

Autonomy Health Ltd

Ardent Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ardent Residential Care Home is a care home without nursing registered to provide accommodation and care for up to 23 people. People living at the service are mostly older people, some of whom may be living with dementia. At the time of our inspection there were 14 people using the service.

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

People told us they were happy with the care they received. Comments from people included; "They always bring me a cup of tea and chat with me." Another said; "I like it here." People looked relaxed, happy and comfortable with staff supporting them. Staff were caring and spent time chatting with people as they moved around the service.

The environment was safe and there was equipment available to support staff in providing safe care and support. However, the registered manager discussed the environment with us, which required updating and attention, with some areas found to be neglected and in a poor state of repair. A tour of the premises showed areas in need of improvement. Previous inspections had noted the need for improvement works and we had made a recommendation. We found that not all repairs and updates had been completed as stated on the services action plan, sent to us after the last inspection.

Staff were recruited safely in sufficient numbers to ensure people's needs were met. However, we observed times when there was not much going on for people on the day of the inspection. The registered manager said they were actively looking to employ an activity coordinator to focus on this. Staff knew how to keep people safe from harm.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately. Medicines were ordered, stored and disposed of safely.

People were protected from abuse and neglect. People's care plans and risk assessments were clear. Records were accessible and up to date. The management and staff knew people well and worked together to help ensure people received a good service.

People were supported by staff who completed an induction and received appropriate training and support to enable them to carry out their role safely. This included fire safety and dementia care training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's communication needs were identified, and where they wanted, people had end of life wishes explored and recorded.

Staff told us the registered manager was available, assisted them daily and helped cover shifts when some staff had been absent with COVID-19. They went on to say how the registered manager was approachable and listened when any concerns or ideas were raised. One staff member said; "Very supportive."

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 31 December 2022).

Why we inspected

We were prompted to carry out this inspection due to concerns we received about the service, care provider and staffing.

A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed and remains requires improvement. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe, Effective and Well led sections of this full report.

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

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.

Enforcement

We have identified breaches in relation to Premises and Equipment. The service remains in breach of Good Governance and Notification of other Incidents.

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

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 effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Ardent Residential Care 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 Health and Social Care Act 2008.

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

Two inspectors inspected this service.

Ardent Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing care as a single package under one contractual agreement dependent on their registration with us. Ardent Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

A registered manager was working at the service.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection

We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service about their experience of the care provided and spent time observing people. We spoke with 7 members of staff including the registered manager and deputy manager.

We reviewed a range of records. This included 3 people's care records and 4 medicines records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff confirmed staffing levels enabled them to keep people safe and meet their care needs. However, we observed times when there was not much going on for people on the day of the inspection. The registered manager said they were actively looking to employ an activity coordinator to focus on this.
- Staff rotas showed there were sufficient numbers of staff employed and on duty to meet people's assessed needs. Staff agreed that there was enough staff on duty to meet people's needs. One person said; "The staff are always popping into see me and answer the call bell quickly."
- The staff said they worked additional hours to cover leave and staff absences, so people had staff they knew and trusted.
- Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service (DBS) before new staff started work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines in a safe way and as prescribed for them.
- People's medicine support needs had been assessed and were recorded in care plans. Care plans included additional risks related to medicines. For example, highlighting allergies and reactions to certain medicines.
- Medicines were ordered, stored and disposed of safely and securely. Staff recorded medicines following administration.
- There were no gaps in medicines administration records (MARs) and when people were prescribed 'as required' medicines there were protocols in place detailing the circumstances in which these medicines should be used.
- Medicines were audited regularly with action taken to make ongoing improvements.
- External creams and lotions to maintain people's skin integrity were applied during personal care.

Systems and processes to safeguard people from the risk of abuse

- The service had effective systems in place to protect people from abuse.
- People told us they felt safe. One person when asked said they felt safe.
- Staff received training and were able to tell us what safeguarding and whistleblowing was. Staff were able to describe the signs and types of abuse. Staff understood to report any concerns they had to the management team.
- The management team was fully aware of their responsibilities to raise safeguarding concerns with the

local authority to protect people and had notified CQC appropriately of concerns.

