Arden Park Care Limited

Arden Park

Inspection report

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Tel: 02476635944

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

About the service: Arden Park is a residential care home and provides personal care for up to 31 older people or younger adults. At the time of our inspection visit there were 27 older people living at the home some of which were living with dementia. Two of the 27 people were in hospital.

People's experience of using this service:

●People felt safe because there were enough staff to support their needs and to protect them from avoidable harm.

●Recruitment checks were completed prior to staff working at the home but records of checks were not completed in sufficient detail to demonstrate staff were safe to work with people.

●Staff received on-going support and training to be effective in their roles.

●Staff knew people well and knew about risks associated with their care. Risk management plans mostly contained clear instructions for staff to follow.

●The environment was clean and staff followed good infection control practices.

●People received their medicines as prescribed and people were supported to access healthcare professionals when needed.

●People's needs were assessed before it was agreed for them to live at the home to ensure their needs could be met safely and effectively.

●Work was to be completed in regards to the Accessible Information Standards to help ensure people could easily understand and access information about them and the home.

●People's nutritional and hydration needs were met. Staff knew about people's specialist dietary needs and supported people when needed.

●There were caring interactions between staff and people and care plans supported staff to provide personalised care.

●People were supported to be independent where this was possible and their privacy and dignity was maintained.

●Some information about people's end of life wishes was documented to help staff ensure people's wishes were respected at this time.

●People were able to participate in some social activities and maintain some links with the local community.

● People and relatives were happy with the care they received and spoke positively about the management of the service.

●Complaints were managed in accordance with the provider's procedure.

● Systems to monitor the quality and safety of the service were mostly effective.

●Lessons were learnt when things had gone wrong and had resulted in changes in practice where needed.

●People had been given some opportunities to provide feedback about the service to drive improvement of the home. Responses had been listened and responded to.

At this inspection we found the evidence supported a rating of 'Good' overall. More information is in the 'Detailed Findings' below.

Rating at last inspection: At our last inspection in we rated the service as 'Requires improvement'. The report was published on 21 March 2017.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission scheduling guidelines for adult social care services.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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 not consistently safe.	**Requires Improvement**
Is the service effective? The service was effective.	**Good**
Is the service caring? The service was caring.	**Good**
Is the service responsive? The service was responsive.	**Good**
Is the service well-led? The service was well led.	**Good**

Arden Park

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by two inspectors 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: Arden Park is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection visit was unannounced.

What we did:
Prior to the inspection, we looked at the information we held about the service to help us plan our inspection. We assessed information the provider is required to send us annually about what the service does well and improvements they plan to make. We looked at statutory notifications the provider had sent us as required by law about events that had happened at the service. For example, serious injuries. We sought feedback from the Local Authority who worked with the service. They did not have any new information about the service to share with us.

During our inspection visit, we spoke with four people who lived at the home and three relatives. We spoke with the registered manager, five care staff, one of which, also cooked at the home.

We observed communal areas to assess how people were supported by staff. We reviewed a range of records. This included three people's care records, medicine administration records, staff training records, compliments and complaints and the provider's quality assurance systems. We also reviewed three staff files to check staff had been recruited safely.

Requires Improvement

Is the service safe?

Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about people's safety. There was an increased risk that people could be harmed. At our last inspection this key question was also rated as 'Requires Improvement'. Known risks were not always reflected in risk assessments to staff always managed risks safely. At this inspection there continued to be areas needing improvement.

Assessing risk, safety monitoring and management

● Previously, risks associated with people's care were not accurately reflected in up-to-date risk assessments to ensure a consistent and safe approach was used by staff. At this inspection, this had improved, however, one person's care plan contained no information about how staff should respond when the person experienced seizures. Despite this, staff were able to tell us what they would do.

● Staff used an electronic care planning system and used hand held devices (PDA's) to record their responses to managing risks. For example, one person was at risk of skin damage and needed to be repositioned two hourly, the PDA indicated to staff the need to reposition the person and indicated when this action had been completed by staff.

● The registered manager used recognised assessment tools to determine risks to people's health and well-being. People's care plans explained the actions staff should take and the equipment they should use to minimise risks.

● Environmental risks had not been managed consistently. Some of the hot water pipes were hot to touch and were not covered which meant there was a burn risk if people fell against them. The registered manager took immediate action to arrange for the hot pipes to be insulated, some of these were done during our visit. They told us two days following our visit all exposed hot pipes across the home had been identified and insulated.

