

Montesano Care Ltd

Arlington House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Arlington House is a residential care home providing personal care to a maximum of 33 people. The home is an adapted building combining four terraced houses with care provided over three floors. At the time of the inspection 23 people were living at the home. The people living there are older people with a range of health and mental health needs including people living with dementia.

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

People and their relatives told us they were happy with the service they received. They described the care workers as kind and caring, and said the management team were visible, proactive and committed. One person said, "It's a family business and the home is like a family."

The registered manager had addressed the areas identified for improvement following the last inspection. For example, systems for safeguarding people from abuse had been reviewed and were now robust. Incidents were reviewed and safeguarding concerns had been appropriately identified and escalated in line with the provider's policy.

Systems for monitoring quality and managing risks had been improved and embedded. There were robust arrangements to support governance and to provide management oversight. People told us they were happy with the care they received, and that staff helped them to feel safe.

Risk assessments and care plans guided staff in how to provide care safely and in the way the person preferred. There were enough suitable staff employed to ensure people were safe.

Appropriate infection control procedures for the Covid 19 pandemic were in place to keep people safe. Staff had received additional training and used appropriate Personal Protective Equipment.

People and relatives were happy with how responsive staff were to their needs. Staff and management knew people well and were proactive in responding to changing health and care needs.

People and their loved ones were happy with the managements approach to their relatives care and told us they were approachable, dedicated and caring.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Requires Improvement, report published 16 May 2019. They were in breach of regulation 13 (Safeguarding) and 18 (Staffing) of the Health and Social Care Act 2008. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, enough improvement 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.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Responsive which contain those requirements. We also looked at the Key Question of Well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

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

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

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 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.

Arlington House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Arlington House 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

We gave a short period of notice of the inspection. This was to establish the safest and most appropriate way of carrying out our inspection visit during the COVID-19 pandemic.

What we did before the inspection

We reviewed information we had about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We asked the provider to send us information that included risk assessments and care plans for five people, documents relating to staffing, Covid 19 contingency plans as well documentation relating to quality assurance systems and management oversight. We spoke to two relatives to obtain their feedback and views about the home.

We used all of this information to plan our inspection.

During the inspection

We spoke with three people and three members of staff including the registered manager, home manager and senior care worker. We spent a short time in the home whilst people were relaxing in the communal lounge and receiving support. This gave us an opportunity to observe staff interactions with people.

We reviewed records that included care plans, risk assessments and medicine administration records. We looked at three staff files in relation to recruitment and staff supervision. We also looked at records relating to the management of the service, including policies and procedures and quality assurance systems.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at risk assessments for five people. We spoke with one senior care worker by telephone and two relatives. We also sought feedback from partner agencies and professionals.

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.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure people were protected from potential abuse which placed them at risk of harm. This was a breach of Regulation 13 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 13.

- The provider had consistently made the local authority aware of safeguarding incidents in line with their safeguarding policies to ensure people were protected from potential abuse.
- Staff were able to explain and recognise signs of potential abuse and knew what to do when safeguarding concerns were raised. One staff member said, "We have residents with dementia, so we look for changes in behaviour. If it's not within their (normal behaviour), then that would trigger a (response)."
- People and their relatives told us they felt safe at the service. One relative said, "They have a lot of vulnerable people. My mum has been safer there than anywhere she's ever been. They are constantly checking with her in a respectful way. She's very safe there and she loves it."

Staffing and recruitment

At our last inspection the provider had not always ensured that staff were deployed in such a way that met people's preferences and care and support needs. This was a breach of Regulation 18 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 18.

- There were sufficient staff in place to ensure people remained safe and met their needs. Our observations confirmed this. People who required additional staff to mobilise or to eat at mealtimes were supported safely and patiently.
- Staff told us there were sufficient numbers to ensure they could carry out their roles effectively. One carer said, "Yes there are definitely enough. It's very calm. We don't rush the residents." One relative said, "There was plenty of people and we didn't have to wait long. Mum rings her bell and they come straight away. She's always telling me how quickly they come to her room."
- The registered manager told us that they were constantly reviewing the staff structure to ensure people's

needs were appropriately supported. Staffing schedules showed a that staff were consistently deployed at levels that supported people's needs and kept them safe.

