another said "We work as a good team." Staff meetings were held regularly and notes from the meetings showed a range of topics were covered including practice issues and training needs.

Staff had received training in the Mental Capacity Act 2005 (MCA). The 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met.

Staff recognised the need to gain consent from people before providing care, we heard staff saying, "Would you like me to help with that?" and "Can I give you your tablets now?" then waiting for a response. Staff told us that they understood that people had a right to refuse care, one staff member explained, "If someone says "no" I respect that. If it's important I might come back later and try again or approach them in a different way. Sometimes it might need another member of staff to ask and they happily accept the help. It just depends how people are feeling in that moment." Records reflected this approach for example, a support plan guided staff to 'Allow time, give reassurance and try again later if needed.' We saw that documentation was completed thoroughly with mental capacity assessments and best interest decisions clearly made in line with MCA. The registered manager had a firm understanding of DoLS and 14 people were subject to DoLS authorisations. Staff understood the importance of making applications for consideration to deprive someone of their liberty and gave examples of when this might be necessary, including preventing a person from leaving the home unsupervised for their safety. Where a DoLS authorisation had included a condition to initiate a formal review of the person's care provision with the commissioning authority, the registered manager had ensured a request for a review was made.

People and their relatives told us that the food at Arlington House was good. Comments included, "The food is wonderful, we have the best cook in Sussex," and "The food is very good, it's the highlight of the day." We observed the lunchtime meal, some people sat in the main dining area, and other people had a table in the conservatory or chose to eat in their rooms. Family members who visited at lunchtime were offered a meal and sat with their relative whilst they ate, we saw them enjoying the social interaction with much jollity and laughter. Portion sizes were generous and the food was well presented on the plate with each portion of meat and vegetable served separately to enable people to see what they were offered. One person needed a soft diet and the pureed food was also well presented.

We observed staff offering choices to people about what they would like to eat and drink and the atmosphere was calm with people enjoying their food. Some staff members joined people to eat their meal, a staff member told us that this encouraged people to eat. One person finished their food and asked for more, a second portion was brought over straight away and they were seen to enjoy this. The menu was planned over four weeks and included a choice of two main meals each day. People told us that if they wanted something different they could ask for it and the chef confirmed this, saying "Whatever people want we will provide it if we can." Staff described the menu as "very flexible" and we noted that people's needs and preferences were taken into account. For example one person did not eat meat and staff were aware of this and offered fish as an alternative, but when the person asked for an omelette instead this was accommodated. People who were at risk of malnutrition were assessed and regularly weighed. Records showed that people's food and fluid intake were monitored and staff were aware of the importance of this. One staff member said "If they are not eating and drinking enough they might become dehydrated and may end up in hospital." One person who had been assessed as at risk of malnutrition had received regular and consistent monitoring of their food and fluid intake over a number of months to ensure that they received adequate amounts. Their records showed that this had a positive impact for the person whose weight and was now within a safe range.

People told us that they were supported to access health care services when they needed them. One person

said, "I sometimes have to press my buzzer if I feel bad, the staff come quickly and know what medicine I need. If it doesn't help they call an ambulance." Another person told us "The staff are fantastic, they make appointments for me when I need to see someone, we have all the medical attention we need here." A relative said "When there was something wrong with (my relative) the staff noticed really quickly and called the nurse in." A further relative added, "I think the staff are really on the ball here, they pick up on things and call the doctor when they need to."

We saw numerous examples of involvement with health care professionals detailed in people's records, including GP's and district nurses, opticians, chiropodists and mental health professionals. One visiting health care professional told us, "They have been very quick to recognise the signs of deterioration in the person's mental health and referred them to us very quickly." People told us they were involved in planning for their health needs, one person said, "The staff spoke to me about whether I might need a change of medicine, they suggested I see the doctor, I felt better knowing they would come with me for support."

Good

Is the service caring?

Our findings

People and their relatives spoke highly of the staff saying they were kind and caring. One person said, "The staff are really kind, they have a nice manner." Another person said, "The staff are all wonderful because they help me." A third person said, "The staff are really super, the care is fantastic and I thank God every night that I am here. I am very happy." A relative told us, "The staff are all nice but some are really special. One carer took my relative's cardigan home to darn it because she noticed a hole in the sleeve, it was so nice of her to care."

We saw that people were relaxed in the presence of staff and that staff were able to spend time chatting to people throughout the day. We noted that staff always used the person's name, even when walking past them and people responded well to this. Staff listened to people and gave them time to answer when asked a question. Staff spoke clearly and approached people gently and with care. It was evident that staff knew the people they were caring for well. One person told us "The staff are all good but I have a few favourites because they know me really well and know how I like things done," another person spoke about one particular staff member saying, "They know exactly what I like and don't like," a third person said, "I have a good relationship with all the staff and I trust them, it's difficult when you have to have help with personal things but they take great care to make me feel comfortable and I'm never rushed."

