

## Embrace Wellcare Homes Limited

# Arundel Park

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection was carried out on 10 November 2016 and was unannounced.

Arundel Park is registered to provide support for up to 50 people. At the time of our inspection 45 people were living there of whom 26 were receiving support with nursing care and 19 receiving support without nursing care. Situated in the Sefton Park area of Liverpool the home is near to local amenities and bus routes. All of the bedrooms provide en-suite facilities. Accommodation is over two floors with a passenger lift available for people to use.

The home did not have 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. An appointed manager was working at the home and aware of the need to apply to CQC for registration as manager.

During the inspection we spoke with 17 of the people living at the home and with six of their visitors. We also spoke individually with nine members of staff who held different roles within the home and with two visiting professionals. We examined a variety of records relating to people living at the home and the staff team. We also looked at systems for checking the quality and safety of the service.

People living at the home told us that they liked and trusted the staff team. They told us that staff treated them kindly and were responsive to their needs. Staff received appropriate training and were aware of how to carry out their role safely and well.

Staffing levels were adequate with plans in place to increase these as more staff were recruited. Robust recruitment procedures were in place and followed to ensure staff were suitable to work with people who may be vulnerable.

Policies and procedures were in place for safeguarding vulnerable adults. Staff were aware of these and senior staff ensured they were followed.

People's medication was safely managed and people received the support they needed with their health care.

Support was provided to people to ensure their rights under the Mental Capacity Act were protected.

People received the support they needed to eat and drink and were regularly asked their opinions of the meals provided. Information about the home and how it operated was readily available to people living there and their visitors. In addition, systems were in place to formally obtain the views of people living at the home and their relatives.

A number of activities and events were arranged that people enjoyed taking part in. People were confident in raising any concerns or complaints that they had. Individual care plans were in place to guide staff on how to support people.

The home had a recently appointed manager who was aware of the need to register with the CQC.

Systems for auditing the quality of the service and planning improvements were in place and effectively used.

## 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.

Staffing levels were adequate with plans in place to increase these as more staff were recruited.

Robust recruitment procedures were in place and followed.

Policies and procedures were in place for safeguarding vulnerable adults.

Staff were aware of these and senior staff ensured they were followed.

People's medication was safely managed.

### Is the service effective?

Good ●

The service effective.

People received the support they needed with their health care.

Support was provided to people to ensure their rights under the Mental Capacity Act were protected.

People received the support they needed to eat and drink and were regularly asked their opinions of the meals provided.

Staff received appropriate training and were aware of how to carry out their role safely and well.

### Is the service caring?

Good ●

The service was caring.

Information about the home and how it operated was readily available to people living there and their visitors.

People living at the home liked and trusted the staff team.

Staff had a good knowledge of people as individuals and spent time meeting their choices and needs.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People told us staff were responsive to their needs.

A number of activities and events were arranged for people to participate in if they wished.

People were confident in raising any concerns or complaints that they had.

Individual care plans were in place to guide staff on how to support people.

### **Is the service well-led?**

**Good** ●

The service was well led.

The home had a recently appointed manager who was aware of the need to register with the CQC.

Systems for auditing the quality of the service and planning improvements were in place and effectively used.

The views of people living at the home and their relatives were listened to and acted upon.

# Arundel 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.

The inspection was carried out on 10 November 2016. Two Adult Social Care (ASC) inspectors carried out the inspection which was unannounced.

Prior to our visit we looked at any information we had received about the home including any contact from people using the service or their relatives and any information sent to us by the home.

During the inspection we looked around the premises and spoke with 17 of the people living there and six of their visitors. We also spoke with nine members of staff who held different roles within the home and with two visiting professionals.

We also spent time observing the day to day care and support provided to people, looked at a range of records including medication records, care records for five of the people living there, recruitment records for four members of staff and training records for all staff. We also looked at records relating to health and safety and quality assurance.

# Is the service safe?

## Our findings

People we spoke to told us that they thought Arundel Park was a safe place to live. One person told us "Staff are very nice and helpful. I feel safe here." A visitor to the home commented "As a visitor it seems to be alright. It feels safe".

