

Arden Park Care Limited

Arden Park

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 caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This comprehensive inspection took place on 1 February 2017 and was unannounced. Arden Park provides care and accommodation for up to 30 older people. There were 27 people living at the home when we carried out our visit and this included one person who was in hospital. A number of people were living with dementia.

The service was last inspected on 30 June 2016. At that inspection we found there were three breaches in the legal requirements and Regulations associated with the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

These breaches were in relation to the safe care and treatment people received. There were not enough staff to meet people's needs, and staff were not deployed effectively. Administration of prescription creams and ordering of medicines required improvement. Suitable systems and processes to monitor and improve the quality and safety of services provided to people were not in place. Quality audits and checks were not effective.

The provider sent us an action plan which stated all the required improvements would be completed by 30 September 2016. During this inspection we checked whether the improvements had been made. We found most of the improvements had been made and sufficient action had been taken in response to the breaches in regulations. However, there were some areas where further improvements were required and the provider had plans in place for on-going improvements to be made.

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

The provider had increased their staffing levels and had made improvements to the way their staff were deployed. This meant staff were available when people needed them. However, some people we spoke with felt further improvements were still required. The registered manager had received guidance and support from a senior manager to assess people's needs and to effectively implement the provider's dependency tool.

The provider had made improvements in how medicines were managed and administered. This meant people received their medicines when they needed them and people's medicines were handled safely. Staff who administered medicines had received training and their competency had been assessed by the registered manager.

People and their relatives told us they felt safe living at Arden Park. Risk assessments and management plans were in place to identify potential risks to people's health and wellbeing. However some assessments

had not been updated to reflect known risks. Therefore, we could not be sure people were kept as safe as possible. Despite this, staff knew about these risks and explained how risks were to be managed.

The provider's safeguarding reporting procedures had been reviewed and improved since our last inspection. This assured us allegations of abuse would be investigated correctly to keep people as safe as possible.

Managers and staff understood the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager had improved their knowledge in relation to DoLS to ensure the rights of people were protected. Mental capacity assessments had been completed for people who needed them. Staff respected the decisions people made and gained their consent before they provided care.

The provider's recruitment procedures made sure staff were of suitable character to care for people at Arden Park. Staff completed an induction when they first started work at the home. Improvements had been made to the training staff received to support them to be more effective in their role. Records showed a programme of regular training supported staff to keep their skills and knowledge up to date. People thought staff had the skills and knowledge they needed to provide the care and support they required.

People told us they attended healthcare appointments when they needed them. People's records showed how the home worked in partnership and maintained links with health professionals. This meant people who lived at the home received the appropriate health care support to meet their needs.

Prior to living at the home people were assessed to ensure the service could meet their needs. The level of detail in people's care plans had improved since our last inspection. However, we could not be sure people and their families were involved in reviewing their care.

People were satisfied with the social activities that were provided to occupy their time. During our previous inspection we observed people were not supported effectively to eat or to enjoy their meal. During this visit some people told us they were not always satisfied with the food and drinks provided. We identified further improvements were required to improve the mealtime experience for people.

Everyone we spoke with had positive comments about the care people received which showed us improvements have been made since our last inspection. People told us staff respected their right to privacy and they maintained their dignity. We observed staff were caring and encouraged people to be as independent as they wished in their day-to-day care. People told us they were offered daily choices.

There were systems in place to gather people's feedback through annual surveys. Regular resident and family meetings had been set up since our last inspection. This gave people an opportunity to give their views on the service they received. People knew how to make a complaint and there were systems in place to manage complaints about the service provided.

During our last inspection we saw records containing people's personal information were accessible to others. During this visit we saw the provider had made improvements and we were assured confidential information could not be seen by people unauthorised to see it.

People and the staff told us they were happy with how the home was run. Staff felt more supported by the senior management team since our last inspection and told us they enjoyed working at the home. The frequency of senior manager visits to the home had increased since our last inspection. This ensured the

provider had an overview of how the home was being run.

Since our last inspection improved quality assurance processes had been implemented at Arden Park to drive forward improvements. We saw audits in-line with the provider's procedure had been completed to check the quality and safety of service people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

People told us they felt safe and we saw that staff were available at the times people needed. Overall, risks associated with people's care were managed well. However, some risk assessments had not been updated to reflect known risks. Staff understood how to safeguard people and minimise the risks to people when providing care. Accidents and incidents were analysed to identify patterns and trends to reduce the likelihood of them happening again. Medicines were managed safely.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

Some people were not satisfied with the food and drink provided and people's meal time experiences were not always positive. However staff demonstrated good knowledge of people's dietary needs. Staff had completed training in order to meet people's needs. The registered manager and staff had knowledge of the Mental Capacity Act (2005) which supported people if they lacked capacity to make their own decisions. Support from health care professionals was sought when needed to ensure people's healthcare needs were met.

