

Arrigadeen Nursing Home Limited

Arrigadeen Nursing Home

Inspection report

20 Cambridge Road
Clevedon
Somerset
BS21 7HX
Tel: 01275 879405
Website: www.example.com

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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?

Requires Improvement 

Overall summary

We carried out this inspection on 10 February 2015 and this was an unannounced inspection. During a previous inspection of this service on 26 January 2014 we had identified concerns that people were not consistently involved in how their care was planned or provided. During this inspection we found the provider had made the appropriate improvements.

Arrigadeen Nursing Home provides personal and nursing care for a maximum of 29 people. At the time of the inspection there were 18 people living in the home. In addition to the nursing home, Arrigadeen Nursing Home

is also registered to provide care to people in their own homes. At the time of our inspection the service was providing personal care to 9 people in the local community.

A registered manager was in post at the time of 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

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The provider had failed to notify the Commission, as required, of a serious injury sustained by a person who used the service.

People told us they felt safe and the provider had appropriate arrangements to identify and respond to allegations of abuse. Staff knew how they would report any safeguarding concerns internally or externally if they had any concerns over people's welfare. A whistle-blowing policy was in place which provided information for staff to follow should they need to raise any concerns externally.

People told us their needs were met promptly and staff confirmed there were sufficient numbers of staff to enable them to perform their roles effectively. People told us they had no concerns with the numbers of staff on duty and that their call bells were answered promptly. Staffing levels set by the registered manager had been achieved to meet people's needs. The registered manager adjusted staffing levels to meet people's needs when required. Safe recruitment procedures were undertaken when staff were employed at the home.

People told us they received their medicines on time. The service had suitable arrangements in place for the ordering, storage, administration and disposal of medicines. Medicines were stored appropriately and records had been completed accurately. The provider had an auditing system to monitor people's medicines.

People gave positive feedback about the staff at the home. They told us they were very happy with the standard of care they received. Staff said they felt had the knowledge and skills they needed to carry out their role effectively. Staff were provided with regular training and regular staff appraisal and supervision was undertaken to monitor performance.

The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS) and the service were currently completing applications where a need had been identified. These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely.

People were provided with sufficient food and drink and positive feedback was received on the standard of food provided. People who were assessed as needing support to ensure they maintained a good intake of food and drink received the support they required. Arrangements were made for people to see their GP and other healthcare professionals when required.

Staff had developed caring relationships with people at the home and we observed friendly and positive interactions throughout our inspection. People and their relatives spoke highly of the staff at the home. Where possible, people were involved in making decisions about their care and treatment. People told us they felt their privacy and dignity was maintained and respected by staff.

People received personalised care that met their individual needs. We made observations throughout our inspection that people received care in line with their assessed needs. The provider had a complaints procedure and people felt confident they could complain should the need arise.

The registered manager was well respected was spoken of positively by staff and the people at the home. Staff felt they were able to raise suggestions or concerns and contribute to the way in which the home was run. The provider had systems to monitor people's health and welfare and the quality of service provision and care was monitored.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they felt safe and gave positive feedback about the staff.

Staff were aware of how to identify and report abuse in line with the provider's policy and told us they would report concerns.

There were sufficient numbers of staff to keep people safe and appropriate recruitment procedures were undertaken.

People were supported with their medicines. Medicines were stored correctly and accurate records were maintained.

Good



Is the service effective?

The service was effective. Staff were trained and supported effectively and received regular supervision and appraisal.

We found the home was meeting the requirements of the Deprivation of Liberty Safeguards. The registered manager had commenced appropriate steps to ensure the correct authorisations were in place.

People were supported with their nutrition and hydration. There were measures in place to ensure people assessed nutritional needs were met.

The home worked with GPs and other healthcare professionals to enable people to use relevant services.

Good



Is the service caring?

The service was caring. There were good relationships between people, their relatives and the staff team.

People were treated with consideration and respect by staff.

Staff were aware of people's preferences and offered people choices.

