

Ardale (Potters Grange) Limited

Potters Grange

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

About the service

Potters Grange is a residential home registered to provide accommodation and nursing care to up to a maximum of 24 people.

The service provides support to adults who require personal and/or nursing care and may be living with a physical disability, sensory impairment or dementia. At the time of our inspection there were 16 people living at the service.

The service is a new, purpose-built building. There are three floors, with accommodation on two floors and ancillary services on the remaining floor. Each bedroom has en-suite facilities, with additional toilets and a sensory bathroom on each floor. There are large communal spaces for people to use, with a spacious garden and patio area.

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

People told us they felt safe living at the service. Staff were aware of the safeguarding procedure and knew what action to take to help keep people safe. Risks to people's health, safety and wellbeing were identified and assessed, with action taken in response. Detailed assessments were in place, which provided clear guidance to staff on how to ensure risks to people were mitigated. Any incident, accident or untoward event was investigated by the registered manager.

People were supported by sufficient numbers of staff. Staffing levels were frequently reviewed by the registered manager. There were robust recruitment procedures in place. Staff had received training to ensure they had the knowledge they required to carry out their role effectively. Regular supervisions and team meetings were held with all staff.

Medicines were managed safely. Staff received training and had their competencies checked to ensure safe practice. Regular audits and checks were completed on all aspects of medicine administration.

We were assured by the measures taken to help ensure the prevention and control of infection. Staff had access to, and wore, sufficient PPE.

People had their needs assessed prior to moving to the service and were supported to express their views and make decisions about their care. Care plans and risk assessments were regularly reviewed and updated to reflect any changes in people's needs. Records demonstrated that appropriate referrals had been made, and health professionals involved, when people experienced a deterioration in their health or a change in their needs. We saw that people, and their relatives, were consistently involved in the development and review of care plans.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff were kind, caring and courteous. Relatives were also positive about the care and support provided. People's privacy, dignity and independence was promoted by staff in all aspects of people's care. People were encouraged to share how they wished to receive care. People told us that staff took into account their individual needs and preferences and were aware of their likes and dislikes.

People were supported to take part in a range of activities and were encouraged to explore new activities and interests if they wanted to. The service used social media, newsletters and individual 'newspapers' for each person to share news and information with people and their relatives.

People and their relatives felt they could speak with staff if they had any concerns and felt they would be listened to. A robust complaints procedure was available to all.

Feedback about the atmosphere and culture at the service was positive. People, relatives and staff felt engaged with the service and found the registered manager to be approachable. There were frequent opportunities for people, relatives and staff to provide feedback on the service. All confirmed they felt confident that their views and opinions were valued.

The provider and registered manager had a comprehensive quality assurance system in place which ensured all aspects of the service were regularly audited. This helped to ensure oversight and scrutiny of the care being delivered.

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

Rating at last inspection

This service was registered with us on 04 June 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service and based on the date of registration.

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.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Potters Grange

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

This inspection was undertaken by one inspector.

Service and service type

Potters Grange 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. Potters Grange 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

This inspection was unannounced.

Inspection activity started on 14 July 2022 and ended on 29 July 2022. We visited the service on 14 July 2022.

What we did before inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with 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 used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided and received feedback from three relatives.

We spoke with eight members of staff including the registered manager, nurses, care staff, housekeeping staff and activities staff. We also received written feedback from five members of staff.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision, and training records for the staff team.