Is the service caring?

Good 

The service was caring.

People told us staff were caring. Staff members demonstrated a caring approach. Staff respected people's right to privacy. They recognised the importance of supporting people to remain independent and they treated them with dignity and respect.

Is the service responsive?

Good 

The service was responsive.

Care and support was responsive to people's individual needs. Care plans contained detailed information about people's preferred preferences and routines. People were offered choices.

However, we could not be assured people were involved in reviewing their care. People had opportunities to follow their interests and to be involved in social activities. People knew how to make a complaint if they wished to do so. A system was in place to manage complaints received about the service.

Is the service well-led?

The service was not consistently well-led.

The provider and the registered manager had worked hard to improve the quality of care provided to people. Quality assurance procedures had been implemented to assess and monitor the quality and safety of the service people received. However, some areas required further improvement. Staff felt supported by the management team.

Requires Improvement 

Arden Park

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 February 2017 and was unannounced. The inspection team consisted of two inspectors and an expert-by-experience in dementia care. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Before the inspection we spoke to the local authority commissioning team who funded the care for a number of people. We asked if they had any information about the service. They were satisfied with the care being provided to people.

We reviewed the information we held about the service and the statutory notifications that the registered manager had sent to us. A statutory notification is information about an important event which the provider is required to send us by law. These may be about any changes which relate to the service and can include safeguarding referrals, notifications of deaths and serious injuries.

During the inspection we spoke with six people who lived at the home and three relatives. We also carried out a SOFI observation. SOFI is a 'Short Observational Framework for Inspection' tool that is used to capture the experiences of people who may not be able to tell us about the service they receive.

We spoke with eight staff including the registered manager, the deputy manager, the cook and care workers. We also spoke with two visiting professionals. We reviewed four people's care plans, daily records and risk assessments to see how their support was planned and delivered.

We reviewed records of checks that staff and the management team made to assure themselves that people received a quality service.

Is the service safe?

Our findings

At our previous inspection on 30 June 2016, we found insufficient numbers of suitably qualified, skilled and experienced staff to meet the care and support needs of some of the people who lived at the home. This was a breach of Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 Staffing.

We asked the provider to make improvements to their staffing levels. In response they sent us an action plan outlining how they would complete the improvements by 30 September 2016. They told us they would increase the number of staff on duty during the afternoons and evenings. They also told us they would review how their staff were deployed to ensure people's needs were met. The registered manager would also receive support to implement the provider's dependency tool to ensure staffing levels were sufficient to meet people's changing needs.

During this visit we saw improvements had been made as the level of care staff on duty had increased from three to four during the afternoons and early evenings. This meant there were enough staff on duty to keep people safe. The registered manager said, "Having an extra pair of hands on shift makes it safer for people." The registered manager confirmed they had received guidance and support from a senior manager, to assess people's needs and to effectively implement the provider's dependency tool. This meant the provider was no longer in breach of the regulation.

During our last inspection staff told us there were not enough of them to keep people safe and meet their needs. During this visit we saw improvements had been made because staff were available when people needed them. Staff told us the changes made by the provider had resulted in a positive effect which meant there were now enough of them. One said, "We've had new staff since you last came. That's been good." Another told us, "We do have some staff off sick at the moment, a couple on leave. This makes it a bit tricky, but we move hours around to make sure people's care needs are met." One staff member explained how they informed the senior carer when they took a break to ensure people were kept safe. They said, "It's safer as the senior carer now stays in the lounge to supervise people."

However, some people we spoke with felt additional staff were needed. Comments included, "I've only ever seen two or three (staff) at night; I don't think that's enough. I think there's enough during the day." And, "The cook isn't permanent so care staff have to work in the kitchen." We discussed this with the registered manager. They said, "There is enough staff, we have recruited new staff and a deputy manager."

At our previous inspection pain relieving medicine was not available for some people who needed it. Some medicines were not stored or administered safely. Guidance was not available for staff to safely administer medicines and effective audit procedures were not in place to ensure creams were applied according to people's prescriptions. This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to take urgent action to make the necessary improvements to the way medicines

were ordered, stored and administered. The provider's action plan outlined how they would make the required improvements.

During this visit we found the provider had made improvements which meant they were no longer in breach of the regulation. A new system had been implemented to ensure people's medicines were available when they needed them. For example, repeat medicines were ordered in advance from the pharmacy to ensure it was available. The deputy manager said, "The ordering process works really well."