People's privacy was respected and they were able to entertain their visitors.

Good



Is the service responsive?

The service was responsive to people's needs. People received care which met their needs when they needed it.

Activities within the home were provided for groups and individuals.

The provider had a complaints procedure and people felt able to complain.

Good



Is the service well-led?

The service was not consistently well-led. A notification required by law had not been sent to the Commission as required.

Requires Improvement



Summary of findings

Staff told us they felt supported by the management team and could contribute to the running of the home.

There were systems in place to monitor people's health and welfare.

There were quality assurance systems in place and people's views and opinions were listened to.

Arrigadeen Nursing 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 was carried out by two inspectors. During a previous inspection on 26 January 2014 we had identified concerns that people were not consistently involved in how their care was planned or provided. During this inspection we found the provider had made the appropriate improvements.

Before the inspection we reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

We spoke with nine people who used the service, six visitors, two visiting healthcare professionals and six members of staff. This included the registered manager, the matron who was the clinical lead for the service, the activities co-ordinator and care staff. We observed how people were supported and looked at eight people's care and support records.

We looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Is the service safe?

Our findings

People felt safe and said they had a good relationship with the staff who provided their care. One person told us, “I feel safe here, staff look after me very well and they are very good.” Another person said, “Staff are very good, this is a nice place.”

The provider had appropriate arrangements to identify and respond to the risk of abuse. Staff received appropriate training in safeguarding adults. Staff demonstrated awareness of the different types of abuse and the signs that may indicate that someone was being abused. Staff told us they would inform the registered manager immediately if they had any concerns about people’s welfare and they were also aware they could report matters externally. The provider had a policy relating to safeguarding which contained information such as the types of abuse and reporting procedures. The provider also had a whistleblowing policy which gave staff guidance on how to report matters confidentially. It was highlighted to the registered manager that some information on this policy was historical and required updating. They told us this would be addressed as a priority.

The home had undertaken an assessment of people’s risks and risk management plans were in place to reduce these risks. For example, assessments for people’s risk of falls, pressure ulcers and mobility were recorded. Where a risk had been identified, guidance showing the required level of staff intervention had been recorded. We saw examples that showed the mobility equipment required by people to reduce their risk of falls and the pressure relieving equipment people used to reduce the risk of skin damage.

Additional risks relating to people’s individual medical conditions were recorded and supporting guidance for staff recorded. For example, some people within the home had diabetes and this was recorded within their records. The risk management guidance for care staff showed what signs or symptoms the person may demonstrate if they were unwell due to their diabetes, and also what action care staff should take.

The provider had undertaken a monthly review of reported incidents and accidents within the home. This review was to identify any patterns or trends in incidents and accidents and assist in preventing or reducing reoccurrence. The

registered manager or a senior member of staff undertook these reviews and supporting records showed that reviews had been completed. Recent monthly reviews showed no trends in the reported incidents or accidents.

Equipment used within the home was maintained to ensure it was safe to use. Internal and external checks of mobility equipment were undertaken. Records showed that equipment such as mobility hoists and slings were checked periodically by the home and were also tested when required by an approved external company. Equipment such as the passenger lift was serviced regularly and medical equipment used within the home such as weighing scales were calibrated regularly to ensure they were accurate. Portable electrical equipment used in the home was also tested annually.

There were sufficient numbers of staff on duty to support people safely and meet their needs. People told us they received the care they needed when they wanted it and that call bells were responded to quickly. All of the people we spoke with said that staff answered their call bells quickly and they were not rushed. Staff said they felt there were sufficient staff on duty and people’s needs were met in a timely manner. The registered manager used a set number of staff within the home which met people’s needs. They told us that on occasions they had identified that an extra member of staff had been required when people’s needs had increased and had put extra staff on duty.

Staff files showed that safe recruitment procedures were followed before new staff were appointed. There was an application form, employment and character references and photographic evidence of the person’s identity. A Disclosure and Barring Service (DBS) check had been completed for all staff. The DBS ensures that people barred from working with certain groups such as vulnerable adults are identified. The provider also ensured that where required, the appropriate documentation had been obtained when foreign nationals undertook employment at the service.

