

Mr & Mrs S Blakey

Arden House Residential Home

Inspection report

Recreation Road
Pickering
North Yorkshire
YO18 7ET

Tel: 01751473569

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09 October 2018

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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

Arden House Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Arden House Residential Home is located in Pickering. The home accommodates up to 14 older people in one adapted building. They do not provide nursing care.

Inspection site visits took place on 4 and 9 October 2018. At the time of this inspection, the service was providing support to 13 people.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Systems and processes were in place to keep people safe and risks associated with the person's care needs had been assessed. There were sufficient staff to meet people's needs and staff recruitment processes and procedures were robust and followed.

Medicines had been stored and managed safely to ensure people received their medicines as prescribed. Staff followed good infection control practices and the service was extremely clean and tidy throughout.

Staff received appropriate induction, supervision and training to provide safe and effective care. The registered manager worked in partnership with healthcare professionals and other organisations to meet people's needs. People were provided with a healthy balanced diet and meals of their choice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and procedures in the service supported this practice. Consent to care and support was clearly recorded and people told us they were actively involved in the care planning process.

Care plans contained person-centred information which focused on individuals and their specific care and support needs. Regular reviews had taken place to ensure this information was accurate and up to date.

We observed kind and caring interactions between people and staff. It was clear positive relationships had been developed and staff were extremely familiar with people's likes, dislikes and preferences. People and relatives spoke positively about the staff team, their approach and respect for people's privacy and dignity.

People and relatives spoke positively of the management team. There was clear guidance in place in

relation to the reporting and handling of complaints. The registered manager requested regular feedback from people, relatives and staff to enable them to continuously improve the service. Quality assurance systems in place were effective.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Arden House Residential Home

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 4 and 9 October 2018 and the first day was unannounced. The first day of inspection was carried out by an adult social care inspector. The second site visit was conducted by two adult social care inspectors.

Before the inspection we reviewed information we held about the service. We contacted the local authority adult safeguarding and quality monitoring team as well as Healthwatch, the consumer champion for health and social care, to ask if they had any information to share. We used this information to plan our inspection.

The provider had been requested to send us a Provider Information Return and had returned this within required timescales. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and any improvements they plan to make.

During the inspection we spoke with five people who used the service and one person's relative. We spoke with the registered manager, two deputy managers and three members of care staff.

We reviewed three people's care plans, risk assessments and daily records. We checked the arrangements in place for managing medicines and recording accidents and incidents. We reviewed two staff's recruitment and induction records and three staffs' supervision and appraisal records, as well as training records, meeting minutes, audits and a selection of other records relating to the management of the service.

Is the service safe?

Our findings

At our last inspection in March 2016, we rated this key question 'Good'. At this inspection the service remained 'Good'.

People told us they felt safe. Comments included, "I feel 100% safe living here. I moved here because I just needed that little bit of extra reassurance" and "I wouldn't still be here if I didn't feel safe." A relative we spoke with said, "I am confident [Name] is not only safe but also extremely happy living here."

Systems continued to ensure safeguarding incidents were addressed where required. Staff were trained in this area and had a positive understanding of their responsibilities to keep people safe. They knew how to refer incidents to the local authority safeguarding team. They reported any concerns to the registered manager and where appropriate to external agencies.

Robust recruitment and selection procedures continued to be followed. Appropriate pre-employment checks had been completed before new staff commenced working at the service. The registered manager also ensured people who used the service were actively involved in the recruitment processes as they were able to 'meet and greet' potential new staff when they attended the service for an interview. The registered manager took people's views into consideration when making decisions about offers of employment being made.

Risk assessments were in place where required although they did not always provide appropriate guidance for staff to minimise and manage risks. However, all staff we spoke with had appropriate knowledge with regards to risks and how these should be managed. The registered manager took action during the inspection to update records accordingly.

Staff had received medicines training and had their competencies in this area assessed on a regular basis to ensure they had the appropriate skills and knowledge. Medicines had been managed and administered safely. People told us they received their medicines as prescribed. Some people were able to administer their medicines independently and this was detailed within their care plans. Risk assessments in relation to self-administration were being implemented at the time of our inspection.

Accidents and incidents were closely monitored by the registered manager to ensure action was taken when any trends or concerns were found. This evidenced the registered manager took incidents seriously and learning was implemented quickly and effectively.

Observations showed there was enough staff on duty to provide support to people and people we spoke with confirmed this. One person said, "There is plenty of staff on hand to help if I need it. Nothing is ever too much trouble and I never have to wait." Rotas demonstrated that people were supported by a consistent team of staff. One member of staff said, "I have never worked anywhere that is so relaxed and where staff have so much time just to spend with people. There is certainly enough staff."