We checked the medicine administration records (MAR) for four people who were prescribed creams and we saw improvements had been made since our last visit. For example, protocols were in place to inform staff where, when and why creams needed to be applied. Records had been completed correctly to show when creams had been administered. Senior staff also completed daily checks to make sure creams had been applied. The registered manager said, "We have worked hard to make sure the process works, so far, so good."

The storage of people's creams had also been improved and the dates when creams had been opened were recorded. This was important as some prescription creams can lose their effectiveness after their expiry date. However, we identified one person's cream was not stored in-line with the provider's policy during our visit. We brought this to the attention of the registered manager who took immediate action to address the issue.

Overall, people told us they were satisfied with the way they received their medicines. One person said, "Usually I get my tablets on time." Another said, "Timings are generally good." Staff who administered medicines had received training and their competency had been assessed. This ensured they continued to manage medicines safely in line with good practice guidelines. A series of effective medicine checks had been implemented, so that if any issues or errors were identified, prompt action could be taken. We saw this took place. For example, in November 2016 the date a cream had been opened had not been recorded. The registered manager had taken immediate action and had reminded staff of the importance of following the provider's medicines policy. Records showed no other errors had been identified in the last six months.

We observed a medication round and reviewed five people's medicine administration records to check oral medicines were being managed safely. We saw staff followed good practice in relation to how they administered these medicines. For example, they took medicines to people, provided them with a drink and watched them take their medicine, before returning to sign the MAR to confirm they had taken it. The staff member locked the medicines trolley when they left it, so there was no risk medicines were accessible to people.

Risk assessments and management plans were in place to identify potential risks to people's health and wellbeing. These assessments helped to keep people and staff safe when delivering care. During our last visit some assessments had not been updated to reflect known risks to keep people safe. During this visit we looked at four people's risk assessments to check if improvements had been made. We identified further improvement was required in this area because some assessments had not been reviewed or updated monthly in-line with the provider's policy.

For example, one person was at risk of falls and they had fallen on three occasions in December 2016. Despite these falls their risk assessment had not been reviewed. However, staff we spoke with knew about the risks associated with this person's care and explained how risks were to be managed. For example, they needed to encourage the person to walk with a Zimmer frame. We discussed this with the registered manager and they acknowledged the risk assessment should have been reviewed and updated. They told us they would update the information immediately.

During our previous inspection we saw risks were not always managed safely by staff. We observed staff assisted a person to move from their wheelchair into a recliner chair using a sling and a hoist unsafely. The techniques staff used had put the person at unnecessary risk. During this visit we saw improvements had been made. For example, we saw one person was moved safely by staff who correctly used a handling belt. (A handling belt is a piece of equipment used by staff to facilitate safe transfers).

People and their relatives told us they felt safe living at Arden Park. Comments included, "It's a safe place," and, "I think it's very good. (Person) has their ups and downs. It's safe for (Person) here." A visiting professional commented, "I've never had a safeguarding issue here. This is one of the care homes I can place people in with confidence."

Procedures were in place to protect people from harm. For example, we saw the provider's safeguarding policy was on display in the foyer for people, their visitors and staff so they could report if they felt unsafe, or they were concerned someone living at the home was not safe. Staff understood their responsibilities to keep people safe from the risks of abuse. They told us they had completed training to identify abuse and the signs to look for which demonstrated their learning. One member of staff said, "You might see bruises, things like that. Or people might be losing weight. People might also tell you something is wrong. If I was concerned, I would let the deputy or the manager know straight away."

During our previous inspection, two safeguarding concerns which the local authority safeguarding team had been made aware of had not been correctly recorded. During this visit improvements had been made because the provider's reporting procedure had been reviewed and improved. Our discussions with the registered manager confirmed they were aware of their responsibilities to keep people safe. They assured us would refer safeguarding alerts to the Local Authority if people had been placed at risk. This meant any allegations of abuse would be investigated correctly to keep people as safe as possible.

During our last visit accidents and incidents in the home had been recorded but it was not evident the records had been analysed to identify any patterns or trends to help prevent them from happening again. During this visit we saw improvements had been made. For example, monthly incident analysis had taken place. The analysis showed one person had fallen out of bed twice in one month. A 'crash mat' had been purchased so if the person fell again they would fall onto the soft mat rather than onto the floor. This meant the risk of them being injured if they fell was reduced.

There were processes to keep people safe in the event of an emergency. We saw equipment that would be needed in an emergency situation was accessible to the staff team. People had personal fire evacuation plans so staff and the emergency services knew people's different mobility needs and what support and equipment they would require to evacuate the building safely. A service contingency procedure was in place and was on display in communal areas of the home. Therefore, if there was disruption within the home due to an unexpected event people received continuity of care.

