

EC Romford Holdings Limited

Arran Manor

Inspection report

55 Westmoreland Avenue
Hornchurch
Essex
RM11 2EJ

Tel: 01708452765

Date of inspection visit:
11 May 2023

Date of publication:
14 June 2023

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Arran Manor is a residential care home providing nursing and personal care to people. The care home accommodates 22 people in one adapted building. The service provides support to older people and people living with dementia. At the time of our inspection there were 18 people using the service.

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

The provider had monitoring systems to ensure they provided good care. People's care was personalised to reflect their individual needs and preferences. People had care plans and risk assessments in place which detailed how they liked to be supported; however, some care plans and risk assessments had not been reviewed since 2020. We have made a recommendation about care plans and risk assessments.

Staff understood how to raise concerns and knew what to do to safeguard people. Effective arrangements were in place to ensure recruitment checks on staff were safe. Minor improvements were required to staff recruitment files. We have made a recommendation about staff recruitment files.

Audits and quality assurance were in place but needed some improvement to ensure the service continually improved and provided positive outcomes for people. We have made a recommendation about quality assurance processes.

We received positive feedback on the service. One person said, "The manager is great and is very passionate about the service. Staff are excellent and very caring."

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. People were cared for and supported by staff who had received appropriate training. There were systems in to minimise the risk of infections. There were safe medicine procedures for staff to follow.

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

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

Rating at last inspection

The last rating for the service under the previous provider was good, published on 30 November 2017.

Why we inspected

We carried out an unannounced inspection of this service on 11 May 2023.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Recommendations

We have made recommendations in relation to staff recruitment, care plan, risk assessments and quality assurance.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Arran Manor

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector 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.

Service and service type

Arran Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Arran Manor is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service about their experience of the care provided. We had contact with 9 relatives for feedback about the service. Where people were unable to talk to us, we observed people's interactions with staff. We spoke with the registered manager and 4 members of staff.

We reviewed 4 people's care files and 4 staff personnel files. We looked at the provider's arrangements for managing risk and medicines management, staff training, induction and supervision data. We also looked at the service's quality assurance arrangements.

Is the service safe?

Our findings

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

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

Staffing and recruitment

- Staff were safely recruited, and the provider had completed the relevant employment checks prior to them starting work. Minor improvements were needed to staff recruitment files to ensure they meet regulation. The registered manager took immediate action to make the necessary improvements.
- The service had enough staff, including for one-to-one support for people to take part in activities. A relative told us, "There seems to be enough staff. My [relative] is a good complainer but he doesn't complain at all."
- The numbers and skills of staff matched the needs of people using the service.
- Staff were subject to Disclosure and Barring checks. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We recommend the provider ensures recruitment checks are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents required when appointing staff.

Assessing risk, safety monitoring and management;

- Risk assessments had been completed to provide staff with guidance on how to keep people safe and minimise risks. However, some of these had not been reviewed since 2020.
- People's care records helped them to receive the support they needed. Staff kept accurate, complete, legible records, and stored them securely. The registered manager told us, "We work closely with people, families and health professionals when formulating and reviewing the support plans."
- The provider also assessed the risks within the environment, including building, equipment, and fire safety. There were plans to be followed in the event of an emergency evacuation. Where people lacked the mental capacity to understand risks, the staff had created additional plans to monitor them and to keep them safe. There were regular checks and services of all equipment and the building.

Learning lessons when things go wrong

- The service managed accidents and incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and the registered manager investigated incidents. However, there was no formal record for how the registered manager learnt from lessons following incidents to improve the quality of care to people. The registered manager told us they will implement a record evidencing their lessons learnt.
- There had been no accidents in the service. However, the registered manager told us any accidents would get investigated and lessons learned shared with staff to reduce the risk of them happening again.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. People told us they felt safe using the service. A relative told us, "[Relative] is absolutely safe and staff would pick up on any concerns. I have no concerns."
- Staff had received training in safeguarding and knew how to raise concerns. A member of staff told us, "I know how to report any form of abuse and I would take immediate action. I would know who to report to and I would continue to escalate further to the Local Authority if I needed to."
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.
- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and CQC.

Using medicines safely

- People were given their medicines safely and as prescribed, and it was recorded on their medicine administration record.
- Staff did not support people with medicines until they had completed the required training, medicine competency assessments were seen on file.
- Risk assessment and care plan documentation were in place to ensure safe medication. The provider completed regular audits of people's medicines.
- Some people were prescribed 'as needed' medicines. Information to guide staff on the administration of these medicines were seen on file.