Staff had a good knowledge of their role in identifying and reporting potential safeguarding incidents. One member of staff told us "It's my duty to report it to the management and relevant authorities. Details are in the office." A second member of staff said they would report any concerns they had explaining "Well if it's wrong, it's wrong. I'd just do it."

Policies were in place to provide guidance for staff on how to deal with any safeguarding concerns or allegations. In addition, a whistle blowing policy was available for staff. Whistle blowing protects staff who report something they think is wrong in the work place that is in the public interest.

Records showed that the home had reported safeguarding concerns to the appropriate authorities and co-operated in any investigations undertaken.

Appropriate checks on the safety of the building had been carried out. This included external checks on fire systems, gas, electrics and legionella. Regular checks had also been carried out in the home including checks on water temperatures, fire systems and equipment. Individual evacuation plans were in place for people living at the home. We looked around the building and saw that it was generally safe. However, the door of the laundry room which was linked to the home via a corridor had been wedged open. This increased the risk of a fire spreading as the door would not close in the event of the fire alarm sounding. We brought this to the attention of a senior manager for the organisation who stated they would look into fitting an automatic door closure and ensure it was not wedged open.

The family of a person who had recently been cared for at the home told us "Nursing staff explained medication, what it was and what it was for and always gained consent for it."

We looked at the arrangements for managing people's medication. Medication was stored safely in a locked room with locked cabinets. We looked at a sample of medication records and stock and found that these tallied. This included medication that was prescribed in variable doses and short term. Guidance was available for staff to follow including medication prescribed for people on an 'as and when needed' basis.

A monthly analysis of accidents had been carried out. This was completed by the manager and included details of the date, time and type of accidents that had occurred. This was then uploaded onto the providers system and automatically alerted the manager if a notification to CQC was needed. The analysis was then overseen by senior staff within the organisation to ensure any actions that could be taken to reduce future risks had been taken.

Staff told us that they thought there were sometimes enough staff available but this could change on

different days. One member of staff said "It's very busy, but very enjoyable. The care never suffers. We can struggle to complete paperwork." Another member of staff explained "Different on different days. Some days we are pushed. When this happens we don't have much time to interact with people". People living at the home told us that they thought staff appeared rushed and that staffing levels were not sufficient. The manager was aware of these views and able to tell us steps had been taken to recruit new staff and increase staffing levels within the home. During our inspection we observed that staff were busy but able to respond to people's care needs and spend a little time talking with them.

We looked at recruitment records for four members of staff. They showed that prior to commencing work at the home a series of checks had been carried out on the person. This had included obtaining proof of identification, references and a Disclosure and Barring Service (DBS) check. We also spoke to a newer member of staff who confirmed these checks had been undertaken and explained that they had been interviewed for their post by two senior members of staff. These checks helped to ensure staff are suitable to work with people who may be vulnerable.

# Is the service effective?

## Our findings

Staff told us that they had completed a variety of training with one member of staff explaining "If you need it you just ask." A newer member of staff explained that when they had commenced work they had received a three day induction which had included training in a variety of areas relevant to their role.

We saw that a member of staff who had been promoted had been assigned a mentor from the staff team to provide them with guidance and advice. The provider had a training coordinator and used a computer programme to keep track of training. This highlighted any outstanding training that was considered mandatory for individuals to undertake. In addition a number of additional courses were available that people could undertake to meet their training needs or the needs of the service. We saw that staff training was up to date with staff having completed the majority of required training.

Records showed that some staff had received one to one supervisions in May 2016 but a number were outstanding. We discussed this with the manager who was aware of this and had a plan to ensure all staff received one to one supervision. Records confirmed that staff meetings had taken place recently giving staff the opportunity to air their views. A number of areas had been covered including staffing levels and recruitment. Following the last meeting the manager had compiled an action plan to act on any points or concerns raised at the meeting.

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 be 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met and found that they were. We saw that DoLS application had been made for people who had been assessed as lacking capacity although none of these had yet been granted by the Local Authority. Not everybody living at the home had had a capacity assessment undertaken to establish whether they may benefit from the protection of a DoLS and we discussed with the manager the benefits of carrying these out.