Maintenance safety certificates for utilities and equipment was up to date and ensured the premises were safe. Fire safety and equipment checks had been regularly carried out and people had personal evacuation plans in place which detailed the level of assistance that would be needed in the event of an emergency, such as a fire. These were reviewed daily and updated when required. This meant the person using the service was kept safe from the risk of harm.

The service was extremely clean and tidy throughout. People told us the domestic staff were 'thorough' and 'never miss a spot.' We observed staff wearing appropriate personal protective equipment and following good infection control practices.

Is the service effective?

Our findings

At our last inspection in March 2016, we rated this key question 'Good'. At this inspection the service remained 'Good'.

People told us they felt staff had the appropriate skills and knowledge needed to support them. Comments included, "All staff are brilliant. They know what they are doing and how to do it" and "I have no concerns over staffs' ability at all."

The registered manager had developed a thorough induction process which was tailored to new staffs' individual needs. Their performance was closely monitored to ensure they were working in line with the provider's expectations.

Regular and constructive supervisions took place to ensure all staff had the opportunity to review their performance and discuss areas for further development. Records showed that the registered manager was keen for staff to develop within their role and encouraged staff to continuously improve. One member of staff said, "The support staff get is fantastic. I feel [registered manager's name] sees the potential in all the staff and she does encourage us all to further develop in any way we can."

Regular training had been provided to all staff to ensure they kept up to date with best practice guidance. One member of staff told us, "We do quite a lot of training and [Registered manager's name] is always looking for additional training that would benefit staff and people. I think I am very well trained."

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). The service was not currently supporting anyone who was subject to a DoLS but had clear knowledge of action they would need to take should the situation arise.

People had capacity to make their own decisions. Care plans contained clear evidence that people had signed and consented to their care and support. Relatives we spoke with told us they had also been actively involved. One relative said, "I am always kept up to date with anything that is happening. They let me know when reviews are taking place and discuss things with me when needed."

People enjoyed a variety of different meals at the service which were prepared by an experienced chef who had been employed by the service for a number of years. There was clear evidence that the menus in place had been developed with the input of people. For example, people had requested curries to be added to the menu and we evidence this had been actioned. Light snacks and refreshments were served throughout the day and people were able to eat their meals in a place they preferred, such as the lounge or remain in their own rooms.

People at the service lived active lives and we observed them coming and going freely. Most people accessed their own GP independently although we evidenced support was provided in this area when it was

needed. A 'medical matters' document was in each person's care record which detailed appointments people had attended, the outcomes and any follow up action needed. The service had close working relationships with other professionals to promote people's health. These included, GP's, district nurses and opticians.

The service provided a homely, relaxed atmosphere that was personalised by people who used it. Walls contained photographs of people enjoying activities that were on offer as well as art work and other craft items that had been made by people who used the service. People's bedroom were personalised and they brought items of furniture into the home if they wished. One member of staff said, "Everyone has their own tastes and we respect that here. People can have their bedrooms as they wish – it is their home after all. We got a card and photograph from the Queen as the residents had sent well wishes for the Royal Wedding. Everyone agreed they wanted it framing and placing in the lounge so that is what we did."

Is the service caring?

Our findings

At our last inspection in March 2016, we rated this key question 'Good'. At this inspection the service remained 'Good'.

People told us staff were kind and caring. Comments included, "The staff really are wonderful. They treat me very well indeed" and "All the staff are kind, caring and compassionate. They understand me. I like to spend most of my time on my own, I have never been one for joining in groups, but the staff have time to sit and chat with me. I never feel alone."

Observations showed that staff respected and promoted people's privacy and dignity. For example, we observed staff knocking on bedroom doors before entering, addressing people by their preferred names and respecting people's wishes when they wanted to spend some time alone.

Care plans provided details of when people may need additional emotional support. For example, one person's husband had passed away and it was recorded in their care plan that they may become anxious and upset when the anniversary of their death approached. The care plan provided guidance to staff on how best to support the person during this period.

People were supported to remain as independent as possible and make decisions regarding the care and support they received. They were encouraged to express their views through regular discussions with staff. One relative told us how a person had been unsettled when they had moved to the service but the support from staff and management had ensured they felt welcomed. They went on to say how this person now describes the service as 'their home.'

People were clearly at the heart of the service and were supported to live according to their wishes and values and had access to advocacy services if needed. An advocate acts to speak on a person's behalf who may need support to make sure their views and wishes are known. People told us staff sat and spoke to them about their care and what they wanted and supported them to achieve this.