Prevention and controlling infection

- Staff had received training in infection prevention control and were provided with the appropriate personal protective equipment (PPE).
- Staff wore appropriate PPE when supporting people and there were measures in place to ensure the safe storage and disposal of PPE.
- Staff supported people to make their own decisions during the COVID-19 pandemic. There was a positive focus on informing people about risk, while enabling them to make their own decisions.

Visiting in care homes

- The registered manager had followed guidance on visiting and people were able to receive visits from their relatives and friends safely. However, a relative told us, "We have to pre book any visits and can't just turn up and we can only sit in [relative's] bedroom or conservatory. The registered manager told us they were looking to review the current arrangements."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated the key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff told us they were supported with an induction when they first started working. One member of staff told us, "The induction really helped me prepare for the role and I found it very helpful." However, no written record of a completed induction was available on some staff files to demonstrate a robust induction had been completed to enable staff to carry out their role and responsibilities effectively.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. A member of staff told us, "My manager is very supportive and I have regular supervision."
- Staff were up to date with their mandatory training. Some staff had completed additional courses which were specific to people's needs. A relative told us, "Staff are very attentive of the residents. They understand [relative] really well. They know exactly what they are doing."

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

- People's needs were assessed before they started using the service. The staff also monitored them and reassessed their needs when they first moved to the home. They spoke with the person, their relatives and other representatives to get to know about the person and their choices.
- Staff ensured people had up-to-date care and support assessments, including medical, psychological, functional, communication, preferences and skills. However, some assessments had not been reviewed since 2020. The registered manager was in the process of updating all risk assessments.
- Care and support plans were personalised and reflected a good understanding of people's needs. People's likes, dislikes and interests were listed and there was detailed guidance for staff on how to manage behaviours and health conditions such as diabetes as well as detailed instructions on how to provide support with different aspects of daily living such as personal care and eating. However some care plans had not been reviewed since 2020 which could be a potential risk for newer staff. .

We recommend the provider refers to current guidance to ensure care plans and risk assessments are regularly reviewed to ensure they remain up to date.

- We discussed our findings with the registered manager and reiterated the importance of having recorded information about the needs of people, as it would also help new staff get to know them. The registered manager was in the process of updating all the care plans and we saw evidence of this

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

- People received support to eat and drink enough to maintain a balanced diet. People were involved in choosing their food, shopping, and planning their meals.

- People's comments about the food they received was positive. Comments included, "The food is very nice, I like it" and, "Yes, the food is good, there is always plenty."
- The dining experience for people was positive. People were not rushed to eat their meals and where they required staff assistance this was provided in a dignified and respectful manner. The meals provided were in enough quantities, looked appetising and reflected their individual choices and preferences.
- A pictorial menu was seen in the kitchen and communal dining area. A relative told us, "The food is good at the home. [Relative] has a much better diet at this home than when [relative] was living with us."
- Where people were at risk of poor nutrition, their weight was monitored at regular intervals and appropriate healthcare professionals, such as dietician and Speech and Language Therapy Team [SALT] were consulted for support and advice.

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

- People's diverse needs were respected as their bedrooms were personalised to reflect their own interests and preferences. People's bedrooms were decorated in a colour of their choice and with their personal possessions around them. A relative told us, "The home is beautifully decorated it's like a house. Her bedroom looks like a bedroom rather than a care home room."
- People had access to comfortable communal facilities, comprising of a large communal lounge and dining area. Adaptations and equipment were in place in order to meet peoples assessed needs.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People were supported to have their healthcare needs met. People were referred to health care professionals to support their wellbeing and help them to live healthy lives. One relative told us, "The manager immediately calls us if they need to and we are in regular contact about any health appointments."
- The provider communicated well with other professionals and made timely referrals when people needed additional support and when they noticed a change in people's health or conditions.
- People's oral healthcare needs were assessed and planned for.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People had capacity to make day-to-day decisions. We found staff practice reflected the principles of the

MCA. People were encouraged to make their own decisions, while still minimising risk.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection this key question was rated good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. A relative told us, "I would say that the staff are kind, sincere, jovial, light hearted and happy. It's everything you could want. They have patience and understanding. They are exceptional."
- Staff were focused and attentive to people's emotions and support needs.
- Staff were able to tell us about people's preferences and how they liked to be supported. One staff member told us, "[Person] enjoys gardening and being out in the garden so we encourage them to go out as often as they can."
- Feedback from relatives and people was positive about how caring staff were. A relative told us, "The staff are very friendly and accommodating; we've never had any issues with the staff."