During our previous inspection the registered manager had not identified that exposed hot water pipes located in a room which was accessible to people presented a risk. The hot pipes could have caused serious harm to a person's skin if it came into contact with them. During this visit we saw improvements had been made. The room was locked and the pipes had been covered up to reduce the risk. A series of checks were completed to ensure the building and the equipment was safe for people to use. For example, the fire alarm system was checked each week.

The provider's recruitment procedures minimised the risk to people's safety. Potential new staff members were subject to checks to ensure they were of good character and suitable to work at the home. Records

confirmed these checks were in place before they started work. They included a Disclosure and Barring Service (DBS) check and written references. The DBS assists employers by checking people's backgrounds for any criminal convictions to prevent unsuitable people from working with people who use services. A member of staff said, "Before I started (work) I had to give two references, have my DBS checks, I had to wait until they came through."

Is the service effective?

Our findings

Some people and their relatives told us they were not always satisfied with the food and drinks provided. Comments included, "It's not always nice." "Drinks are always luke warm and too milky. Often, we don't get biscuits." And, "I'm not here when people eat but I think it's adequate."

During our previous inspection we observed people were not supported effectively to eat or to enjoy their meal. People had not always been offered their preferred choice of meals and some people did not receive the support they needed to eat. In response the provider's action plan told us they would complete weekly mealtime observations to improve the experience for people. Records showed this had happened and areas for improvement had been identified and actioned. For example, food choices had been changed and people were encouraged to sit in dining chairs rather than in their wheel chairs to eat. However, during this visit we identified further improvements were required. For example, dining tables were not properly laid as people came to sit down. There were no visual clues such as, knives and forks for people living with dementia. We saw this resulted in some people becoming anxious because they did not know why they were being asked to sit at the table.

On the day of our visit the lunchtime meal choices were fish cakes and chips with peas or baked beans or chicken curry. We saw people were offered verbal choices of the food available but no visual choice was given to help people who found it difficult to make or understand verbal choices make a decision. We observed sufficient food quantities had not been prepared to ensure people had their choice of meal respected. For example, one person said, "I will never eat curry as long as I live, I'll have fishcakes." A staff member explained to the person there were no fishcakes left, and asked them if they would like ham, chips and beans instead. The person agreed but said they did not like beans. The menu indicated peas were available, but staff confirmed peas were not available and the person was given sliced ham and a portion of chips.

Overall, people were supported to eat their meals by staff. For example, we heard one person say to a staff member, "Can you help me cut this up?" The staff member replied, "Of course I can." They cut the person's food up and the person then ate their meal independently. We saw people were provided with adapted cups, plates, plate guards and cutlery if they required them. However, one person was given their meal with a plate guard attached to the plate. We observed the person was struggling to eat. A member of staff identified this was because the plate guard had been positioned incorrectly. We looked at the person's care plan and it was not documented that the person needed a plate guard, or how it should be positioned.

We discussed our observations with the registered manager and asked them for a response. They said they felt very disappointed because they had worked since our last inspection to make mealtimes more enjoyable for people. They told us they would continue to observe mealtimes and making immediate improvements would be one of their main priorities.

Staff we spoke with, including the chef, demonstrated a good knowledge of people's nutritional needs and their dietary requirements. For example, they knew who was diabetic and who needed encouragement to

eat. The amount of fluids people consumed was monitored if people were identified to be at risk. An effective system to monitor people's weight was also in place. Records showed if any concerns were identified a review of a person's nutritional needs was undertaken to manage any risks.

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 interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During our previous inspection we identified a DoLS had been submitted inappropriately for one person because they had capacity. This meant the registered manager had misunderstood their responsibilities under the Act. We checked during this inspection visit whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Care records we looked at during this visit showed us applications where potential restrictions on people's liberty had been identified, they had been correctly submitted. We found the registered manager understood the principles of MCA and DoLS.

Mental capacity assessments had been completed when people could not make decisions for themselves. Staff understood the importance of gaining people's consent and following the principles of the MCA. They gave examples of applying these principles to protect people's rights. This included, asking people for their consent and respecting people's decisions to decline care where they had the capacity to do so. We saw records on people's care files for 'consent to care' and 'consent to photographs' and these had been signed by people to confirm their agreement.

Staff told us they had received training to increase their knowledge of the Act. One staff member said, "If someone can't make their own decisions, we are here and we can help. DoLS are in place to protect people if necessary." Another said, "DoLS is the deprivation of liberty and it's about assessing people's capacity. Whether people can make decisions about their care and their choices. If they can't we might need to look at someone doing that on their behalf." This demonstrated staff aimed to work in the best interests of people to ensure their needs were met.