Staff had a good understanding of their role in supporting people to make decisions for themselves and respecting their rights. One member of staff said "Ask people for their decisions. Know what people's capacity is. Make sure you follow what they want." A second member of staff explained "It's part of respect. We need to know people's preferences. Human rights."

People living at the home had mixed views about the quality of the meals provided. Their comments included "The food is excellent."; "Dinner was nice. Dinners are all nice here."; "It's usually not my type of food." and "Sometimes (I like it) but not always."

We saw that menus were displayed on dining room tables. However people told us that these were often not accurate. One person explained "We make our minds up about what we would like to have and then something else comes along." We noted that one of the meal choices at lunch time was scouse pie and this was not listed on the menu.

We observed part of the lunchtime meal and saw that tables were nicely laid with condiments and tablecloths. One of the people we spoke with told us staff helped them with their meals explaining "They cut my food up."

Meals were provided by a central kitchen shared with another care home on the same site. The kitchen had been awarded a five star rating for food hygiene; this is the highest rating that can be awarded. We visited the kitchen and found that staff had a good understanding of the different meals people needed based on their health, religion or preferences. We saw that these were stored and labelled separately to ensure people got the meals they needed.

We discussed with the manager some of the comments we had received about meals and she advised us that they had been talking to people about this and meals were being monitored with regards to the choice and quality served.

People living at the home told us that they received support from staff with their health care. One person explained "They keep an eye out for me. I get my feet done by a visiting chiropodist." and a second person told us "Carers come in and change my position."

We looked at care records and these showed that people received the support they required with their health. This included monitoring their health as required and ensuring they were referred to health professionals as needed. Information about people's health care needs was recorded in their care plans along with guidance for staff to follow.

Arundel Park shares laundry and kitchen facilities with another care home on the same site. Within the home there were a number of adaptations to support people with their personal care and mobility. This included a passenger lift, lifting equipment and specialist beds. Corridors were wide enough for people using a wheelchair to manoeuvre around. People living at the home had their own bedrooms with en-suite facilities. A dining room and several lounges were available throughout the home. Call bells were located in bedrooms, bathrooms and key points throughout the home for people to summon help if needed. Externally there is car parking available and an enclosed courtyard garden with an outside smoking area.

We visited a number of people in their bedrooms and saw that they had been able to personalise them to suit their choices. For example we saw that some people had telephones in their rooms and one person had a fridge. Bedrooms appeared homely and welcoming. One person told us "My room is like my home. It's cosy, it's just the way I like it."

## Is the service caring?

### Our findings

People living at Arundel Park were positive about staff and the support they provided. Their comments included "I couldn't fault this care home at all."; "They couldn't be better." and "They (staff) are good with the little things that mean a lot. Like you always have a cup of tea when you want it and tea and biscuits before bed. These little things make a difference."

People said that staff were helpful and kind towards them, they told us "Staff are friendly, I get on with all the staff." and "I'm lucky, they do everything nicely for me."

A relative described the care staff provided as "second to none" and a visiting professional told us staff provided "a fantastic level of care" and were "very personable". A second visiting professional told us they found staff "pleasant and helpful."

We spoke to a family whose relative had lived at the home. They told us that the support staff had provided to them and their relative had been excellent. They explained "During end of life care the staff really looked after the family. They offered us tea and sandwiches. It's a wonderful place. I'd recommend it." and "During end of life care the nursing staff made all options clear. [name] and us were supported to decide. We had meetings, sat down together with the GP; everything was explained they knew her well."

A thank you card from another family said that staff had shown 'the utmost care and sympathy' towards them. It also said that as their relative was receiving end of life care a member of staff sat with the family and 'explained step by step what would happen.'

Staff told us that they liked working at the home and the answers they gave us showed that they were focused on providing a good service for people. Their comments included "I enjoy talking to the residents. Chatting with people."; "Staff stay here a while, because it's a good home." and "I like it here, this is one of the best."

In discussion with staff they displayed a good understanding of their role in supporting people to make as many choices for themselves as possible. One member of staff told us "It's important to ask people their choices. Even with food, if people want something different." A second member of staff echoed this explaining "Even day to day decisions. After personal care ask people what they would like to wear. If necessary show them choices."

