Orchard Care Homes.com (3) Limited

Arden Court

Inspection report

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Eccles
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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?	**Good**

Overall summary

This unannounced inspection was carried out on the 10 February 2015.

Arden Court is a care home in the Eccles area of Salford, Greater Manchester and is owned by Orchard Care Homes. The home is registered with the Care Quality Commission (CQC) to provide care for up to 47 people. The home provides care to those with residential care needs, but mainly for people who required nursing care.

We last visited the home on 7 August 2013 and found the home was meeting the requirements of the regulations in all the areas we looked at, with the exception of meeting peoples nutritional needs safely. We then conducted a follow up visit on 1 October 2013 and found the service to be compliant during that inspection.

There was a registered manager in post. 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.

Summary of findings

We found the home was in need of refurbishment with both floors needing updating and modernising. We saw several door frames, skirting boards and hand rails were damaged which as a result, had removed parts of the paintwork. We also observed dirty marks on the walls in the upstairs lounge and a recliner chair to be stained. Additionally, we observed trolleys containing dirty bed linen which was to be stored in the upstairs bathroom/ shower area of the home. These issues could potentially place people at the risk of infection. We felt this area could be improved upon. We raised these issues with the manager who, following our inspection, contacted us stating that various new furniture had been ordered and would be delivered within three to four weeks.

Although we saw some evidence of staff supervision in recent months, we found there had been no structured pattern throughout the previous year (2014). The manager told us they did these every eight weeks, although records did not support this. Additionally, we saw no evidence that annual appraisals had been carried out for each member of staff. This meant staff may not be able to discuss any concerns, training opportunities or speak with their manager confidentially. It also meant there were missed opportunities to provide staff with an annual review of their work. The manager told us they would introduce a formal supervision and appraisal system for staff following our inspection.

Staff at the home had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS are laws protecting people who are unable to make decisions for themselves. At the time of our inspection there were three people under a DoLS and we saw documentation in people's care plans to show appropriate referrals had been made by the home manager to the local authority. Staff had received training in the MCA and DoLS which was recorded on the homes training matrix.

On the day of our inspection the staffing team consisted of the registered manager, two nurses (one covering each floor), six care assistants and various members of domestic, kitchen and maintenance staff. The evening shift was staffed by one nurse and four care assistants. This was to provide care and support to 35 people. Over the course of the inspection we found this proved sufficient to provide care to the people who lived at the home.

Staff spoken with told us they felt supported by the manager and understood the ethos and values of the home. They felt they could raise any issues and they would be dealt with appropriately.

We saw the home followed safe recruitment practices which meant people were kept safe as suitable staff were employed, with appropriate checks undertaken. Several people who lived at the home had been actively involved in the recruitment of staff where they were asked for their views and opinions before staff were formally offered the post. We saw this had been recorded on the back of application forms during the interview process.

There were systems in place to monitor and review accidents, incidents and complaints. The manager told us they monitored staff training using a training matrix, which identified when updates were required for staff and the types of training they had completed. Additionally there was a monthly auditing process in place. This covered things such as weights, bed rails, complaints, pressure sores, care plans and infection control. Where shortfalls were identified, they were added to an action plan to show how they had been addressed.

We looked at the surveys which had been sent to relatives, residents and professionals over the course of the year. We noted the feedback from these had been positive about the care provided at the home.

During the inspection we spent time speaking with the activities coordinator employed by the home. There was a schedule in place which included films afternoons, reading, name the film star, play your cards right, arm chair exercises, quizzes and visits from various singer and entertainers. On the day of our inspection we saw people who lived at the home had baked cakes in the afternoon which they appeared to take great enjoyment from.

People we spoke with and their relatives said they felt able to raise any concerns or complaints with staff and were confident they would be acted upon.

Leadership in the home was good. The registered manager worked alongside staff overseeing the care given and provided support and guidance where needed. Staff spoke favourably about the manager during the inspection. One member of staff said; "The home is very well run. We are well supported and we feel wanted here".

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe. We observed dirty marks on the walls in the upstairs lounge and a recliner chair to be stained. Additionally, we observed trolleys containing dirty bed linen stored in the upstairs bathroom/ shower area of the home. We also found the home was in need of refurbishment with both floors needing updating and modernising. We saw several door frames, skirting boards and hand rails were damaged which as a result, had removed parts of the paintwork.

We saw the home followed safe recruitment practices which meant people were kept safe as suitable staff were employed, and appropriate checks undertaken.