● We visited one person in their room and saw there was a trailing electrical cable which went from the wall socket over the persons bed into their television. These cables presented a potential trip risk to the person and this risk had not been sufficiently managed. Following our visit, the registered manager told us immediate action would be taken to secure the wiring to prevent any trip/fall risks.

● Each person had a personal emergency evacuation plan for use in an emergency such as a fire. This was kept near the main entrance to the home for emergency services to easily access. Duty rotas indicated who the fire marshalls were each day to oversee fire safety.

● Equipment checks such as, falls sensor mats, call bells and walking frames were carried out to make sure they were safe for people to use.

Systems and processes to safeguard people from the risk of abuse

● Overall people felt safe. Two people told us they felt a little unsettled at night when other people came into their room. One person told us, "I put my case against the door at night". Another told us, "Frightened, not at all. I get people coming in to my room because they are mixed up." People said they used their call bell to alert staff when this happened and staff responded although one person told us, "I ring my call bell,

they don't come very quickly. Night time is the worst."
● A relative told us they took comfort from knowing their family member was "Well looked after and safe".
● The provider had procedures for staff to follow if they suspected abuse or identified concerns related to people's care. Staff completed regular safeguarding training to keep their knowledge up to date and said they would report any concerns they identified to the registered manager.
● The registered manager kept 'safeguarding' records to show how concerns were managed. One safeguarding incident had not been reported to us as required to assure us the necessary action had been completed. However, the registered manager had reported this to the Local Authority and any future safeguarding risks had been minimised.

Staffing and recruitment
● There were enough staff to support people's safely. People told us if they needed staff they would go to them for assistance or use their call bell. A relative told us, "There are plenty of them (staff) around. Always available during the week and weekends. [Name] looks cared for, always clean when we come."
● Staff told us there were enough of them to support people's needs and stated they were happy to work extra shifts when needed, because it was 'better' for people to be supported by staff they knew well.
● Staff said they did not begin working for the service until the provider had completed a series of recruitment checks to ensure they were suitable for their roles. However, recruitment records did not consistently show some checks were fully completed. The registered manager assured us records would be updated to reflect all checks had been completed to ensure staff were safe to work with people.

Using medicines safely
● People received their medicines when they needed them although some people said staff did not always observe them when they took them in line with safe and good practice. One person told us, "They give me tablets four times a day, they don't always wait. They know I will take them. They asked me this morning if I needed a pain killer." Another told us, "I take lots of medication, they wait while I take it upstairs in my room but not downstairs." We made the registered manager aware of this. They told us all staff had been trained and were regularly monitored to ensure they followed safe practice. On the day of our inspection visit, medicines were administered safely and in accordance with good practice.
● Medicine administration records (MARs) gave an accurate account of the medicines administered and the amount in stock.
● Medicines were securely stored in line with best practice guidance.
● Protocols for medicines to be given PRN (when required) were available to advise staff how to determine when a person might need their 'when required' medicine.

Preventing and controlling infection
● The home was clean and there were arrangements for regular cleaning to take place.
● Staff completed training in the control and prevention of infection and wore personal protective clothing such as gloves and aprons to minimise the risk of the spread of infection.

Learning lessons when things go wrong
● Lessons were learnt when things had gone wrong. For example, following a person's fall on the stairs, action had been taken to secure doors to the stairwells to help prevent this from happening again.
● Staff meetings and handover meetings (held at the beginning of each shift) were used to share information of concern so that learning could be taken from this to help drive improvement.
● Accidents and incidents were recorded and closely monitored to identify any patterns or trends, so appropriate action could be taken to reduce reoccurrence.

Good

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

Good: People's outcomes were consistently good, and people's feedback confirmed this. At our last inspection this key question was rated requires improvement because people were not satisfied with the food and drink and their mealtime experience. This had improved at this inspection.

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

- At our last inspection people were not satisfied with the food and drink and did not have a positive mealtime experience. During this inspection visit, people were positive about the food and their mealtime experience. One person told us, "They give you two choices for lunch when you sit down. They show plated food to some. I think the food is very good, all home cooked, sufficient."
- A relative told us their family member enjoyed the meals and had put on weight at the home, which pleased them.
- People's dietary needs, preferences, and any allergies, were assessed and recorded when they moved into the home. This information was shared with the cook, and updated to help make sure they supplied suitable meals and snacks for everyone.
- People were provided with hot and cold drinks throughout the day and staff recorded how many drinks people consumed to make sure they were drinking enough.
- People who were at risk of poor nutrition were monitored and weighed weekly. Where appropriate, they were referred to other healthcare professionals such as the GP or dietician.