A variety of records relating to the management of the service, including audits and monitoring records, meeting minutes, surveys and feedback were also reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe, and their relatives agreed. One person told us, "The staff are all very helpful. I just can't fault them. I feel very safe." A relative told us, "Safe care, yes. Assistance is never far away."
- Staff understood the importance of the safeguarding adult's procedure. They knew how to recognise and report any concerns. A member of staff told us, "I've had safeguarding training. If I needed to raise a concern internally, I can through [Name of system] which goes through to management. I can follow up the concern raised. Externally I would contact social services, Hertfordshire County Council and also CQC."
- All staff we spoke with confirmed they had completed training and understood whistleblowing and safeguarding procedures. Records showed the registered manager had systems in place to ensure that any concerns were recorded and reported, as required, to the relevant agencies.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks associated with people's needs or the environment were assessed, and measures put in place to mitigate them. Care plans contained various risk assessments which had been regularly reviewed.
- Where risks to people had been identified in relation to their nutrition, dehydration and skin integrity, monitoring records were in place. We found these had been completed fully and reviewed by senior staff.
- Staff understood the risks to people's safety and welfare and knew what action they needed to take. One member of staff told us, "I feel very safe at work and feel the residents who live here are too. I often discuss risk assessments with [Registered manager] and get a chance to have an input."
- Accidents and incidents were reviewed and investigated. Records showed that appropriate actions had been taken following adverse events to reduce the risk of re-occurrence.
- Lessons learned were shared with staff via team meetings and handovers.

Staffing and recruitment

- We received positive feedback about staffing levels. One person told us, "There is staff all the time. Everyone is so attentive to what we need, it's exceptional." A relative told us, "There are plenty of staff to make sure that residents needs are met." Another relative told us, "Yes there is enough staff. Most of them are familiar with my [family member]."
- People's needs were assessed regularly to ensure that staffing levels were reviewed. The registered manager monitored staff deployment and frequently reflected on the safety of the service in relation to staffing.
- Staff were attentive and able to respond promptly to the needs of people. Our observations showed there were enough staff working to meet people's needs and staff were spending meaningful time with people.
- Staff recruitment was safe and all essential pre-employment checks were completed. These checks

included Disclosure and Barring Service (DBS) checks, written references and proof of identity. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's medicines were managed safely and administered in accordance with the prescriber's instructions. One person told us, "I'm impressed with how they manage the medication. They use the 'phone' to check and record everything. Gives me confidence."
- Staff were trained to administer medicines and checks on their practice had been carried out.
- The provider had systems in place for the receipt, storage, administration and disposal of medicines. Audits were completed regularly. Where any mistakes were identified, these were followed up and action taken.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

At the beginning of our inspection, visits had been restricted to Essential Care Givers and for those people at the end of their lives only due to an outbreak of COVID-19 amongst the staff team. This was in line with current guidance. However, the registered manager confirmed that restrictions were in place prior to the outbreak with regards to use of a booking system for all visits and the areas of the building that visitors could access. We raised this as a concern during our inspection feedback. The registered manager gave assurances that, following the end of the outbreak, changes would be implemented to remove the restrictions previously in place.

Prior to the end of the inspection, it was confirmed by the registered manager that visiting arrangements had been changed and that visits were now being provided in line with current guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were comprehensive, and these were used as a foundation for care planning. One person told us, "We've put my plan together. They just asked so many questions about what to do for me. Never known anything like it. It's great."
- Care plans detailed information about people's choices, preferences and goals and were regularly reviewed to ensure details were current.
- People's diverse needs were met in all areas of their support and care was delivered following best practice and guidance.

Staff support: induction, training, skills and experience

- People received care from staff who were trained and received the support they needed to perform in their role. One relative told us, "The carers duties are well structured and that there is always senior supervision if needed." Another relative told us, "We find that the care workers are skilled, knowledgeable and well supervised."
- Staff spoke positively of the induction process and received training in a range of topics to ensure they could meet people's needs. We saw records of staff training were being maintained and monitored so refresher training could be booked when required.
- Staff confirmed they received regular supervision and felt supported by this process.

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

- People were supported to access a balanced diet which also reflected their personal choices and dietary needs. There was a wide range of meals and snacks available, which people and their relatives spoke positively about. One relative told us, "My [family member] enjoys the food and always looks forward to the meals."
- People's care plans detailed the support they required from staff to eat and drink. Where people had specific dietary preferences or needs, this was highlighted for staff to follow and included any guidance received from external health professionals such as dietitians or speech and language therapists.