Assessing risk, safety monitoring and management

- Staff knew people well and were aware of people's risks and how to keep them safe.
- Risk assessments were up to date which meant staff had guidance on how to manage people's care safely. They covered areas such as skin integrity, personal care and people's mental health. Risk assessments for weight management and nutrition and dependency levels had also been undertaken where needed.
- Where people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans documented information for staff on people's health needs, so they could respond quickly to prevent situations from escalating.
- Equipment and utilities were regularly checked to ensure they were safe to use.
- Contingency plans were in place and showed how the service supported people during an outbreak of COVID-19.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

Preventing and controlling infection

- 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 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 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.
- We were assured the provider was facilitating visits for people living in the home.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring.
- Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team meetings.

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

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

At our inspection in May 2022, we found a breach of regulation and recorded that the provider had not ensured the premises, used by people, were suitably decorated and had the necessary adaptive equipment to improve people's quality of life and promote their wellbeing. This was a breach of Regulation 15 (Premises and Equipment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection in November 2022, we made a recommendation that the provider sought reputable advice regarding best practice in dementia friendly environments. The provider also informed us following the inspection that 'the whole service had been refurbished.'

The provider emailed us on the 3 November 2022 and stated; "All action plans from previous inspections have been completed and the whole home has been redecorated for the first time since the 80s. Three rooms and the stairway are outstanding only because the contractor took a break and he is due to return on November 14th (2022)."

The registered manager sent us the services action plan with work already completed and planned work to be carried out.

During this inspection we found that not all areas had been updated and upgraded as stated in their report to CQC. A tour of the premises showed some areas still required updating and attention, with areas found to be neglected and in a poor state of repair. For example; We found that there had been a recent leak in one area. This was currently in hand to be repaired. We found cracks in ceilings, the rear stairwell had threadbare and stained carpet, the bannisters had areas of chipped paint and the walls were in need of repair and redecoration. Another area of hallway showed it had started to be painted, however had only been half completed. We found some sheets and towels to be threadbare and very thin. The outside area needed some attention including clearing old furniture.

The provider had failed to ensure the premises was properly maintained. This is a breach of Regulation 15 (Premises and Equipment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's rooms were decorated with personal belongings to ensure people felt comfortable with familiar items around them.
- There was a suitable range of equipment and adaptations to support the needs of people using the

service.

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

- The management team and staff worked with external healthcare professionals to deliver care in line with best practice. During a COVID-19 outbreak, the registered manager said the local healthcare team had been supportive and had helped ensure people received the care required.
- People's individual needs had been assessed before they moved in. Records showed that regular reviews took place to ensure people using the service had their current needs recorded.
- Assessments of people's individual needs were detailed and expected outcomes were identified. The service used a combination of paper care records and staff used a handheld computerised system to record daily care carried out. Staff agreed this system was working well and held clear information on each person. Staff were able to access updated information via a handheld device to ensure they had updated information about people.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs. Staff told us; "I'm really enjoying working here."
- There was a system in place to monitor training and ensure it was regularly refreshed and updated, so staff were kept up to date with best practice. Training sessions were now beginning to be carried out face to face as well as some online.
- Staff were provided with opportunities to discuss their individual work and development needs. Staff received daily information on a staff group via an App, which also enabled them to raise any issues and share ideas. Staff told us they were well supported by the registered manager.
- Staff, new to the care sector, were supported to complete induction training in accordance with current good practice. New staff shadowed experienced staff until they felt confident, and their competence was assessed, before they started to provide support people independently.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with healthy meals which they enjoyed. One person said; "Oh the food is lovely." People unable to make a verbal choice were shown 2 plated meal options on the day to help enable them to choose.
- Staff were aware of any specific dietary requirements for people, for example, if people needed a soft diet. People were involved in menu planning.
- Care plans included information about people's dietary needs and their likes and dislikes. People who needed their nutrition to be monitored had records in place which were used to help identify any concerns.
- Drinks were served regularly throughout the day to prevent dehydration. Some people who stayed in their rooms, through personal choice, had drinks provided and these were refreshed throughout the day. One person, who like to remain in their room said; "Staff are always popping in and bring me cups of tea."