We looked at how medicines were handled at the home and found this was done safely.

Requires Improvement

Is the service effective?

Not all aspects of the service were effective. Although we saw some evidence of staff supervision in recent months, we found there had been no structured pattern throughout the previous year (2014). The manager told us they did these every eight weeks, although records did not support this. Additionally, there we saw no evidence that annual appraisals had been carried out for each member of staff. This meant staff may not be able to discuss any concerns, training opportunities or speak with their manager confidentially.

We saw people had access to healthcare professionals to make sure they received effective treatment to meet their specific needs. Each person's care plan contained a record of the professionals involved such as GP's, dentists, district nurses and opticians.

Staff at the home had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS are laws protecting people who are unable to make decisions for themselves. At the time of our inspection there were three people under a DoLS and we saw documentation in people's care plans to show appropriate referrals had been made by the home manager. Staff had received training in the MCA and DoLS which was recorded on the training matrix.

Requires Improvement

Is the service caring?

The service was caring. Staff responded to people's needs in a kind and caring way. People we spoke with felt valued and cared for. We saw staff spoke with people in an appropriate manner and demonstrated respect for them.

During the inspection we observed staff interacting with people in a caring, polite and friendly way.

Good

Summary of findings

We found people looked clean and attention was given to people's personal care needs. Some people told us they made choices for themselves with regard to their choice of clothes and jewellery which they wanted to wear each day.

Is the service responsive?

Good

The service was responsive. We looked at the surveys which had been sent to relatives, residents and professionals over the course of the year. We noted the feedback from these had been positive about the care provided at the home.

During the inspection we spent time speaking with the activities coordinator employed by the home. There was a schedule in place which included films afternoons, reading, name the film star, play your cards right, arm chair exercises, quizzes and visits from various singer and entertainers. On the day of our inspection we saw people who lived at the home had taken baked cakes in the afternoon which they appeared to take great enjoyment from.

People told us they knew how to make a complaint and were confident that any issues raised would be dealt with. There was a complaints procedure in place however none had been made since our last inspection.

Is the service well-led?

Good

The service was well-led. There is a registered manager in post. 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.

Leadership in the home was good. The registered manager worked alongside staff overseeing the care given and provided support and guidance where needed. Staff spoke favourably about the manager during the inspection.

There were systems in place to monitor and review accidents, incidents and complaints. Additionally there was a monthly auditing process in place. This covered things such as weights, bed rails, complaints, pressure sores and care plans. Where shortfalls were identified, they were added to an action plan to show how they had been addressed.

Arden Court

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

We carried out this unannounced inspection on 10 February 2015. The inspection team consisted of an adult social care inspector, a nursing specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of the inspection there were 35 people who lived at the home. During the day we spoke with the registered manager, both nurses, the activities coordinator, eight people who lived at the home, nine relatives and seven members of care staff. We also spoke with a health professional who visited the home during our inspection. We looked around the building and viewed records relating to the running of the home and the care of people who lived there.

We spoke with people in communal areas and in their personal rooms. Throughout the day we observed how staff cared for and supported people living at the home. We also observed the lunch time meal being served in the main dining room of the home.

Before the inspection we liaised with external providers including the safeguarding, infection control and the commissioning teams at Salford Local Authority. We also looked at notifications sent by the provider as well any relevant safeguarding/whistleblowing incidents.

Requires Improvement

Is the service safe?

Our findings

People who lived at the home told us they felt safe with the staff who supported them. One person told us; "I feel safe here. Everything I want I get. It's great." Another person added; "It's alright here. I feel safe. They look after me". We spoke with nine relatives during our inspection and their comments included; "I like the home. She's safe here. There is good security" and "I do feel she's safe. They always tell you that she's been ill. They look after her really well. She's very safe".

In the upstairs lounge of the home, we observed dirty marks on the walls and one of the recliner chair to be stained. Additionally, we observed trolleys containing dirty bed linen to be stored in the upstairs bathroom/shower area of the home. These issues could potentially place people at the risk of infection. We felt this area could be improved upon. We raised these issues with the manager who, following our inspection, contacted us stating that various new furniture had been ordered and would be delivered within three to four weeks.

We found the home was in need of refurbishment with both floors needing updating and modernising. We saw several door frames, skirting boards and hand rails were damaged which as a result, had removed parts of the paintwork. We spoke with the manager about this who told us that refurbishment plans were currently being put in place.