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

- People were supported to maintain good health and receive ongoing healthcare support. The GP visited the service weekly, and on request as needed.
- Records showed us appropriate referrals had been made to health services when people experienced a deterioration in their health or a change in their wellbeing.

- Guidance from external professionals had been included in people's care plans. This helped to ensure staff had a good understanding of how people should be supported to manage any existing health condition or change in their needs.

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

- People and their relatives praised the environment, décor and facilities at the service. One person told us, "The building and facilities are beautiful. We can also access the garden at any time we want – so spacious."
- Potters Grange is a purpose-built care home. Facilities included a cinema room, private dining area and hair salon. There were also domestic sized kitchen areas on each floor for people to independently make any drinks or snacks of their choice.
- The building was spacious, with wide corridors to ensure people could move about safely and several sitting areas where people could choose to sit and spend time.
- The layout was homely, with carefully considered colours, fabrics and furniture. The service was designed to be a 'boutique' care home which offered people a bespoke service. This design was evident throughout the building and the facilities, such as the individually decorated bedrooms and in communal bathrooms which could provide people with a relaxing spa experience.
- The service also benefited from spacious grounds and garden, with seating areas that people could access.

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.

- People's ability to consent to their care and the support they may require was recorded in their care plans. We saw that, where people lacked the capacity to make decisions, 'best interest' meetings had taken place, with the relevant professionals, relatives and staff to discuss what was best for the person.
- Staff had received training and had a good understanding of the principles of the MCA.
- People told us staff always asked people for their consent before they undertook any tasks and we observed this over the course of our inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 told us they were well supported and cared for, with relatives also giving positive feedback. One person told us, "The staff are all lovely. So hardworking and courteous and kind. All the things you would want from a staff member caring for you." One relative told us, "All staff are kind, caring, polite and friendly."
- We observed thoughtful interactions between people and staff. Staff responded to people respectfully, answering their questions, providing reassurance and offering support.
- Staff had the information they needed to provide individualised care and support. They knew people's preferred routines and what was important to them. They were knowledgeable with regards to the background and life experiences of people and understood how this may contribute to people's current, and future, needs.

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

- People were encouraged to share their views. One person told us, "We are involved in all of our choices. Everything. Staff are respectful of our privacy and the decisions we make."
- Staff supported people to make decisions about their day, such as what they would like to do with their time or their choice of food and drink. We observed staff waiting for responses from people and acting on their wishes.
- People, and their relatives, were involved in reviews of care plans and were invited to attend regular meetings.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt respected by the staff, and we saw care was provided in a way which promoted people's privacy and dignity.
- Staff were discreet when offering personal care to people or when seeking the advice or support from a colleague without drawing attention to the situation.
- People were supported to be as independent as they could be, with care plans detailing the tasks that they could carry out for themselves.
- People were supported to live in a dignified environment. The provider had created an inviting, homely and carefully considered setting when designing Potters Grange.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People told us they received care which was personal to their individual needs and preferences. One person told us, "Anything you want they can sort it. I didn't get on with the [piece of equipment] so asked about it. They (staff) changed it straight away. They (staff) really look after you, everything you need or want."
- Care plans recorded people's likes, dislikes and what was important to them. All of the people we spoke to expressed they had been involved in planning, reviewing and evaluating the plans of care in place.
- Staff had a good knowledge of people which helped them to provide person centred care and engage with people in areas which were of interest to them.

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 recorded in their care plans, with details of any support required to ensure these were met.
- Staff communicated with people in various ways. We saw that they ensured people used equipment they needed to aid communication such as glasses and hearing aids. Staff were seen to respond to people's body language and gave time for people to respond to them during conversation.
- The registered manager was aware of the accessible information standard and told us they could provide information for people in different formats, if required.