Assessing risk, safety monitoring and management

- Individual risks to people were assessed and managed for people's safety.
- Some people were at risk of falls. People's physical and mental health needs were considered when assessing the level of support a person needed to mobilise safely. For example, one person living with dementia could not always follow verbal support offered by staff. Their risk assessment ensured that staff supported with physical prompts.
- People required support to manage other risks such as eating safely due to issues with swallowing, diabetes and risks associated with their dementia. Risks has been assessed thoroughly and actions were in place for staff to mitigate and respond to these.
- Risks associated with the safety of the environment were identified and managed. Regular checks and auditing had been completed to identify what maintenance work was needed. Fire safety checks had been conducted and the provider had carried out the necessary changes identified in the home's most recent fire risk assessment. Personal Emergency Evacuation Plans (PEEP) were in place to ensure people would receive the right support in the event of a fire.

Using medicines safely

- People needed support with their medicines and staff ensured that they administered these safely.
- Staff were trained in handling and supporting people to take their medicines and received annual competency assessments to ensure good practice. The provider had policies and procedures regarding the handling and administration of medicines.
- Medicines were stored and disposed of safely. Medication Administration Records (MAR) showed people received their medicines as prescribed and these records were completed accurately. For example, one person living with Parkinson's disease required their medicines to be administered at specific times and records showed that staff were ensuring this. Where people had 'as and when needed' (PRN) medicines, staff were supported by guidance on when to administer these.
- People and their relatives told us that staff provided them with their medicines. We observed medicines being provided during the inspection and this was completed safely and correctly.

Preventing and controlling infection

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

Learning lessons when things go wrong

- Where accidents and incidents had occurred, the provider had assessed the causes and made changes to reduce the likelihood of a reoccurrence. For example, a monthly analysis of falls was completed to identify any patterns so that staff could mitigate further falls.
- Staff understood their responsibilities to raise concerns and record safety incidents. When fire drills had

been undertaken, discussions had taken place to review the use of equipment and staff communication. An assessment of staff responses had identified where further guidance was needed. Records showed that this had been completed.

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.

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

At our last inspection the provider had not always ensured that staff were deployed in such a way that met people's preferences and care and support needs. This was a breach of Regulation 18 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 18.

- People and their relatives told us that there were activities and engagement that people enjoyed. One relative said, "They (staff) engage him with activities. Before he went into hospital, he was mobile, but he would just wander and wouldn't join in with anything. Since his discharge he will join in. If there are activities he will be there and engage, it's a massive improvement for him. He's never been healthier since he's been at the home. He's happier than he's been for a long, long time."
- People took part in activities that included movement-based exercises to support those with mobility issues. Staff had used guidance from occupational therapists and incorporated these into activities to support people with their balance and mobility.
- The registered manager stated that they were reviewing staffing arrangements to determine how to improve and ensure that activities and engagement continued for people during the national pandemic and restrictions imposed by the government. One relative said, "They organise some fantastic things for the residents. (The registered manager) sent us pictures. They organised a VE celebration and things in the gardens during the summer. They keep them well occupied. (The home manager) told me that she was making sure staff interacted with mum. It's such a lovely place."
- People were supported maintain relationships and avoid social isolation.
- The restrictions imposed on visitors accessing the home during the Covid pandemic had challenged staff to work creatively to ensure that people maintained relationships that were important to them. One relative told us, "They've coped really well. They've been strict from the beginning because they have such vulnerable people, but they have made sure if you need to talk to your loved one, you can. We've never had a problem seeing how she is. She can talk to us whenever she wants to."
- The provider had constructed an external visitor's pod to allow safe and organised visits by loved ones. One person said, "I love the pod because it's a link to my family. I'm lucky I'm in a position to communicate with them." One person, who was hard of hearing, had benefitted from this. Their relative said, "The pod has

worked very, very well. She could hear everything I say because of her hearing."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were receiving a personalised service that was responsive to their needs. People and their relatives told us that they were involved in planning their care and support. One family member said, "(The home manager) was good hearing me out with my fears and worries. They seem to have a good hold on dad and the way they interact it makes me worry less."
- Care plans were detailed and provided personalised information for staff. These reflected changes to people's circumstances, how these affected the person and what staff could do to support them. For example, care plans guided people on how to support people living with dementia who may display some behaviours that challenge.
- Many people lived with some form of dementia. Staff were skilled and knowledgeable about what additional personalised support was needed to support them and our observations supported this. One relative said, "They are skilled. My mum presents with dementia. I can see the difference with the way they support her and others with dementia. They are different and very good at talking to the residents in the right way for them."

