

Arranmore Park Limited

Arranmore Park Rest Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Arranmore Park Rest Home is a care home providing accommodation for up to 35 older people, including people living with dementia. At the time of the inspection there were 33 people living at the home.

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

People were not adequately protected from the risks of infection from COVID-19. We inspected the home to see how staff were following national and local COVID-19 guidance including the correct use of personal protective equipment (PPE) and observe how people were cared for. We found people were not adequately protected from the risk of acquiring infections because systems for preventing the spread of infections were not implemented effectively. The provider had not followed the latest guidance on COVID-19 testing for staff and people and latest guidance on allowing visitors in care homes. Infection prevention and control practices needed to be improved in a number of areas. People were safely supported to receive their medicines as prescribed however, some improvements were required in relations to medicine administration records and the monitoring of time specific medicines. We made a recommendation about medicines management.

People were protected from the risk of abuse and avoidable harm by staff who understood how to recognise, respond and report concerns. The registered manager had robust and safe recruitment procedures. The provider monitored the safety of the premises.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

People's consent in relation to COVID-19 testing and allowing visitors in the home had not been adequately sought. Staff had received regular training in a number of areas however, we found shortfalls in a number of areas. The registered manager took immediate action to address this and had started booked some of the training before the inspection.

While the provider had arrangements to check the quality of the service we found they had not complied and implemented best practice guidance in relation to infection prevention and control in line with government policy. The registered manager regularly checked the quality of the care provided and people's experiences however the provider had not established formal oversight on the registered manager. People spoke positively about staff and the registered manager. There was a positive culture throughout the service which focused on providing care that was individualised and promoted independence.

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 good (published 05 June 2018).

Why we inspected

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 COVID-19 and other infection outbreaks effectively.

We inspected and found there was a concern with infection prevention and control measures to prevent the spread of COVID-19, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

Enforcement:

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the concerns raised about infection prevention and control, staff training seeking consent and good governance. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Arranmore Park Rest Home

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

This inspection was undertaken by two inspectors. One on the premises and one at a remote site.

Service and service type

Arranmore Park Rest Home 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 the service notice of the inspection. This was because we wanted to be sure the home was not in the middle of dealing with an active COVID-19 outbreak.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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.

During the inspection

We spoke with two members of staff including the registered manager who is also the nominated individual and the deputy manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included three people's care records, training and induction records, medicines administration records, three staff recruitment records and we looked at a variety of records relating to the management of infections and cleanliness. We walked around the premises to observe the environment and care delivery.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.



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 good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and needed to be improved to provide assurance about safety. There was a risk that people could be harmed.

Preventing and controlling infection;

- People were not adequately protected against the risk of infection from COVID-19 and other related infections. The provider had not followed national guidance in the management and prevention of COVID-19. People living in the home and staff were not regularly tested for COVID-19 in line with current guidance.
- The provider had made arrangements to facilitate visits into the home, however they had not followed the updated guidance on allowing face to face visits for designated family members to have access to the home. They had not facilitated COVID-19 testing for visitors.
- While the home was observed to be visibly clean and regular cleaning of high touch areas was carried out, we found practices in the laundry room did were not robust to prevent cross contamination. In addition, people's bedrooms did not have suitable hand washing facilities such as soap dispensers, bins and hand paper towel dispensers. While some rooms had hand soap and towels, the facilities did not meet the required infection prevention standards.
- While the registered manager had carried out infection prevention audits, we found they had not identified the shortfalls we found. We shared all the concerns above with the local Public Health professionals who took action to support the provider. In addition, the provider took immediate action following our inspection and took corrective action to rectify all the shortfalls above.

There was a failure to assess the risks to the health and safety of service users. These were breaches of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and the registered manager had followed national COVID-19 guidance in relation to the admission of new people into the home.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. However, improvements were required to ensure people who required their medicines at specific times were supported to ensure they had them and records kept reflecting this. After the inspection, the provider took appropriate action to address the concerns.
- Staff supported people who wanted to manage their own medicines however, risk assessments had not been carried out to check if people were safe to manage their own medicines and put measures to support them to do so safely.

We recommend the provider consider current guidance on managing time specific medicines and self

administration of medicines and take action to update their practice accordingly.

- Staff asked people who had 'as required' pain relief medicine prescribed if they wanted these medicines and acted upon their wishes. When people could not say if they were in pain, documentation gave staff indicators on how they displayed pain so medicines could be administered.

Assessing risk, safety monitoring and management

- The registered manager and their staff had assessed risks to keep people safe. Risks were reviewed and correct action was taken to reduce the risk. This included referrals to relevant external professionals and moving people to suitable placements as their needs increased.
- Staff knew how to support people in an emergency and had sought medical assistance where necessary. The registered manager analysed accidents and incidents for themes and followed the local reporting protocols.
- The premises and equipment had been maintained to protect people from risks. People had personal emergency evacuation plans which ensured in case of a fire staff had guidance on how to support people out of the building.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they were safe from abuse and their human rights were respected and upheld. Staff had received relevant training and knew how to recognise potential abuse and report any concerns.
- The registered manager had followed safeguarding procedures and reported concerns and shared relevant information to safeguard people from abuse and avoidable harm.
- The provider had systems to record and review and investigate accidents and incidents. However, improvements were required to ensure people were monitored for injuries after unwitnessed falls or incidents. Our review of the process showed this had not been implemented following unwitnessed falls which had occurred in the home.