Medicines were managed safely. The home had systems in place to order, retain, administer and dispose of people’s medicines and people’s medicines were given to them when they needed them. The service had effective systems in operation for the obtaining, storage and disposing of medicines. . Medicines that required cold storage were

Is the service safe?

stored correctly and appropriate records were maintained for refrigerators. People's medicine administration records were completed correctly to confirm that people had received the medicines they needed.

Is the service effective?

Our findings

People and their relatives expressed positive views of the management and staff. Positive comments were received about the standard of care provided and the staff who provided the care.

Staff received appropriate training to carry out their roles. Staff told us they felt they were given sufficient training and support at the home. Staff had received appropriate training in a variety of relevant topics to meet the needs of the people who used the service. The training staff received included moving and handling, fire, safeguarding and food hygiene. In addition, training in dementia had been provided and undertaken by staff. Some staff had also undertaken training in death and bereavement to enable them to support people and their relatives during end of life care.

Staff were supported to carry out their roles and they received regular performance supervision and appraisal to support and monitor their work. We spoke with staff who confirmed this and told us they felt comfortable and confident they could express their views. Supervision and appraisal records we looked at supported the information given to us by the registered manager and staff. In addition to discussing the staff members performance, the staff member also had the opportunity to highlight if they had any concerns at work, if they required additional training or anything they wished to achieve.

New staff undertook an appraisal before starting work. The registered manager confirmed the induction was completed over a 12 week period. During the induction the new staff member would undertake training relevant to their role and also completed workbooks. The workbooks demonstrated the staff member had understood matters such as their role and responsibilities, how to effectively communicate, the importance of confidentiality and how to develop themselves.

The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. We spoke with the registered manager who was aware they

had the responsibility for making DoLS applications when they felt they were required. The registered manager had been in communication with the local authority prior to our inspection and DoLS applications were being completed.

Staff told us they had completed training on the Mental Capacity Act 2005 (MCA) and DoLS and records supported this. Staff understood how the MCA had an impact on their work and how they supported people in making decisions and promoted people's independence where possible with their daily lives. We observed that people were offered choices and were included in making decisions about their care and treatment.

People spoke positively about the food in the home and people received support when required. A member of staff explained that options of different main meals were based on people's preferences. They told us that should people not wish for the main choice of a lunchtime, alternatives were available for people. A choice of snacks and sandwiches were also available for people daily. A recent visit from the local authority had shown that some people did not feel fully involved in the choices available for meals within the home. The registered manager showed us this had been recorded on the home's action plan and told us that people were being spoken with about this.

When people required support from staff to eat and drink received the care they needed. People who were at risk of choking had been assessed by the appropriate professional. Any subsequent guidance from this professional was recorded within people's care records and in the kitchen. Where people needed to have a food of a modified consistency, the kitchen staff adjusted the consistency of food to meet the person's needs. Where required, the home had a risk assessment tool to monitor if people were at risk of malnutrition and people's body weights were recorded monthly and reviewed. A senior staff member told us that only one person in the home was at risk of malnutrition and others had their daily food and drink amounts recorded to monitor their intake. Where this was the case we saw that appropriate records were maintained.

Within people's rooms and in shared areas we saw that there were jugs of cold drinks available throughout the day. A trolley with snacks and drinks was taken around the home at regular intervals throughout the day and people could also obtain drinks and snacks at their request.

Is the service effective?

People were supported to use healthcare services when required. Most people within the home were registered with two of the local GP practices. A GP completed scheduled visits every two weeks but a GP also attended the home as necessary when requested by the registered manager or senior staff member. We spoke with a visiting healthcare professional who said, “It’s very good here, it’s a

pleasure to come here and I find the staff very co-operative.” People told us they could see a GP or other healthcare professionals as they required. People’s records supported this and showed the service had obtained advice from external healthcare professionals such as physiotherapists and occupational therapists when required to promote people’s health.