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.

- People's communication needs were recorded in detail and care plans were in place for staff to follow. For example, when people had sensory impairments, such as hearing loss, there was guidance for staff to ensure they encouraged people to maintain and wear hearing aids.
- The registered manager stated that no one at the home required information presented to them in an alternative format but that they had the means to adapt care documentation to meet people's requirements if needed.

Improving care quality in response to complaints or concerns

- People and their relatives were confident that issues were addressed quickly and concerns were taken seriously when raised.
- The provider had responded positively when concerns had been raised. One relative stated they had raised some historical concerns. They said, "We sat down, and they talked to me about what they were doing. Since then they have been really good. If there's any change in routine they will communicate this to me. They've done everything they can when I've raised concerns."

End of life care and support

- People were supported compassionately at the end of their lives.
- People's wishes for how they wanted to be supported were sought and preparations made by staff to carry these out.
- The home was part of a pilot scheme with a local hospice to provide specialist support and guidance when people's health declined at the end of their lives. In partnership with the GP, one person had a Treatment Escalation Plan in place that detailed their wishes, what medical support they wanted and where they wanted to receive that support. Staff had ensured that preparatory medication was in place when required.

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; Continuous learning and improving care

- The registered manager had made significant improvements to quality assurance systems to ensure that services were delivered consistently and to improve care. Audits had been regularly undertaken to drive improvement in areas such as health and safety, infection control, fire safety and medicines.
- There was a registered manager in place as well as the home manager. Responsibilities were clear and they worked constructively together with a shared vision to continuously improve the care provided.
- The registered manager was aware of their regulatory requirements and notifications made to the CQC had demonstrated this.
- The registered manager ensured that staff understood their roles and responsibilities, and there were clear processes in place for staff to account for their decisions, actions and performance. One staff member said, "I've been a senior before. I deal with medicines and any issues are reported to management. I make the shift run. In my time there, I've been impressed with the way things work. I'm impressed with it all."
- The registered manager understood their responsibilities with regards to the security and sharing of confidential data and information. They ensured that all staff understood these responsibilities. For example, we observed communication with staff about a successful day activity which cited the General Data Protection Regulation (GDPR) in the sharing of photos and people's information electronically. GDPR is a legal framework that sets guidelines for the collection and processing of personal information from individuals.
- The registered manager had been proactive in seeking guidance from partners, the local authority quality team and an external quality assurance advisor to help drive improvement. One professional said, "(The managers) continue to attend our fortnightly provider forums and have shared information on events being held in the service. There was also some positive feedback from the nursing professional's forum (relating to engagement with ward rounds, the care home in reach team and end of life team)."

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

- There was a culture of openness and inclusiveness. Staff told us how they were encouraged to reflect upon their practice and work together to improve care. One staff member said, "Most definitely supported. For example, as I'm new I went to the manager and was reassured that I would have concerns when getting

used to things. I now feel because of the support I've slotted in very well. I feel so comfortable."

- People, relatives and staff spoke highly of the management of the service and that they promoted a person-centred service. One person said, "They work hard to keep everything going. The boss has a lovely way about him, and it makes all the difference." One staff member said, "They are very approachable. We can ask them anything and they are very supportive."
- The registered manager was aware of their responsibilities under the Duty of Candour. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment. One relative said, "They are very honest with the families, very professional but really caring. They know their residents so well. They know exactly what's going on. I don't worry about mum anymore."

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

- Staff and relatives described how the provider worked hard to ensure people and their families were included and involved during the pandemic. Regular communication from the management team were provided to keep people updated on any changes and provided reassurance about arrangements for people's support. One relative said, "They've also been doing loads of emails to families about what's going on. They also send photos if mums done something on a certain day. You can call whenever we want to. They've kept lines of communication open."
- Staff described how the registered manager ensured they involved them in the service. One staff member said, "Yes we do participate. We are asked in general of our own experiences. They ask us how we feel about things. If a resident's behaviour changes, they would ask the health care assistants if they've noticed anything."

Working in partnership with others

- Staff had developed positive working relationships with a range of health and social care professionals. The registered manager attended provider forums to build relationships and share knowledge.
- Staff had formed good links with professionals in areas such as the dementia in reach team, local authority commissioners, and GP's.