We looked at six peoples care plans during our inspection. Each care plan we looked at identified where people were 'at risk' and covered areas such as nutrition, pressure sores and moving and handling. We saw that where people were identified as at risk, there was prevention measures in places to keep people safe. For example, one person had been identified as being at risk with regards to their nutrition. We saw their food intake was monitored daily, they had been referred to a dietician and were in regular contact with their GP.

On the day of our inspection we observed there were sufficient staff to meet the needs of people who used the service safely. Staff included the registered manager, two nurses (one covering each floor), six care assistants and various members of domestic, kitchen and maintenance staff. The evening shift was staffed by one nurse and four care assistants. This was to provide care and support to 35 people. Over the course of the inspection we found this proved sufficient to provide care to the people who lived at the home. During the inspection we observed staff assisting people to stand and giving people their medication. Staff did not appear rushed and carried out care tasks as required. A member of staff told us; "If we have everybody in who should be, then there is enough staff". Another member of staff said; "There are enough staff. It is quite easy to cover with agency staff if people are off sick".

Staff we spoke with were up to date with current good practice around safeguarding vulnerable adults and with reporting procedures. Staff told us they had received up to date training and found it beneficial in recognising and reporting abuse. We looked at the training matrix which confirmed all staff received this training during their induction and also undertook a refresher course in safeguarding vulnerable adults.

The staff we spoke with were clear about what could constitute abuse and how to report concerns. Staff were confident any allegations would be taken seriously and fully investigated to make sure people who lived at the home were protected. One member of staff told us; "I haven't reported safeguarding in the past but would speak with my manager if I had concerns. I am aware of the different types that can occur. I would look for changes in people's behaviour".

We saw the home followed safe recruitment practices which meant people were kept safe as suitable staff were employed, and appropriate checks were undertaken. This included ensuring DBS/CRB checks were undertaken and a minimum of two references were sought before staff started work. Several people who lived at the home had been actively involved in the recruitment of staff where they were asked for their views and opinions before staff were formally offered the post. We saw this had been recorded on the back of application forms during the interview stage.

We looked at how staff managed people's medication to ensure this was done safely. All medication at the home was given by nurses who were suitably trained. We found medication was stored in a locked trolley which was kept in the treatment room of the home. We looked at medication administration records (MAR) and found these had been accurately completed by staff when medication was given, or refused. There were also controlled drugs in use which were kept in a controlled drugs cupboard. We saw a

Requires Improvement

Is the service safe?

controlled drugs register was signed and countersigned confirming the drugs had been administered and accounted for. Some people who lived at the home required the use of PRN medication (this is medication given as and when required such as Paracetamol) Where this was the case, there was clear guidance for staff follow as to when this should be given. In addition, we found all nurses and senior staff had received training in the safe administration of medication.

Requires Improvement

Is the service effective?

Our findings

People we spoke with during our inspection made positive comments about the food at the home. Comments included; "The food is lovely. The breakfast in the morning is great. I had spaghetti on toast this morning." and "The food is good. The breakfast is nice. You can please yourself with what you have to eat." and "I'm on pureed food. It isn't presented the best, but it is what I need so I can swallow it properly". A visiting relative commented; "He likes the food. There is a well-balanced and mixed offering."

The staff we spoke with made positive comments about the training provided by the home. Staff told us, and training records confirmed, that they received training in mandatory areas such as safeguarding, moving and assisting, fire safety, first aid and infection control. A training matrix was used to identify when staff required refresher training in these subjects. In addition to their ongoing development, staff were supported to achieve a national vocational qualification in care (National Vocational Qualification level 2) which ensured they had the appropriate skills and knowledge to carry out their job role effectively. One member of staff told us; "I'm happy with the support on offer from the manager". Another member of staff said; "He is a very supportive manager. He's nice. I feel like he appreciates what you do".

Although we saw some evidence of staff supervision in recent months, we found there had been no structured pattern throughout the previous year. The manager told us they did these every eight weeks, although records did not support this. Additionally, we saw no evidence that annual appraisals had been carried out for each member of staff. This meant staff may not be able to discuss any concerns, training opportunities or speak with their manager confidentially. It also meant there were missed opportunities to provide staff with an annual review of their work. The manager told us they would introduce a formal supervision and appraisal system for staff following our inspection.

We looked at the staff induction programme, which staff undertook when they first started working at the home. The induction covered fire safety, policies and procedures, use of equipment, accident and incident reporting and expectations during their probationary period. Each member of staff we spoke with told us they completed the induction when they commenced employment at the home. One member of staff commented; "The induction was excellent".