Is the service caring?

Our findings

People and their relatives told us the staff at the home were caring. We received information about the management and staff at the home that showed people were happy with the care they received. One person told us, “The care is good.” One visitor to the home who was a person’s relative said, “They look after [service user] very well here.”

Compliment cards sent to the home also reflected positive experiences and were similar to the opinions of the people and their relatives we spoke with. There were a selection of compliment cards however it was not always clear when they had been received by the home as there was no date. We found one card that was dated December 2014 that read, “[service user] really enjoyed joking with the staff and the lovely relationship [service user] had with you all.”

People’s privacy and dignity was respected. People told us they were respected by the staff at the home and they felt their privacy was respected. One person said, “The staff respect my privacy.” Staff we spoke with gave examples of how they respected people’s dignity during personal care and we observed examples throughout the inspection of people’s privacy and dignity being respected. For example, staff were observed knocking on people’s bedroom doors prior to entering. Whilst we were in the lounge area of the home a person was visited by the dentist and the person wished to remain in the lounge for their dental appointment. The care staff ensured they put up a screen to protect the person’s dignity during this appointment and to ensure others in the lounge did not need to observe the person receiving their treatment.

Staff communicated in a friendly, caring way. We observed staff interacting and communicating with people in a way

that was suitable to the person and they communicated in a manner that ensured people understood. Staff told us, “We know our residents and we ask them what they want.” We heard staff supporting a person with their lunch. The staff member explained to the person what they were doing and provided reassurance to the person that there was no rush to eat their lunch and ensured the person understood this. We also observed a staff member assist a person to stand up from their chair in the lounge. They spoke with the person slowly during whilst moving them and continually praised and reassured the person they were safe.

People could be visited by their friends and relatives at any time of day. During our inspection people’s relatives visitors came to the home. People relatives were welcomed into the home by the staff. People’s relatives were able to spend time with people in their own bedroom’s or they were welcomed into the dining room or the main lounge should they wish. Staff made people’s visitors and relative’s drinks when they visited the home and there were no restrictions on what times people could have visitors or how long they were able to stay.

People were involved in decisions about their care and treatment. During the inspection people were continually offered choices by staff about different aspects of their care. People told us they felt involved in their care and made choices. One person told us, “I feel I can choose and the staff give me plenty of time to respond.” People said they were able to choose where they ate their meals and what they did during the day and told us the staff respected their choices. For example, one person told us, “I don’t fancy the activities, it’s not that I’m anti-social and the staff are very good like that, they don’t insist.”

Is the service responsive?

Our findings

People spoke positively about the personalised care they received. People said that staff were responsive to their needs and said that their care needs were being met. We did not receive any negative feedback from people or their relatives. One person told us, “I’m happy with everything here.”

During the inspection we saw examples of how staff responded to meet people’s care needs. We made observations in the lounge that people received the care they needed in relation to reducing their risk of developing a pressure ulcer. We saw that where people’s care records indicated the person should be seated on a pressure relieving cushion this was in place. In addition, some people required a pressure relieving mattress on their bed and we saw the mattresses we looked at were on the correct setting.

People who had limited mobility had the equipment available. For example, people who required mobility equipment to move around the home had this equipment close to hand. Staff ensured that where people chose to stay in their room or were unable to leave their bed they had a call bell in their hand or next to them to ensure they could summon assistance if required.

Staff understood people’s individual needs and were able to tell us how people preferred to be cared for. Staff we spoke with also told us they ensured they delivered personalised care by involving the people they were caring for and ensuring care was given in accordance with their wishes. This was reflected in the comments of the people we spoke with. Staff had undertaken a training course in person centred care to assist them in delivering care in accordance with people’s wishes. The registered manager and staff confirmed that handovers took place daily when new staff commenced duty to ensure people’s care needs for that day were communicated.