Supporting people to express their views and be involved in making decisions about their care

- The registered manager worked closely with people and their relatives to ensure care was tailored to match their needs.
- People and those important to them, took part in making decisions and planning of their care and risk assessments. A relative told us, "I have seen [relative's] care plan which was updated after [relative's] fall. Initially I was involved and I have been involved in the updates."
- The registered manager had tools in place to gather feedback such as surveys for relatives and people to complete on the experience of their care. A relative told us, "They did a feedback questionnaire so I suggested that they send me a photo of [relative] joining in with the activities; they do do this for me."

Respecting and promoting people's privacy, dignity and independence

- The service ensured people's confidentiality was always respected. Records were kept securely.
- Staff treated people with dignity and respect. We observed staff gaining consent before entering a person's bedroom.
- Staff also told us they understood the importance of confidentiality. They understood their responsibility not to share confidential information about people in the service.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff provided people with personalised, proactive and co-ordinated support in line with their care plans. People's care plans contained in depth information about their needs, including essential information relating to health, communication, likes and dislikes.
- People were supported by a team who knew them well and how they liked to be supported. One member of staff told us, "I know what the residents like and don't like. I enjoy talking to them and their families so I can get to know them better."
- People had the opportunity to shape the service they received. The registered manager told us they had a residents meeting whereby a resident requested a vegetable patch in the garden. Evidence of a vegetable patch was seen in the garden. The residents were encouraged to grow their own vegetables.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and staff had the information they needed to communicate effectively with people.
- People's care plans were written in practical, plain English.

Improving care quality in response to complaints or concerns

- People and those important to them could raise concerns and complaints easily and staff supported them to do so. Families confirmed they were aware of the procedure. One person told us, "I haven't had to make a complaint but if there is anything, I am sure they would listen to me."
- The provider had a process in place for responding to complaints. However, the registered manager told us no formal concerns or complaints had been raised either by people using the service or those acting on their behalf or the Local Authority.
- A record of compliments was not maintained at this time to demonstrate the service's achievements.

End of life care and support

- The provider had considered people's end of life wishes when completing their initial assessment. The registered manager told us this information was reviewed as people's needs or wishes changed.

- The provider worked in partnership with other health professionals, such as the local hospice and palliative care team to support people's care needs when required.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. The rating for this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had systems and processes in place to monitor the quality and safety of the service and drive improvements however, these had not been consistent or reviewed regularly. For example, the management audits did not identify the shortfalls we found during the inspection. We did not find any impact of this process but improvements were needed to minimise risks.
- Minor improvements were needed to some staff recruitment files. For example references received were not always verified and some staff files did not include a proof of address.
- There was no written record of a completed induction on newly recruited staff files to enable staff to carry out their role and responsibilities effectively.
- Incidents were recorded however, there was no formal record of how the registered manager learnt from lessons following incidents to improve the quality of care to people.

We recommend the provider review their systems and processes for quality assurance to ensure more robust oversight of the service.

- The registered manager assured us that if there were any changes in people's needs, the care plans and risk assessments would be amended accordingly.
- The day to day running of the service was managed by the registered manager. There was a clear staffing structure in place which included a deputy manager. A relative told us, "The residents are her priority. I think it works; there's a lovely feel to the place. It's a nice atmosphere; it's calm and orderly. She's on top of everything."

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

- The registered manager sought feedback from people and those important to them and used the feedback to develop the service. A relative told us, "The manager always resolves all my queries and gets back to me whenever I need them to."
- People's equality and diversity characteristics had been considered and integrated into their care plans.
- The registered manager shared information with staff regularly and had frequent contact with them. A staff member told us, "We all work very well together and are always in contact with each other. The manager discusses information with us regularly and is very approachable."
- Staff meetings were held regularly. We reviewed minutes and saw they included updates about people

who used the service as well as reminders about trainings and safety awareness.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Promoting a positive culture that is person centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager understood their responsibility under duty of candour. Duty of candour requires providers to be open and transparent with people who use their services and other people acting lawfully on their behalf in relation to care and treatment.
- Staff were positive about working at the service and promoting good outcomes for people. One member of staff said, "We work well as a team together, I enjoy my job and I like supporting people so that they can live their best life."
- People were complimentary of the service and staff. A relative told us, "Communication with staff is really good, they always keep in regular contact and we have no complaints."

Continuous learning and improving care; Working in partnership with others

- We found there was a positive culture around continually learning and developing the service. The registered manager told us they are always discussing how to move forward and improve the service.
- The service worked in partnership with a number of different health and social care professionals including the local authority and local healthcare services.
- Staff were aware of the importance of working alongside other agencies to meet people's needs and liaised with other healthcare professionals such as the GP and pharmacy when required.