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

- People's needs were assessed before they moved into the home, and where appropriate, relatives were involved in this process.
- Care plans reflected people's needs and choices in areas such as mobility, communication and eating and drinking and assisted staff in supporting people effectively.
- People's needs were regularly reviewed to make sure their needs continued to be met.

Staff support: induction, training, skills and experience

- People and relatives felt staff had the skills needed to support people. One relative said, "They (staff) have been very helpful. Seem well trained always reassuring".
- Staff completed an induction to the home which included working alongside experienced staff to get to know people and their needs.
- Staff told us they completed training they needed to be competent in their role and felt confident in their abilities to meet people's needs.
- Staff had regular one-to-one meetings with the registered manager and attended periodic team meetings to share information.

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

● Peoples accommodation was over two floors. A passenger lift was available for those that needed it. The communal areas were large enough to allow everyone sufficient space and to sit in quieter areas if they wished.

● At the time of our inspection, most people were living with dementia and the environment did not fully support their needs. For example, there was limited use of colour and directional signs to support people to locate different areas of the home easily. The registered manager told us arrangements had already been made for a dementia specialist to review the home environment so it supported people better.

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

● Staff worked closely with health and social care professionals to ensure people's needs were met.

● People were able to access healthcare support when they needed. One person told us, "They arrange the GP when I need it….I've had an eye test, it's twelve monthly." Another told us, "We have a doctor who comes and I have been to him. They cut my toenails last week. I have had an eye test. A dentist comes as well."

● Staff monitored people's health and understood their responsibility to obtain further advice or support if they noticed any changes or signs of illness.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● The service was compliant with the MCA. People's care plans included a mental capacity assessment to determine if people were able to make decisions independently. The registered manager had applied for the authority to deprive people of their liberty, when people lacked the capacity to consent to living at the home.

● People assessed as not having capacity to make their own decisions were supported by their relatives who had attained the legal authority to make decisions on their behalf. Some people had advocates to act on their behalf if they did not have family members involved in their care.

● The registered manager told us any important decisions related to a person's medical treatment would be made with health professionals and family members as appropriate.

● Staff understood the principles of the MCA and sought people's consent before they provided assistance.

Good

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People said staff were attentive and treated them well. One person told us, "I'm quite happy here. I love my room. They couldn't do any more".
- Staff understood the meaning of equality and diversity. One staff member told us there was 'no discrimination' and said, "No-one is treated differently for who they are, only for their different needs."
- People were supported to maintain their religious beliefs and practices if they chose to do so.
- Staff told us any cultural food preferences could be supported, if required.
- Staff took time to sit and engage people in conversation. Even a simple offer of a cup of tea was undertaken with warmth and a few minutes individual attention. A relative told us, "They have all been really lovely to [Name]."
- Staff were positive about working at the home. One staff member told us, "It's about building relationships. I love my residents. It feels like I've got loads of grandparents." Another said, "When I help with the residents I get the residents involved with colouring and engaged. When giving personal care I would talk to them and get on their level and if they take 10 minutes to get up, I won't rush them, this is their home at the end of the day."

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

- Most people were able to make day to day decisions themselves. Some were prompted by staff to help them make decisions. A relative told us, "They have to be patient and understanding with [Name] to communicate."
- Staff respected people's preferences about how they wished to be supported and understood sometimes a different staff approach was needed to help a person make a decision.
- A relative told us how staff respected their family member's wishes not to wear their glasses or dentures, because they were happier without them.
- Staff were mindful not to wake people up for a drink but made sure to offer them a drink as soon as they woke up of their own accord.
- People's preferences to wear clothes protectors at meal times were included in the list of preferences in the kitchen and only those who wanted to wear them did so.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their dignity and self-respect. They wore clean clothes, had clean nails and tidy hair. A relative told us, "[Name] is always well-groomed, neat and tidy and clean shaven."
- People told us, some staff did not wait to be invited into rooms when knocking doors, however, we saw this was not the case with all staff and people overall felt staff were respectful.