Staff treated people with respect and acted upon their wishes. People told us that they could choose if they had a male or female care worker, and a staff member was able to confirm which people preferred to have female support and who preferred male staff members. We heard staff taking time to explain to people what was about to happen, and giving them time to process the information. For example, a staff member said to one person, "It will be time for lunch soon, if you are going to go out you might want to get ready in a minute." They went away and came back again in about five minutes to ask the person if they needed some help to get ready. A relative said "The staff have a wonderful attitude, they treat people with respect and love, they make a fuss of people." One person received a visit from a health professional and a staff member asked them if they would like to go to their room to talk, before the person could respond, the professional said "It's fine here in the lounge." However the staff member waited for the person to respond and when they said they preferred to go to their room they assisted them to stand and asked the professional to follow them. This showed that the staff member respected and promoted the person's privacy and dignity.

People's bedrooms were bright, well personalised and decorated to their taste, one person said their room was painted blue because that was their favourite colour. Another person had brought a number of ornaments and some of their own furniture to the home, they told us "I like to have my own bits around me, it's reassuring." A staff member said, "I think it's a homely atmosphere here because we remember it's the resident's home. I think about how I would want to be treated when I'm old." Relatives told us they were welcomed by the staff and could visit at any time. One relative said, "Whenever I visit staff always say hello and ask me if I would like a cup of tea or coffee."

Staff had a firm understanding of the importance of maintaining people's privacy and dignity. One staff member said, "We want people to feel comfortable in their home and they need to know we respect their

privacy." People's personal information was kept securely and staff were consistent in knocking on doors and waiting for a response before entering people's rooms. Staff told us they were careful to ensure doors and curtains were closed before assisting with personal care and we saw that this was the case. One person told us, "Staff respect my privacy, they leave me alone if I am changing, but they call out to check if I am alright."

Staff spoke warmly about the people they were caring for and demonstrated that they knew them well. For example one staff member described in some detail, a person's background, their previous occupation and their favourite activities. Another staff member said, "It's easy to come to work, the staff are nice, the manager's nice and the residents are so nice, I like everyone here."

People or their relatives had been involved in developing their care plans. One person told us "I was asked about what I like to do and what was important to me." A relative said, "They involved us both in developing the care plan and it gets updated regularly and we have been involved in that too." People's care records showed that some people had been consulted about their care plans and updates had also been signed. Where a relative had signed a care plan we noted that they had a legal right to make decisions about the care of their loved one. Some people had recorded their wishes regarding end of life care, one person told us "I want to stop here for the rest of my life," we noted this wish was recorded in their end of life plan.

Requires Improvement

Is the service responsive?

Our findings

People and relatives felt that staff were responsive to individual needs. One person said, "I think the staff try and meet everyone's needs and they go to a lot of trouble to make you feel special." A relative told us, "Staff are focussed on the residents and making them comfortable." Another relative added, "I only have to mention any worries and staff sort it out, they really look after them." However, people had mixed views about opportunities for social engagement, they spoke positively about organised trips, but some people felt that more activities could be offered.

Staff told us that there was an activities programme in place with an organised activity every afternoon. On the day of the inspection there was music and singing in the lounge after lunch and most people were seen to be keen to take part, enjoying the interaction. We noted that some people chose not to be involved and a few people stayed in their room. We saw evidence that organised trips were happening on a monthly basis, but not everyone could go due to space on the transport and staff availability. On the day of the inspection four people had been taken out for lunch and another person had gone out with their family.

People had mixed views about the activities on offer. Some people told us that they had plenty to do and did not get bored. One person had been a keen gardener and told us that they liked to spend time tending the plants in the conservatory. Another person said that they liked to sing and enjoyed it when the music man visited every week. One person said they liked to read and there were plenty of books to choose from and the library service visited to exchange books regularly. Other people said that they did get bored, one person said, "I'd like to go out more, but I need support so I am reliant on my family or I have to wait for an organised outing." During the morning we observed between eight and ten people who were living with dementia were sitting in the lounge with nothing to occupy them. Staff said this was because people "did their own thing" in the mornings. We noted that there were various art materials, puzzles and books around the house, but these were not being used by staff during the morning to engage with people. Staff told us that some people liked to help with the washing up or laying the tables for lunch but we did not see this happening on the day of the inspection and this was not reflected within people's records.
The registered manager said that people were supported to follow interests and told us about someone who liked stamp collecting and regularly spent time sorting through stamps. We saw this was reflected in this person's care records. The registered manager told us that they employed someone to be a "resident's friend" for 10 hours per week. Their role was to talk to people and to do activities on an individual basis to prevent social isolation. Despite these positive events there was little evidence that people were supported on a daily basis to have meaningful activities to maintain and improve their mental well- being. Most people's care records showed their activities were logged as listening to music and watching TV. People were not consistently supported to undertake activities throughout the day that were meaningful to them. We identified this as an area of practice that needs to improve.

We recommend that the registered manager considers the National Institute for Health and Care Excellence (NICE), quality standard for The Mental Well Being of Older People in Care Homes.