Staff at the home had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS are laws protecting people who are unable to make decisions for themselves. At the time of our inspection there were three people under a DoLS and we saw documentation in people's care plans to show appropriate referrals had been made by the home manager. Staff had received training in the MCA and DoLS which was recorded on the training matrix.

During our inspection we saw people were asked for their consent before staff provided care. For example, we saw staff asking people if it was ok for them to take their medication or if they wanted to go through to the dining room at lunch time. In addition, there were consent forms in people's files where people had given their consent to receive ongoing care and any necessary treatment. Where people had been unable to sign for themselves, this was done by their relative.

People had access to healthcare professionals to make sure they received effective treatment to meet their specific needs. Records showed people were seen by professionals including GP's, community nurses, chiropodists and opticians. One person who lived at the home told us; "The staff will get the doctor if I need one". A visiting professional added; "They always contact me if there is a problem. They are good at following our advice".

We saw one person who lived at the home had been referred to a dietician because they had been identified as at risk with regards to their nutritional intake. Once the referral had been made, an action plan had been sent from the dietician team with advice for staff at the home follow. In this instance, one person was required to have their food intake recorded after each meal and we saw records to confirm this had been actioned by staff.

We observed the lunchtime period in the main dining room of the home, where 13 people received their meals. Others either chose to sit in their bedrooms or in the lounge area, where staff took their food to them. There were five members of staff available to assist with lunch. One of the members of staff was an agency carer, and got support and advice from other staff where required. People were offered

Requires Improvement

Is the service effective?

a choice of chicken curry or chicken with a tomato and basil sauce. We noticed one member of staff, who constantly talked to one person they were helping to eat. This ensured the person was aware of what happening and what they were eating.

People were offered a choice of apple crumble and custard or mousse or ice cream for dessert. We saw there was plenty of encouragement to eat from staff and overall people appeared to eat well and the food looked appetising and was presented well

Good

Is the service caring?

Our findings

People told us staff were always caring and kind when they assisted them. Comments from people who lived at the home included; “They always make you comfortable” and “The nurse comes and gives me my tablets” and “If you have to have pills you get them “and “They give me my tablets at the times I need them.” and “The staff are lovely.” and “I’m really happy with the care here”.

We spoke with nine relatives, who visited the home during our inspection. Comments included; “She’s consistently well looked after. The girls do nice little things for her, like a plat in her hair and a manicure. She is treated with dignity” and “The staff are lovely and kind. They never pass the room without speaking to him” and “She has a supplement three times a day. She drinks quite well. They weigh her regularly” and “The staff are quite good. I think it’s very comfortable”.

We observed staff provided care to people when required and it was apparent staff had developed kind and caring relationships with people who lived at the home. We saw people were supported to eat their lunch by being prompted or assisted by staff, given their medication, assisted to walk around the building and taken to the toilet as required. Several people who lived at the home were immobile and we saw staff escorted people to their preferred place within the home such as the lounge or dining room at lunch time.

Whilst providing care to people, we saw staff spoke with people and re-assured them of what was going on at all times. For example, we saw how two members of staff chatted with one person as they helped them from their chair into their wheelchair, which appeared to keep this person calm. Another member of staff chatted and explained the procedure to one person who needed assistance with their eye drops.

Staff spoken with understood how to maintain people’s privacy and dignity at all times. One member of staff said to us; “I always try and not expose people’s whole body when delivering personal care. I keep them covered as much as possible”. Another member of staff said; “I will always close the curtain when delivering care”. A further member of staff added; “We have signs we can place on the door when delivering care. This prevents others walking in when people wouldn’t want them too”.

We observed staff were respectful towards people who lived at the home and acted in accordance with their wishes. For example, we observed one person who was adamant that they did not want to eat any more of their lunch and despite being encouraged to do so by a member of staff, they respected this persons decision and removed their plate from the table. Another person refused their medication and this was respected by the nurse, who completed the MAR appropriately to reflect this refusal.

Staff spoken with were clear about how to offer people choice and promote independence. One member of staff said; “I think it is important to encourage people as much as possible with things like washing, eating and walking. One person who lives here doesn’t quite have the confidence to walk on their own so I encourage them to walk a few extra steps each day”. Another member of staff said; “I recognise that some people need assistance with most things. But if they don’t then I will let them have a go themselves first”.