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and were referred to appropriate healthcare professionals as required.
- Staff ensured people's health care needs were being met and if they had any concerns regarding a person's health, then this was communicated with the relevant professional.
- People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals. People's care records highlighted where risks had been identified. For example, where people needed extra support when accessing the community, this was provided.

Supporting people to live healthier lives, access healthcare services and support

- People were supported with their dietary needs where this was part of their plan of care.
- People's preferences, likes, dislikes, and dietary requirements were recorded in their care plan.

Experienced staff knew people's needs well.

- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required.
- There were clear records which evidenced people were seen by external healthcare professionals when required including physiotherapists.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection we found the service was not meeting the principles of the MCA. Some decisions were being made on behalf of people; however, no assessments of people's capacity to make the decisions themselves had been undertaken. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the service was no longer breach in Regulation 11.

- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- People were asked for their consent before any care was delivered. People, who were able to, had signed their care plans to indicate they agreed with their planned delivery of care.

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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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

- The registered manager had oversight of what was happening in the service and were visibly taking an active role in the running of the service. They had worked to improve the service. This included the introduction of new systems, including a computerised personal care recording system. This assisted staff to ensure people's needs were met. There was a programme of regular audits which were done regularly and shared with the provider, who did not live locally and visited the service approximately every 3 months but made themselves available by phone.
- However, not all areas of the premises provided a pleasant and homely environment for people. Though some areas had been updated and new furniture provided other areas of the environment needed updating and attention with some areas neglected and in a poor state of repair, as reported under the effective section of this report. The registered manager was fully aware of the need to carry out these updates and repair and provided an action plan of upgrades planned.
- As outlined in effective, the service is in breach of the regulations. This is a ratings limiter, and the well-led key question remains requires improvement.
- The provider had completed an action plan which included upgrades in the environment. They had identified a need for improvement in areas of the service. However, these had not yet been completed as stated.

The provider had failed to ensure the premises was properly maintained. This is a breach of Regulation 15 (Premises and Equipment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the provider was in breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and breach of regulation 18 (Registration) of the Care Quality Commission (Registration) Regulations 2009. These breaches remain in place as it has only been 3 months since the last inspection and there has been insufficient time to embed improvements into the service.

- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs.

- The management team understood their role in terms of regulatory requirements. For example, notifications were sent to CQC when required to report incidents that had occurred and required attention. Regular audits took place, and these were completed by the management team.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service.
- There was good communication between all the staff. Important information about changes in people's care needs was communicated to staff effectively. Daily information and updates were shared on a staff team group via an App.
- The management and staff worked to drive improvements across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.

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

- Staff and people were complimentary of the service, the registered manager and the deputy manager. One person said how the registered manager came to see them. While a staff member said; 'They are supportive.'
- Staff informed us they had received support, training and supervision to support them to carry out their duties.
- There was a warm and friendly atmosphere in the service.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.

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 demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- Staff confirmed they worked in an environment where learning from incidents and feedback took place to make improvements where possible.
- Audits were carried out to monitor the quality of the service provided.

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

- Systems were in place to enable people, staff and relatives to give feedback.
- Communication between people, staff and families was good. People confirmed if they needed assistance, it was provided in a timely manner.
- Staff and people told us the service was well managed. Staff told us the registered manager was very approachable and always available for advice and support.

Continuous learning and improving care

- The service had a strong emphasis on teamwork and communication sharing. The registered manager and staff said this had been particularly important during the pandemic and a recent COVID-19 outbreak.
- Organisational audits were in place and used to develop the service by reflecting good practice.
- Policies and procedures were designed to support staff in their practice.
- The service used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care. They also worked in close association with the local surgery and district nurse team during a COVID-19 outbreak.
- The registered manager kept up to date with developments in practice through working with local health

and social care professionals.

Working in partnership with others

- The registered manager told us how they had worked alongside the local GP surgery and the local authority during the pandemic, the lockdowns and during an outbreak at the service. The registered manager worked collaboratively with professionals and commissioners to ensure people's needs were met and people had the relevant support and equipment was made available.
- Where changes in people's needs were identified, prompt and appropriate referrals for external professional support were made. These included GPs to provide joined-up care and support.

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	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>This was a breach of Regulation 15 (Premises and Equipment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Regulation 15 (1. e)</p>