Staff were polite and kind towards people throughout our inspection. We saw numerous friendly conversations and good interactions, which demonstrated staff cared about the people they supported. We found staff had time to chat with people and acknowledged them as they moved around the building. People responded warmly towards staff showing us they valued their companionship.

The provider had a policy and procedure for promoting equality and diversity within the service. Discussion with staff indicated they understood how it related to their working role. People told us that staff treated them on an equal basis and we saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation was recorded in the care files.

Is the service responsive?

Our findings

At our last inspection in March 2016, we rated this key question 'Good'. At this inspection the service remained 'Good'.

People told us the service was responsive to their needs. Comments included, "When I first came here I needed more support. Now I have found my feet a bit I can do more for myself and staff respect that."

Before people moved to the service a pre-admission assessment was conducted by the registered manager. This was to ensure the service could meet people's needs.

Care plans contained person-centred information that focused on the person and their individual needs whilst promoting independence. For example, a personal care plan detailed that the person required 'staff to run the bath but [Name] can get in and out and wash independently. [Name] will ask staff if they need any other assistance.' A member of staff said, "Most people are quite independent, but I think care plans contain a good level of information. We know people really well, but it is always useful to have it written down."

People's wishes with regards to their end of life care had been discussed and recorded. Information such as who they wished to be contacted when they approached the end of their lives, funeral arrangements and preferred undertaker were recorded.

The care plans were reviewed regularly to ensure that information remained current and provided up to date information for the staff team.

The registered manager was aware of the Accessible Information Standard and care plans contained information about people's preferred method of communication. Details of whether the person could communicate their needs around requiring assistance or making decisions was also included. The Accessible Information Standard came into force in 2016 with the aim of ensuring people with disabilities, impairments or sensory loss get information they understand, plus any communication support they need when receiving healthcare services.

The provider had a complaint's policy and procedure in place and people and relatives we spoke with knew how to raise a concern or complaint. One person said, "I would speak to any of the staff. They would deal with it straight away no matter how big or small. They are very good like that." A relative told us, "I have never had to make a complaint, but all the staff are approachable, and I cannot imagine it would not be dealt with appropriately. There had been no formal complaint made in the past 12 months, but the registered manager was clear of the process they would follow.

The staff had received a high number of written compliments from people who used the service and relatives. Examples included, 'To each and every one of you my eternal thanks for everything you do. Thanks for all the care and attention you gave [Name]. He was always very well looked after. You were always so wonderful with him' and '[Name's] care has been exemplary, and you have always been a great help sorting

out appointments – the list of thanks is endless.'

Is the service well-led?

Our findings

At our last inspection in March 2016, we rated this key question 'Good'. At this inspection the service remained 'Good'.

People, relatives and staff told us the service was well-led. Comments included, "[Registered manager's name] is very good at what she does", "The management team are all spot on" and "I have never worked anywhere where staff are respected by management like they are here."

The registered manager had been in post since April 2014 and had a number of years' experience in the health and social care sector. 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.

There was a stable management team in place. The registered manager was supported by two deputy managers who had responsibilities for different areas of the service which was overseen by the registered manager. One deputy manager told us, "I love working here. All staff are included, and I feel valued. I have started a level 5 qualification and all is going well. The registered manager is very supportive."

Quality assurance systems were in place and effective. Care plans and monitoring documents were reviewed and updated monthly by one of the deputy managers. Medicine audits were in place although the audit used was not in line with current best practice. The registered manager took action following day one of this inspection to source a replacement audit tool and this was implemented immediately.

The registered manager was keen to ensure people received high quality care and support and promoted a positive culture. Regular resident meetings took place to ensure people were given the opportunity to share their views and contribute to ideas to further develop the service. For example, in areas such as activities, meals on offer and the décor within the service.

There was an open and honest culture and relatives were welcome to visit people at any time. Observations showed that people were comfortable approaching the management team who had a clear presence within the service.

The registered manager and staff in the service continued to work with local health and social care agencies to ensure people continued to receive the support they required as their needs changed. Advice from health and social care professionals had been incorporated into people's care plans to ensure they continued to receive the support they required, whilst promoting their independence in this area.

Registered providers of health and social care services are required by law to notify us of significant events that happen in their services such as allegations of abuse and authorisations to deprive people of their liberty. The registered manager ensured all notifications of significant events had been provided to us in a

timely way. We checked appropriate actions had been taken to keep people safe and to protect their rights.