People and their relatives told us staff had the skills and knowledge to care for them effectively. Comments included, "I think they (staff) know what they're doing. They tell me they've been on dementia training courses." And, "They (staff) have the skills they need."

During our previous inspection we identified that not all of the training staff had completed had been effective. During this visit we saw improvements had been made. For example, the registered manager explained all of the staff training had been reviewed and was 'tried, tested and fit for purpose'. Training workshops such as, medication and care planning had been completed by staff. We asked staff if the training workshops had supported them to be more effective in their role. One said, "Yes, I have had lots of training over the last few months, it's much better now." They explained they had recently completed training which made them feel confident to manage people's unpredictable behaviours if they became anxious. They said, "We learnt about how you approach someone, your own body language, how to comfort people who have dementia. It gave me ways to deal with things." We saw staff put this training into practice because when one person became upset a staff member offered the person reassurance by stroking their hand which reduced their level of anxiety.

Staff told us they had been supported to complete nationally recognised qualifications in health and social care so they could effectively carry out their roles. One staff member commented, "My NVQ was really beneficial I learnt how to provide good quality care to people." A training schedule identified when staff had completed training and when it was next due. This helped the registered manager prioritise and plan training the staff needed.

Staff told us they had received an induction, to ensure they understood their roles and responsibilities when they had started working at the home. One commented, "It was good. I felt welcomed. As soon as I walked in the door it felt right." New staff members were assigned a 'buddy' who was an experienced member of staff to help them learn about the needs of people who lived in the home. One new staff member said, "I shadowed my buddy for three days, it gave me a chance to get to know people so I wasn't a strange face before I worked on my own."

There was a system in place to implement the Care Certificate. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected. To obtain this, staff are assessed against a specific set of standards. Our discussions with the registered manager confirmed that new staff who had not previously worked in health and social care would complete the Care Certificate. However, at the time of our visit no staff had needed to complete this as they all had achieved an NVQ level 2 qualification in health and social care.

Handover meetings took place at the beginning of each shift when the staff on duty changed. Staff discussed the health and well-being of each person living in the home. This meant staff passed on and received important information such as, how people were feeling and if they had any planned appointments. Staff told us communication had improved since our last visit. One said, "We have new daily task sheets so the work load is shared out equally, we know what we need to do." However, relatives we spoke to felt that further improvement was required. For example, one explained their relative had spent a period of time in hospital in November 2016 and their needs had changed when they had returned to Arden Park. They said, "A lot of staff hadn't been informed that (person) wasn't able to stand up so that wasn't very good communication."

During our previous inspection we identified on an occasion there had been a delay in medical advice being sought which could have had a negative impact on a person's health. During this visit we checked and saw improvements had been made. For example, people's records showed us how the staff worked in partnership and maintained close links with health professionals. A visiting professional commented, "They (staff) contact us promptly if they need our support." One person told us, "If you're ill, they (staff) phone the emergency Doctor or the ambulance." Another person said, "The manager said she would arrange for me to see the dentist if I wanted to." This assured us people had access to health professionals when they needed them to meet their needs. The registered manager explained the staff had worked hard to build up relationships with health professionals including the GP.

Is the service caring?

Our findings

Everyone we spoke with had positive comments about the care people received. One person said, "They look after me very well in here." Another said, "It's alright. Staff are very friendly."

During our previous inspection we observed people's privacy was not always respected by the staff. For example, on three separate occasions staff entered people's bedrooms without first asking their permission. During this visit improvements had been made and we observed staff knocked people's bedroom doors and did not enter until they were given permission. We asked people if it always happened. One person said, "Yes, they do respect me. They knock the door and they wait."

During our previous inspection people told us staff did not always seek their consent particularly before delivering care and support. During this visit people told us improvements had been made. For example one person said, "They (staff) do ask me, can I help you, is that ok with you?"

During our previous inspection we identified not all the staff supported people to maintain their dignity. Our observations during this visit showed us improvements had been made. We saw staff spoke to people in a patient, calm and caring way. For example, staff discreetly asked people if they needed to use the toilet so their conversations were not overheard by others. A relative commented, "They (staff) always ask sensitively about going to the toilet."

Staff we spoke with confirmed they had been provided with information, since our previous inspection, which outlined how they needed to care for people in a respectful and dignified way. One said, "We all spoke about being respectful and the right way to treat people in a staff meeting, it was really helpful to help me understand the importance."

We asked staff what caring meant to them. Comments included, "Whatever the person wants they will have. They come first." And, "You have to make time for people. It's how you would want your own relatives to be treated." A visiting professional commented, "I like this care home. I rate it. I don't see the day to day interactions but family feedback tells me that carers do interact and it's personalised care."