Care records detailed personalised information about people who were not always able to clearly express their needs. People in the home had a document entitled “Being with me” within their bedrooms. The document showed information such as the person’s life history and their current preferred care routines. This recorded information

was provided by the person, their relatives or representatives. This information helped staff to understand the person better and meet their needs in a personalised way.

The registered manager told us that people or their relatives were involved in care reviews. People’s care records demonstrated that care reviews had been held. We saw the reviews ensured that people’s care needs and preferences were assessed to ensure that the care and treatment given to people met both their needs and preferences.

Activities were available for people to participate in. The home had a dedicated activities co-ordinator who ensured there was a range of different activities available to people. People we spoke with said activities were held and they could choose to participate if they wished. We spoke with the activities co-ordinator who told us that group activities were held in the lounge and that they ensured people also received activities in the bedrooms if that was their preference. This was observed during our inspection and the activities co-ordinator spent time with people individually in their bedrooms. Some people we spoke with indicated this was their preference and they said they enjoyed having time individually with staff as opposed to group activities.

People and their relatives felt able to complain or raise issues within the home. The home had a complaints procedure displayed in the entrance foyer. People and their relatives also had access to this procedure through the ‘service user guide’ given to them by the home. People and their relatives told us they were confident they could raise concerns with the registered manager, however people and their relatives told us they had never had the need to complain. Staff we spoke with told us they would escalate any concerns they had to senior staff or the registered manager.

The home did not currently have a formal complaints log in operation as the registered manager told us they had not needed one as they had not received any complaints for a significant period of time. They told us that following the inspection they would produce a complaint recording system to allow them to monitor and respond effectively should they receive a complaint in the future.

Is the service well-led?

Our findings

The provider had failed to notify the Commission of an incident as required. During our inspection, we found a record of an accident that happened in January 2015. As a result of this accident the person suffered a serious injury. A notification was required by law to be sent to the Commission as a result of this and this had not been sent as required.

People and their relatives said they were aware who the registered manager was. They told us they knew who to speak with in the home if they had a concern. Staff said they felt the service was led well by the registered manager and senior staff. Staff told us they felt listened to by the registered manager and the senior staff. They told us they felt able to contribute ideas on how the home was run. For example, one staff member told us they suggested to the registered manager that using a smaller hoist for some people would be more efficient. They told us this was listened to and new equipment was purchased.

The registered manager communicated with staff about the service. The registered manager told us that communication with staff was frequent during the normal course of business and daily handovers. In addition to this, staff meetings were held approximately every two to three months and staff confirmed this. The meeting minutes showed that matters such as health and safety, infection control and people's care needs were discussed at these meetings.

The provider had a programme of regular audits to monitor the safety of people in the home and the environment. The audit programme included a medicines audit and an infection control audit. We saw evidence that these audits had been effective. For example, previous medicines audits

had identified that some medicines required disposal and another had identified that the pharmacist had supplied an incorrect medicine. We saw the paperwork to support the service had raised this with the pharmacist and that the pharmacist had acknowledged the error. Also undertaken were additional audits and monitoring of people's care records. These included a clinical auditing process to monitor the treatment in relation to pressure ulcers and people's risk of malnutrition.

The provider had a quality monitoring system in the form of a survey. The registered manager told us the next survey was due to be sent out in March 2015 and the results would be collated soon after. Just prior to our inspection, the home had received its annual review from the local authority and as part of that review a survey was sent out to people within the home. We looked at seven completed surveys that had either been completed by people or their relatives. The results of the survey were mainly good with positive feedback shown about the staff in the home and the facilities available.

As a result of the visit by the local authority in January 2015, some minor actions had been identified to the home on ways they could improve the service for people. We saw the registered manager had been responsive to these suggestions and had completed an action plan to undertake and complete the recommendations from the local authority.

The provider had an emergency plan to manage the risks associated with a significant disruption to the home. For example, if the electricity supply failed or if the telephone lines at the home failed to work. The continuity plan contained guidance for staff on who within the management team they should contact in the case of an emergency.