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

- People were supported to do a range of activities they enjoyed and were encouraged to explore new activities and interests if they wanted to. One person told us, "I don't take part in all the activities, but I know there is always something to do and various trips out and visits. It's nice to know we can be busy if we want." Another person told us, "I have friends and family local (to here) and they can always pop in. I have my own phone to make calls and keep in contact. [Name of activity staff] always comes into me and we chat. I can use my time with [them] to do anything that I want."
- The service used a social media platform to share photos and activity updates for relatives to view and

comment on in real time. This helped to support ongoing social relationships for people.

- Activity staff, with the involvement of relatives, also created an individual 'newspaper' for each person on a monthly basis. This enabled the exchange of photographs and messages, and reminders of important upcoming dates such as family birthdays and anniversaries.

Improving care quality in response to complaints or concerns

- People we spoke with told us they could raise any concerns they might have and felt they would be listened to. One person told us, "I can talk to any of them (staff) but I have no complaints at all."
- Relatives told us they knew how to raise complaints or concerns. One relative told us, "I am confident that I can approach staff about any concerns I have." Another relative told us, "We have no cause to raise any complaint but feel that any would be dealt with efficiently."
- The provider had a robust complaints procedure in place which was accessible to all. The registered manager told us that any complaint received would be used to learn from and develop the service.

End of life care and support

- People were given the opportunity to express their wishes for the care they would like to receive at the end of their life, if they wanted this to be known.
- End of life care and support was provided in partnership with visiting professionals such as the GP, with advice available from local specialist teams.
- Care plans detailed the decisions and arrangements people had made so that staff had information to follow to ensure people's choices and wishes were met.
- Some staff had received specific training, so they had the skills to support people in end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback about the atmosphere and culture at the service was positive. One person told us, "I can't fault it. I have my plan of care; the staff are just great and it (the service) is just what I need." Another person told us, "Everything is just first class. I am very comfortable here and feel that we (people) are put first."

- Regular opportunities were provided for people share their views and provide feedback on the service. This included 'resident's meetings' and surveys.

- Staff felt involved and informed about any changes at the service. All staff we spoke with told us how they liked working at the service and confirmed that handovers, team meetings and supervisions provided them with information regarding all aspects of the service and the opportunity to share their views and opinions. One member of staff told us, "We have regular meetings with management. I feel I am listened to. We often step out of our positions to give feedback and input ideas into other roles and we work really well as a team." Another member of staff told us, "[Registered manager] is an exceptional manager. Every time concern is raised about anything, [they] are extremely responsive and action us taken immediately."

- Effective communication systems were in place to ensure the people, relatives and staff team were involved in decisions and any developments at the service.

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; Continuous learning and improving care

- The registered manager and provider understood the duty of candour and their responsibility to be open and honest when something went wrong.

- Any incidents, accidents and untoward events were investigated, and outcomes shared with partnership agencies, people, relatives and staff.

- The registered manager promoted an open and transparent culture that encouraged the involvement and feedback of people and staff, with a view to improve the service offered. They use a wide variety of methods and sources of information to identify any improvements needed at the service and took prompt action in response.

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

- The registered manager was fully aware of their legal responsibilities. They submitted notifications to the Commission for significant events that had occurred at the service.

- Robust systems to review, audit and analyse data and other records ensured quality standards remained high. Processes were in place to ensure oversight and scrutiny of the care being delivered.
- Staff understood their roles and responsibilities and had clear lines of accountability. The systems in place ensured all staff received regular training and supervision and we saw that staff development and wellbeing was high on the registered manager's agenda.

Working in partnership with others

- Staff worked in partnership with professionals from other agencies. For example, the GP, specialist nursing team and dietitians. Care records showed that health related advice and guidance provided was used to help with people's care planning.
- The registered manager worked alongside people, relatives, hospital discharge teams and local authorities to ensure admissions to the service were suitable placements.