Throughout the day we saw staff taking time to talk with people and provide emotional support as well as meeting their care needs. We also saw that staff were thoughtful for example helping people put warm outdoor clothes on before they went into the garden or ensuring people felt comfortable when sitting in the lounge.

Information was made available to people living at the home and their relatives in several ways. A notice board in the foyer contained information about activities, how to raise a complaint and local advocacy

groups that could help people speak out. Minutes of resident and relatives meetings were also displayed along with dates for forthcoming meetings.

The foyer also contained a notice board with photographs of staff working that day. This is good practice as it helps people living at the home and visitors to easily identify staff and their name and role.

A 'service user guide' was available which provided people with information on how the home operated. This included information on activities, meals, laundry, visiting and how to raise a complaint. A copy was available in the foyer for people to read and the manager told us that everybody living at the home was given a personal copy. The guide stated that a copy could be made available in larger print if needed.

## Is the service responsive?

### Our findings

People told us that staff provided the support they needed. One person explained "I spend time in my bed. I get good care. If I need help I call for help." Another person told us that when they used their call bell "They come straight away."

A relative told us that staff had always met their relative's support needs explaining "Even when she was ill, her hair and nails were done."

Individual care plans were in place for everybody living at the home. These showed that prior to anybody moving in an assessment of their needs had been undertaken. Care plans were in place to guide staff on how to meet people's individual care needs and we saw that these had been reviewed. Some of the records we looked at had not been fully completed for example fluid intake charts. However staff were able to tell us how they monitored people's health and met their care needs. We found that staff had a good knowledge of individuals and how to meet their needs and choices in a way they preferred.

People told us that there were a number of activities that took place in the home. One of the people living there explained "They have entertainment; recently people went to Liverpool on a mini bus. I've been out to Otterspool, I liked that. They organise everything, they have us doing all sorts."

The home had an activity room with a large piano people were welcome to play. They also employed an activity coordinator who told us regular activities included pampering, exercises and, table games. People had recently enjoyed a movie with pictures and clips of Liverpool in days gone by. In addition trips out were regularly organised, these had included a trip to a local museum and a separate trip to New Brighton. Activities were advertised on a notice board so people could plan whether they wished attend.

We saw a member of staff supporting people to paint their nails and one of the people living there told us "I am due to get my hair done today."

A meeting had taken place in October 2016 attended by 17 people living at the home. This had been held to ask people for their ideas and suggestions as to activities they may enjoy or places they would like to go.

Information about how to raise a concern or complaint was displayed in the foyer so that it was easily accessible for people living at the home and their visitors.

A policy was in place to provide guidance on how any complaints should be dealt with. We looked at complaints records and saw that one complaint had been recorded for 2016. Records showed that this had been investigated and responded to. As part of a recent resident and relatives meeting people had been given the opportunity to raise any concerns or complaints that they may have.

## Is the service well-led?

### Our findings

A new manager had recently commenced work at the home and had been there for a period of three weeks prior to our inspection. We found her knowledgeable about the service and the needs of the people who lived there.

People using the service and their relatives knew who the new manager was with one person telling us "The new manager came in and said hello, introduced herself and spoke with us."

The views of people living at the home and their relatives had been sought via regular meetings. Records showed that five meetings had taken place in 2016 and people had been given the opportunity to discuss a variety of subjects including activities, tidiness of the home and food. An action plan had been drawn up at the end of the meeting to identify any actions needed. In addition internal surveys to obtain people's views had been carried out in June 2016 with positive responses. An external company had recently sent survey forms out to again provide people with the opportunity to comment on the service they or their relatives received.

The provider carried out a comprehensive audit twice a year looking at a number of areas of the service. This had been carried out in April 2016 and again recently although the home were awaiting a copy of the latest report.

A schedule of in house audits was in place with audits taking place four times a year in areas including medication, care plans health and safety and infection control. These were carried out by either the manager or the provider's quality assurance team.

All audits results were then uploaded to a computer system along with an action plan. We saw a copy of the action plan which was a 'live' document recording when actions were in progress or completed this was regularly accessed by the manager and senior staff from the provider organisation and discussed at manager's supervisions.

The regular audits and clear action planning helped to identify any areas for improvement within the service and ensure they were carried out.