We observed staff encouraged people to be as independent as they wished in their day-to-day care. For example, staff encouraged people to use the passenger lift, or to use the handrails if they preferred to use staircase, to reduce the risk of them falling. One staff member said, "I try to get people to do as much for themselves as they can. We try to encourage people so they aren't dependent on us all the time."

People told us they were offered daily choices. For example, what clothing they wanted to wear and what time they wanted to go to bed. This meant that staff were supporting people to make choices and communicating in a way people understood. Information about a local advocacy service was on display in the home. An advocate is a person who supports people to express their wishes and weigh up the options available to them, to help them to make a decision. This could help to maintain people's independence.

During our previous inspection most of the staff were trying their best to provide personalised care to people. They were caring in their approach but at particular times during the day, interactions with people were limited to when they offered support or completed a care task. We saw improvements had been made during this visit. For example, we spent time in the lounge and observed staff spent time chatting with people. We saw staff knelt down to talk with people so they were at the same height as them, and people responded well to this and engaged in conversations. We asked staff how the recent improvements had benefited people. One said, "Staff who really care work here. Having positive staff is really good for people's well-being." Another said, "Staff morale has improved, more staff are on duty so we have more time to spend with residents."

People were encouraged to maintain relationships that were important to them. Visitors were made welcome throughout the day. We saw people's relatives and friends visited and a small lounge area was available for people to meet with their visitors in private.

During our last visit we saw some people shared bedrooms and we could not be sure that information about these people remained confidential because care records relating to their care were kept by their bed. Since our last visit the information had been moved and was now stored so only authorised staff had access to it. Our discussions with staff assured us they understood the importance of maintaining people's confidentiality. Staff told us they would not speak about people in communal areas as their conversations may be overheard by others.

Is the service responsive?

Our findings

All of the people we spoke with received their care and support in the way they preferred which met their needs. Comments included, "I've got nothing to grumble about." And, "I get what I need when I want it." Relatives told us that staff were responsive to their family member's needs and demonstrated a good knowledge and understanding of the support they required.

One person explained they had been to the local shops the day before our visit. They said, "(Staff member) is going to take me shopping every week so I can get out. They took me out yesterday in my wheelchair. It was the first time I'd been out for 18 months. I thoroughly enjoyed it."

We saw one person asked for a cup of tea. This was promptly provided by a member of staff. We observed they gave the person two cups instead of one. The person explained to us they preferred their tea this way as they might spill a full cup. They said, "Staff know me well, always two cups for me."

One person who lived at the home did not speak fluent English. The registered manager explained they had been concerned the person was becoming isolated which could have a negative impact on their wellbeing. Records showed us staff had liaised with the local church which had resulted in the person being visited by church representatives who spoke the person's preferred language. A visit took place on the day of our visit. We asked the person if they had enjoyed their visit they responded by smiling and by putting their thumb up in the air.

Pre - admission assessments were completed by the registered manager to assess whether people's care and support needs could be met at the home. People and their relatives told us they had the opportunity to visit and look around the home before they decided to move in. The registered manager explained this process was important as it made sure the home was the right place for the person to live and to ensure their needs could be met there.

During our previous inspection we asked people if they had been involved in planning their care so it was personalised to meet their needs and we received mixed feedback. The provider told us they would include 'residents' and their families to attend future care reviews. Records showed us this had happened and eight reviews had taken place by 30 September 2016. We asked people if they felt more involved in planning their care. One said, "I know there is a care plan. I know it's there but I haven't really looked at it." A relative explained their relative had dementia. They told us staff had asked them if they were happy with the care provided but they had not been involved in a formal review. We asked a staff member if people's families were involved in reviews. They said, "I am not sure, I haven't seen any families coming in for reviews of care plans."

We looked at four people's care plans and it was not clear who, apart from the registered manager, had been involved in reviewing the information. We discussed this with the registered manager. They assured us reviews had taken place. However, they acknowledged care reviews were not well documented and further action was needed to improve this.

During our previous inspection some care plans contained insufficient information for staff to follow to meet people's needs. More information was required to ensure people received personalised care in accordance with their preferred routines, likes and dislikes. The provider told us they would complete a full audit of care plans. This had been completed by 7 October 2016.

We looked at four people's care plans during this visit and the level of information had improved. They contained information about people's personal preferences and focussed on individual needs. All this information meant staff had the necessary knowledge to ensure the person was at the centre of the care and support they received. Care plans contained detailed information about people's life history, their likes and dislikes so that staff could use this to positively support and engage with them. For example, one person often refused assistance from staff to maintain their personal hygiene. Their care plan included guidance for staff on how best to approach the person and what to do when they refused assistance. We spoke with staff about this person and it was clear they knew them well. They said, "You can use humour and try to be light hearted about it. But, if they really don't want help we leave them alone. We encourage but if they are adamant we'll pass the information on to the next shift and perhaps try again later."