We found people looked clean and attention was given to people’s personal care needs. Some people told us they made choices for themselves with regard to their choice of clothes and jewellery which they wanted to wear each day. We also observed that people had been able to personalise their bedrooms with things of importance to them such as certain pieces of furniture and pictures of family members and loved ones.

Good

Is the service responsive?

Our findings

People's needs were assessed and care and treatment was planned and delivered in line with people's individual care plan. There were 'assessment of need' forms completed for people, which focussed on areas including mobility, falls, personal hygiene, weight and communication. Once people's needs were assessed, this then enabled peoples care plans to be written. During the inspection we looked at six care plans of people who lived at the home, which provided guidance for staff to follow on how to care for people. Care plans also included people's life histories and things of importance to them such as any likes and dislikes.

We saw several examples of where the home had been responsive to people's needs and requirements. For example, we read in one person's care plan how their swallowing function had deteriorated and as a result, needed to be referred to the SALT (Speech and Language Therapy) team for an assessment. Once the assessment had been completed, they were required to receive a pureed diet. We saw a notification had then been sent through to staff who worked in the kitchen and that this was provided to them at meal times. Another person needed their medication changing as a result of contact with their doctor. We found this had been followed by staff and clearly recorded on the MAR chart by nurses.

During the inspection we spent time speaking with the activities coordinator employed by the home. There was a schedule in place which included films afternoons, reading, name the film star, play your cards right, arm chair exercises, quizzes and visits from various singer and entertainers. On the day of our inspection we saw people who lived at the home had taken baked cakes in the afternoon which they appeared to take great enjoyment from. The activities co-ordinator told us they aimed to plan activities in accordance with people's interests. For example one person was interested in music and as a result, an activity called 'name the song' and a tea dance had been introduced for those who were interested.

There was a clear complaints system in place and we saw any matters were recorded and responded to with any action taken being recorded. There was also a copy of the response given to the complainant. People we spoke with told us they knew how to make a complaint if they wished to. One relative said to us; "If we had a complaint we would go straight to the manager. We are confident appropriate action would be taken.

We looked at the minutes of the most recent residents and relatives meeting which took place in December 2014. There was an agenda in place which covered topics such as staffing levels, Christmas plans, use of the mini bus, staff recruitment and plans to introduce additional space on the car park. One relative commented; "We have relatives and residents meetings four times a year. They hold them during the day so it is difficult for working families to attend on occasions".

We looked at the surveys which had been sent to relatives, residents and professionals over the course of the year. We noted the feedback from these had been positive about the care provided at the home.

Good

Is the service well-led?

Our findings

There was a registered manager in post. 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.

Leadership in the home was good. The registered manager worked alongside staff overseeing the care given and provided support and guidance where needed. Staff spoke favourably about the manager during the inspection. One member of staff said; "The home is very well run. We are well supported and we feel wanted here". Another member of staff commented; "It's lovely here. It's a nice atmosphere. We work well as a team."

The people who lived at the home and their relatives also made positive comments about the leadership at the home. Comments included; "The manager is lovely, he's very approachable. If there's anything you're not happy about you just have to mention it to the staff "and "We've no complaints. If we did we would see the manager. He always responds quickly and helpfully" and "I haven't got any major complaints. If you ask him anything he will do something about it".

We looked at the quality assurance file during our inspection. This contained a number of audits which were done by the registered manager. This covered things such as weights, bed rails, complaints, pressure sores and care plans. Where shortfalls were identified, they were added to an action plan to show how they had been addressed and what action had been taken.

Accidents and incidents at the home were monitored closely. We saw a record of any falls or near misses which had occurred each month at the home. Again, these were then transferred onto an action plan which showed if any re-occurring trends had been taking place and how they planned to prevent them happening in the future.

During our inspection we found the atmosphere in the home was friendly and we saw staff on each unit worked well together. We saw many positive interactions between the staff on duty, visitors and people who lived in the home. The staff we spoke with told us they enjoyed working at the home and said they were proud of the service and the care provided.

Staff attended handover meetings at the end of every shift and regular staff meetings. We observed a handover meeting taking place when we first arrived at the home. This kept them informed of any developments or changes within the service. Staff told us their views were considered and responded to. One member of staff told us; "We have a meeting every morning. We look at what's happening that day such, problems/issues and birthdays."

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures were comprehensive and had been updated and reviewed as necessary, for example, when legislation changed. This meant changes in current practices were reflected in the home's policies. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their induction and training programme.

The managers' said they were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. They confirmed that any notifications required to be forwarded to CQC had been submitted.