Staffing and recruitment

- The registered manager followed safe staff recruitment procedures. All the necessary background checks were carried out. This ensured only suitable staff were employed to support people.
- People told us staffing levels were enough to keep people safe. We observed the service had appropriate staffing levels to keep people safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had received training in various areas of care including induction at the beginning of their employment. However, we found some of the staff had not completed training or renewed training that the provider had deemed mandatory for the role. This included areas such as moving and handling, equality and safeguarding, mental capacity, infection prevention and control and fire safety. The registered manager took immediate action to address this and had started to book training before our inspection.

There was a failure to ensure that all staff had received appropriate support and training to enable them to carry out the duties. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received regular supervision and appraisals in line with the provider's policy.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- While the registered manager and the staff had carried out mental capacity assessments in some areas, we found practices for seeking people's consent was not robust. People's consent to take part in regular COVID-19 tests had not been adequately sought including following best interest processes where people lacked capacity to make the decisions. Decisions had been made not to allow visitors in the home without evidence to demonstrate how people had been supported to make this decision.

There was a failure to seek people's consent. This was a breach of Regulation 11- (Need for consent) of the

- The registered manager took the required action to protect people's rights and ensure people received the care and support they needed. Appropriate applications had been made to the local authority for DoLS assessments.

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

- People's needs were assessed, and their choices were considered before they came to live at Arranmore Park Rest Home. Information gathered during assessment was used to create people's care plans and risk assessments.
- The registered manager and their staff had not consistently referred to current legislation, standards and best practice guidance to achieve effective outcomes. This included national guidance on COVID-19 testing and updated guidance on allowing visitors. This guidance would ensure people receive effective, safe and appropriate care which met their needs and protected their rights. The registered manager took immediate action to address this and ensure the home was following national guidance.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- The registered manager worked effectively with healthcare professionals to ensure people's healthcare needs were met. They worked with services including GPs, dentists and community-based health professionals. The registered manager had an arrangement with a local community nurse who visited regularly to review people's medical needs.
- Staff supported people to maintain a balanced diet. Records, when appropriate documented any associated risks with eating and drinking. We observed people receiving support with their eating and drinking and being offered choice and alternatives. The atmosphere was pleasant and meals were appetising. People told us; "The food is great we get plenty, there's lots of choice with the food."
- The registered manager monitored people who were at risk of weight loss. Guidance from professionals was requested when needed.

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

- People's individual needs were met by the adaptation, design and decoration of premises. There were adequate spaces for people to spend their time on their own or to share with others. Access to the building was suitable for people with reduced mobility and wheelchairs.
- The registered manager made improvements to the environment to ensure there were adequate signage to orientate people to their environment and warn them about risks of COVID-19.
- Communal areas were provided where people could relax and spend time with others. Corridors were free from clutter, which promoted people's independence.

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 good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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 and the provider had not ensured their governance systems consistently supported compliance with regulations, best practice and national guidance. While they had used audits to assess standards and the quality of care however they had not always followed national guidance on COVID-19 testing and visiting procedures.
- The provider monitored and provided oversight on the registered manager and staff however, this was not formalised to ensure it could be auditable. The registered manager and the provider assured us that they would formalise this.
- The provider's quality assurance systems and audits were in place however they had not identified some of the shortfalls we found and resolved them. There was a system for checking quality, internal audits. However, we identified breaches of regulation in a number of areas which meant the system needed further improvements to promote continuous improvements to the safety and quality of care.

There had been a failure to assess, monitor and improve the quality, safety and welfare of service users and others who may be at risk. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager and the provider had policies and procedures around the duty of candour responsibility if something was to go wrong. They had notified CQC and the local safeguarding authority of significant events and incidents in the home.

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

- The registered manager promoted a positive culture which empowered people and staff. People and relatives said there was a friendly and relaxed atmosphere at the home. Our observations and conversations from people confirmed this.
- People gave us positive feedback regarding the registered manager and the staff at the home.

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

characteristics

- People were engaged and consulted about the running of the home and the quality of care provided. The provider maintained an open culture and encouraged people to provide their views about the care. The registered manager informed us they had sought the views of people they support and family members and had previously held meetings with people. We discussed the need to keep formal records of consultation with people as the consultation such as visiting arrangements had not been recorded to show they had spoken to people.
- Staff told us they could contribute to the way the home was run. We saw staff had been asked about their views on various matters using letters and in supervision.

Working in partnership with others

- The registered manager worked in partnership with other care providers and local commissioners to ensure people could receive safe and coordinated care. These included local registered managers, healthcare professionals such as GPs, district nurses and other health professionals.
- The provider and the registered manager took immediate action to address the concerns we identified during this inspection. They confirmed people and staff were being tested and all environmental improvements had now been made.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent There was a failure to ensure that care and treatment of service users was provided with the consent.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There was a failure in assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a failure to implement effective systems to assess, monitor and improve the quality and safety of the services provided and to respond appropriately and without delay.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There was failure to ensure staff had received such appropriate , training, professional development, as is necessary to enable them to carry out the duties they are employed to perform.