Staff told us people's care plans had improved since our last inspection. One said, "The paperwork is better now. We have folders in people's bedrooms now so that is better. The systems are better and we know how to help people." They told us they had more time to read care plans and also had time to talk to people and listen to what they wanted. Staff confirmed care plans were reviewed and amended when people's needs changed. One said, "If there's a change, we mention it to the registered manager and they arrange for it to be reviewed."

During this visit we looked to see how people spent their day and if they were engaged in any social interaction with staff or each other. A range of social activities were provided at Arden Park which people told us they enjoyed. Comments included, "People come and entertain us, it's good," "I enjoy the hairdresser visits." And, "I like having my nails painted, I also enjoy dominoes a couple of times a week." An activities timetable was on display in the communal area of the home to inform people what activities were planned to take place. We saw this included pamper sessions, gentle exercise and quizzes.

An activities coordinator was employed at the home. They explained how they planned and evaluated activities to keep people occupied and stimulated during the day time. A variety of activities which were specific for people living with dementia took place such as reminiscence sessions and ball games which encouraged people to engage in conversations when they caught the ball. Staff we spoke with were positive about the activities provided. One staff member told us, "Activities are really good, in the summer people can go into the garden and plant flowers, something for everyone." Another told us, "People really seem to enjoy the activities, especially the music sessions."

During our previous inspection the registered manager told us they planned to make the environment friendlier for people who live with dementia. They had planned to gather information to make memory boxes, which would be filled with people's treasured possessions and photographs to help people establish themselves in the home and also to help to trigger conversations between people. However, this had not yet happened due to other work commitments taking priority. They told us they planned to complete the memory boxes in the three months following our visit.

We asked people if anything needed to be improved at the home. Two people and one relative told us the laundry system was ineffective. Comments included, "The laundry is a joke," "My clothes go missing," "And it's hopeless sometimes but I know the manager is trying to sort it out." Staff we spoke with confirmed the current arrangements for ensuring people's clothes were laundered and returned to them was not working

well. Comments included, "The laundry system is not working well at the moment." And, "It is a problem at the moment as we are finding other people's clothes in people's wardrobes." This had caused some people to become upset as they had seen other people wearing their clothing. We discussed this with the registered manager. They were aware of the recent concerns raised in relation to the laundry process. They told us they had spoken with people and their families and had taken action to ensure improvements were made. For example, all clothing was now clearly labelled which meant clothing was correctly returned to people.

During our last inspection people and their relatives did not have the opportunity to get together formally to feedback any issues or concerns about the service provided at the home. Following the inspection the provider told us they would set up regular meetings with people and their families. We saw this had happened and dates of upcoming meetings were on display in the foyer of the home. The activities co-ordinator was responsible for facilitating the meetings. They said, "We had a family meeting two weeks ago combined with a tea and scones afternoon. It went really well."

The provider's complaints policy identified the procedure to be followed when a complaint was received. People told us they knew how to make a complaint if they needed to, which included speaking to the registered manager who they found approachable. One person told us, "I would speak up if things were not to my liking."

We looked at the complaints file maintained by the registered manager. One complaint had been received in the last twelve months about the service. The complaints log confirmed the complaint had been responded to promptly by the provider in accordance with their policy. We spoke to the complainant during our visit and they confirmed they were happy with the outcome. The registered manager told us they used complaints to identify any lessons that needed to be learned to prevent them from happening again.

The service had received a number of compliments from relatives and visitors to the home in the three months prior to our visit. Comments included, "Nothing was too much trouble for you", "Big thank you for the care and consideration you have shown", and, "Thank you for the wonderful care you give."

Is the service well-led?

Our findings

During our previous inspection we found staff were not consistently available when people needed them. Staff told us they did not feel valued and supported by the provider, which meant some staff had left to seek alternative employment. People's care records were not always accurate. Information was not sufficient to ensure staff had the information they needed to reduce risks to people's health and well-being and provide personalised care. The provider's processes and arrangements in place, to ensure people received safe quality care, were not always effective. Records showed senior managers rarely visited the home to gain an over view of the care provided to people. It was not clear how the dependency tool in use was used to determine staffing levels. There were ineffective systems to seek feedback from people about the service they received. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider's action plan told us the deployment of staff and staffing levels would be reviewed and improved. Effective systems and quality assurances processes would be implemented. The process to review how people provided feedback on the services received would also be improved. During this inspection we saw the provider had made most of the required improvements and this meant they were no longer in breach of the regulation.