People's care records were well organised, clearly laid out and easy to read giving a clear sense of the

person, their needs and how staff should support them. People's needs had been assessed and risks identified. Support plans relating to identified risks gave clear guidance to staff in how best to support the person's individual needs and we could see that these were regularly reviewed and updated where a person's needs had changed. For example, one person's mobility and continence needs had increased, a review of the support plan showed the additional assistance that was needed and gave clear guidance to staff in how to achieve this. We observed that staff were working to the guidance in the support plan. A visitor told us that the person they visited regularly had been living with dementia for some time and their condition had deteriorated a lot. They described how the person's needs had changed and said "Sometimes (person's name) refuses care, but they still look smart with their hair cut regularly, the staff know how to manage it."

Records were well personalised and included details about people's life history and what was important to them, this included people and events that were significant to the person as well as their interests, hobbies and preferences. We asked staff how they used this information when caring for people. One staff member said "If you know about someone it helps you to make a connection with them." Another said, "If someone is having a bad day, feeling low or unhappy it's good to know what interests them, so you can try and divert them with a chat." Support plans contained detail that guided staff in the best way to care for people. One person's support plan stated that they needed, "Lots of reassurance and encouragement," we witnessed this happening when the person became upset and confused and could not remember where they were. A staff member was quick to respond and offered comfort and reassurance saying "It's OK you are safe, we are looking after you here at the moment, would you like to go to your room?"

People and their relatives told us that they knew how to make a complaint or raise any concerns. One person said, "If something's wrong the manager acts quickly to sort it out." Another person said, "I did make a complaint once and it was acted on, I am confident that the manager takes complaints seriously." A third person said, "If I need to complain I usually speak to the staff member concerned but I would talk to the manager if I wasn't satisfied." We saw a log of complaints and the registered manager said they used complaints as an opportunity to learn how to improve. They gave an example of how a new system had been introduced with staff allocated to ensure that people's laundry was returned to them and to prevent clothes from going missing. This had reduced the number of complaints related to laundry.

Good

Is the service well-led?

Our findings

People, their relatives and the staff spoke highly of the registered manager and said that they believed the home was well run. People told us the registered manager was approachable, kind and spent time with people, one person said, "The manager is often around and you can talk to them anytime, I think they are great." Another person said" The manager is very hands-on, I like that." A relative said, "This place is well run and the manager is extremely dedicated, she is always here and available to talk to at any time." The registered manager was knowledgeable about the people living at Arlington House and spoke about them with compassion saying "I would rather cover shifts myself then use agency staff who didn't know the residents."

The registered manager provided clear leadership, directing staff during the shift and checking in with them regularly. They told us that it was important to observe how staff were working saying "I like to observe what's going on, especially with new care workers, it's important that they are shown what to do correctly." Records showed that staff meetings were held regularly and were well attended. Notes of the meetings showed that clear and specific guidance was given to staff during meetings. For example reminders were given for all staff to 'Knock before entering a resident's room,' we saw staff complied with this consistently. Staff told us they were able to bring ideas to the team meeting and to challenge practice, one staff member said, "We all work hard to make sure people feel this is their home, we discuss different approaches and how people relate to them. The manager is always encouraging us to think of ways we can improve."

The registered manager spoke about the ethos of the home being to provide person centred care in an open and non-discriminatory way, we saw that staff were clear about their roles and that the ethos of the home was well embedded within their practice. One staff member told us "Assessing people's needs is an important part of my role especially as people's needs can change very quickly." Another staff member said, "I have to make sure that the care I provide is person centred, even if it takes a little longer it's important that people are supported to retain as much independence as possible, it's important for their self- esteem." Staff told us they were well supported in their roles and that they had good links with the local community to support them in caring for people. We saw that a variety of health and social care professionals were regular visitors to the home and staff told us they welcomed the support they provided. One health care professional told us that "Staff have been open to our suggestions and have incorporated these into individual care plans with several successful outcomes for people." There were effective systems in place to ensure people's care plans were reviewed regularly and this included those people who were subject to DoLS authorisations. This meant that people's records were kept up to date and staff had the information they needed to provide care that was appropriate to people's needs.

We asked the registered manager how they kept up to date with current practice in social care. They said "I have a good support network with other managers and I have received a lot of support from the care in reach team." A health care professional from the Local Authority told us that the registered manager was an active member of the manager's forum that they ran, and that the found them to be "Receptive to new ideas and very motivated to offer the best for the residents."

There were a number of quality assurance processes in place including questionnaires to seek feedback from people, their relatives and visiting professionals. The responses were very positive and reflected the opinions that people had expressed to us during the inspection. The registered manager had oversight of quality within the home, for example monitoring of incidents and accidents, to ensure that appropriate action had been taken and to look for trends. They told us about a person who had presented some behaviour that was challenging to others. Through analysis of the incidents it had been possible to identify that they became more restless at a certain time of day and this was a possible trigger for their behaviour. Action was taken to introduce an activity at a specific time for this person to reduce the risk of such incidents happening again and this strategy had proved successful.