● The registered manager noted a person had crumbs on their jumper and asked the person if they could wipe them away.
● At lunch time staff cut one person's meal up for them and made sure they had a plate guard around the plate, to enable the person to eat independently.
● People who were able to mobilise independently moved around the home as they wished.
● A relative told us they always felt welcome when they visited, because the staff were friendly and always made them a cup of tea.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.
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Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they were happy living at Arden Park. One person said, "I'm happy here. Nothing is needed to make it better." They went on to say they would recommend it to others.
- People's care plans included their preferences in relation to their daily care so staff could support them in ways they preferred. However, sometimes information about specific needs was limited. For example, in one care plan the sections, 'What is important to me' and 'What makes me feel better if I am anxious or upset', contained no information. This meant staff may not offer a consistent approach when the person needed emotional support. Despite this, we saw when people became anxious, staff responded in a calm way and used distraction techniques such as offering people a drink to help reduce their anxiety.
- There were items of interest in the communal areas, to support people to engage in meaningful occupation throughout the day. Some activities were provided on an individual level by staff, and others in small groups. These included, talking, playing dominoes, creative art work and a quiz in the afternoon. A relative told us their family member had lost interest in hobbies from their younger days, but told us, "They like the music staff play and sing along."
- Most people were satisfied with the level of activities provided, although one person felt there could be more variety. They commented, "They come and ask if I want to do some activities, like bingo. They don't do much. When I first came there was a lot more activities, now we don't, it's due to the level of people here. There is an exercise man and a man does songs but that's it." Some people went on outside visits with family members.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and felt comfortable to do so.
- Records showed there had been one recent complaint and the provider had responded to this.
- A copy of the provider's complaints procedure was on display and included information about how to make a complaint.

End of life care and support

- People's end of life care plans included people's preferences for medical treatments and tests and who should be informed of any ill-health and death. They did not include any known preferences for sounds, music, smells or other sensory support that might support the person emotionally at that time. The registered manager told us how they worked with family members when a person was nearing the end of their life to make sure all aspects of their care were considered and accommodated.
- Staff were knowledgeable of people's favourite music and television channels and said they would make sure any sounds the person heard would be a comfort to them at this time. A member of care staff told us, "The activities staff get people's life stories from their relatives, so we know their favourite music or television programme. We can use that for their end of life care plan too."

Good

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. At our last inspection we rated this key question as 'requires improvement' because quality monitoring had not been effective in identifying areas needing improvement. This had sufficiently improved at this inspection.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Registered provider's and registered managers have a legal responsibility to inform us (CQC) about any significant events that occur in the home including any serious injuries or safeguarding events. The registered manager used the electronic care planning system to monitor incidents that impacted on people and the actions taken in response to these. This included ensuring they were reported to other authorities where required. They also used the electronic care system to review people's needs and check staff had completed the required care interventions.
- People told us they were happy with the care and support they received. They knew who the registered manager was and told us they would feel at ease to approach them if they had any concerns.
- The provider's electronic care planning system alerted and reminded care staff for every aspect of each person's needs, to ensure they were supported safely at the right time.

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

- Staff were supported to understand their roles through regular staff meetings and one to one meetings with their managers.
- Staff supported one another to ensure people's needs were met and were positive about working at the home. One staff member told us, "Staff are supportive, if I have a problem I will ask the senior before doing it." When asked what it was like working at the home, they said, "I love it."
- The provider had an audit system to check their policies and procedures were followed by staff. This included audit checks of medicine management, the mealtime experience and health and safety checks around the home. Where we discussed areas needing improvement during our visit, the registered manager instigated a number of actions to implement changes and manage risks straight away.
- The registered manager understood their regulatory responsibility to inform us about significant events. They had changed the dates of their planned holiday to support our inspection demonstrating their commitment to their role. The latest CQC rating for the service was on display in the home.

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

- People and their relatives had been asked their views about the home in meetings and satisfaction surveys. Responses to the survey in 2018 had been positive but there had been a low response rate.

'Resident' meeting notes showed a suggestion made for improvement for one person had been acted upon. There were plans for another satisfaction survey to be implemented in 2019 in a revised format to help increase the response rate.

● The registered manager acknowledged that some people may not be able to independently access information about them or the service in easy read formats in line with the Assessible Information Standards (AIS). AIS is a law that aims to make sure people with a disability or sensory loss are given information in a way they can understand. However, the registered manager told us they did read information such as care plans to anyone who requested this and would look into how information was presented to people to ensure this was easily accessible to them.

● Staff had the opportunity to attend periodic meetings with management staff and their colleagues to discuss issues related to the running and improvement of the home.

Continuous learning and improving care. Working in partnership with others

● The management team worked in partnership with other organisations such as the local authority commissioners and district nurses to improve outcomes for people and ensure their needs were met.

● People had some opportunities to maintain links with the local community and people's families and friends had been invited to events held at the home including coffee mornings.

● Representatives from different faith groups and local school children had visited the home to spend time with people.