More staff had been employed since our last inspection. Staffing levels had been increased at certain times of the day. Positive changes to the way staff were deployed had been made. This meant staff were available when people needed them. We saw good team work and communication between the staff team and registered manager during the visit. For example, we saw staff confidently approached the registered manager who provided them with support and advice. Staff who worked at the home during our last visit told us that they now felt supported and enjoyed working at the home. One said, "The home is a happier place than it was six months ago."

The quality of information included within people's care plans had improved since our last inspection. This information meant staff had the necessary knowledge to ensure people were at the centre of the care and support they received. However, further improvement was required to assure us people and their families had been involved in reviewing their care.

Systems for managing risks associated with people's care had improved. However, further improvement was required as we identified not all risks had been reviewed in-line with the provider's procedure. This meant we could not be sure people were kept as safe as possible. The recording, monitoring and analysis of accidents and incidents had improved. This assured us lessons had been learnt and action had been taken to keep people as safe as possible.

Since our last visit improved quality assurance processes had been implemented at Arden Park to drive forward improvements. We saw audits in-line with the provider's procedures had been completed to check the quality and safety of service people received. This included checks on the management of medicines, observations of staff practices and health and safety issues. Actions were taken in response to any shortfalls

identified to ensure people received a good quality service.

The frequency of senior manager visits to the home had increased from none in the 12 months prior to our last inspection to at least one a month. The registered manager said, "Senior managers are more involved since you last came. We have turned a corner. It's better overall and I feel more supported." During their visits senior managers completed quality checks and audited the checks the manager's had completed. Records showed they also spoke with staff and visitors and identified good practice and areas that required further development. For example, the mealtime experience. This ensured the provider had an overview of how the home was being run. However, observations during our visit identified further development was required at mealtimes to improve the experience for the people who lived at Arden Park.

During our last inspection people and their families did not have the opportunity to meet and feedback their concerns or provide their views on the care they received. Since our last visit group meetings involving people and who lived at the home and their relatives had begun to take place.

The provider and the registered manager promoted an open culture by encouraging feedback from people, the staff and visitors. We saw a suggestion box in the reception area of the home for people to put their suggestions into. Annual quality questionnaires were sent to people, their families and staff. Relatives we spoke with confirmed they had received a questionnaire. Any feedback gathered was analysed and an action plan implemented if improvements were required. In December 2016, questionnaires had been sent out to 22 people. Eight people had responded and their responses were in the process of being collated. The registered manager assured us action would be taken if improvements were required.

People told us they were happy with how the home was run. This was because they knew the managers and they were approachable. One person said, "They know their stuff, very good." Discussions with relatives indicated the home was managed well. One said, "(Registered manager) is very helpful, they are kind." Another said, "There has been some recent improvement, managers are trying their best." This gave them assurance that the managers listened and were committed to making changes to benefit people. A visiting professional commented, "The Manager is very good; helpful and professional."

Staff told us the registered manager ensured the home was well run and well organised. One staff member said, "You know what you are doing. Everyone has a task sheet for their shift." Another said, "If I need something, [registered manager] is always there for me."

The provider's management team consisted of a registered manager and a newly appointed deputy manager. The registered manager was experienced and had worked at the home for over ten years. The registered manager was committed to the continual improvement of the home and the care people received. They said, "We have worked non - stop to improve things." We asked the registered manager what they were most proud of at the home. They told us, "Many things, good team work and being awarded a 'React to red skin' accreditation for the second year running." This was an accreditation awarded to the home by local health professionals, because staff at the home were skilled at recognising the early signs of when a person's skin was at risk of being damaged. We checked and nobody at the time of our visit had damaged skin. The registered manager told us their biggest challenges were recruiting new staff, embedding new systems of work and ensuring the improvements made were sustained in the future.

They told us of the provider's future plans for the service which included implementing a new electronic care planning system for staff to use. They told us this would reduce the amount of paperwork staff had to complete so that more time could be spent on providing social activities. The registered manager said, "I am looking forward to the future."

Staff told us they had the opportunity to meet individually with their manager every other month to provide them with support to be effective in their role. The meetings also gave staff opportunities to talk about their work performance and personal development. Staff told us they also met regularly as a staff team. One staff member said, "We have care staff meetings and senior staff meet separately. We talk about the work, how things are going, ways things can be done differently or better. Everybody comes together which is good because we don't always see each other."

The registered manager told us which statutory notifications they were required to send to us so we were able to monitor any changes or issues within the home. They understood the importance of us receiving these promptly and we had received the required notifications from them.

During our inspection visit we found the provider and management team had made a number of improvements in a short space of time and this had improved the quality of care provided to people. However, these improvements need to be sustained and some further improvements still needed to be made. A plan was in place to make further improvements.