

Lower Green Limited

# Arden House Nursing Home

## Inspection report

31 Upper Highway  
Hunton Bridge  
Kings Langley  
Hertfordshire  
WD4 8PP

Tel: 01923262157

Website: [www.arden-house.co.uk](http://www.arden-house.co.uk)

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Arden House is a nursing home registered to provide personal and nursing care for up to 18 people over the age of 65. At the time of the inspection 14 people were accommodated at Arden House.

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

Without exception, everyone we spoke to talked about the outstanding care they received at Arden House. Everyone was happy to be living there and spoke positively about all aspects of the service. People felt a sense of purpose and led fulfilling lives due to the exceptional support and approach of staff members. People felt in control of their care and able to contribute to the running of the home. People's experience was summed up by a relative who said, "It is outstanding here. The standard of care is exemplary and all the staff and management without exception are making a real difference."

People who were at the end of their lives chose to stay at the home to receive continuity of care and be supported in their own home and familiar surroundings. People were extremely well cared for in an individualised, dignified way by staff who knew them well.

Staff had excellent knowledge of people which enabled them to support people in highly individualised ways including finding activities which increased their emotional wellbeing and promoted people's physical and mental abilities.

People felt safe and were supported to maintain their independence.

Staff had access to excellent training. Champions were in place to lead on various topics including infection control, and end of life. As part of their lead roles champions considered best practice and how this could benefit people.

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 home supported this practice.

Strong relationships were formed between staff and people due to the continuity of staff and the exceptionally caring approach of staff members. Everyone spoke of how staff went above and beyond to ensure that they were happy and comfortable in the home. One relative said, "I am absolutely certain that my [relative] would not be here today if it was not for their excellent care, support and fulfilment here. Staff have an excellent understanding of the needs of older people and are also extremely kind, caring and supportive of all who come into the home."

Activities were led by the people living in the home around their individual interests and preferences. Both individual and group activities were available. These were well planned and included sensory activities to

ensure they were inclusive for all people.

Any minor issues within the home were dealt with so they did not result in a formal complaint. People, family and friends felt that their views were respected, and they could provide feedback which would be acted upon.

Relatives and friends of people who had recently passed away described the staff as going above and beyond their expectations in terms of end of life care. One person who had dealings with the home over many years described the end of life care as 'exemplary'. All staff were trained in end of life care and prided themselves on ensuring people had a dignified death with their loved ones and staff who knew them well.

The registered manager demonstrated a real passion for continual improvements. The registered manager's passion and commitment were evident in all aspects of the home and was mirrored by the staff team. Professionals, staff, relatives and people living in the home spoke highly of the care, compassion and dedication of the registered manager. Many people living in the home felt they were a family unit.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was good (published 24 January 2017). At this inspection we have found that the service has improved to Outstanding in Caring and Responsive.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 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 exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well led

Details are in our well led findings below.

Good ●

# Arden House Nursing Home

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

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

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We contacted the local authority commissioners to ask for their views on the service. We used all this information to help plan our inspection.

#### During the inspection

During the inspection we spoke with the registered manager, the nurse in charge, the house keeper, chef, activities and care staff. We spoke with three people living in the home and three relatives and friends. We

looked at two people's care records, two staff files, medication records as well as records relating to the management of the home. We looked around the home to ensure it was a clean and safe environment. We made observations of interactions between staff and people living in the home. We received further written feedback from seven relatives and friends, five members of the staff team and two professionals.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same: good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. Staff were able to demonstrate they understood what constituted abuse and how to report any concerns. They were familiar with the provider's safeguarding policies and procedures.
- One person told us, "I feel very safe because I am never left alone and there are always people around." A relative confirmed "The door is always monitored by a member of staff, and a signing in system is in place to protect people."

Assessing risk, safety monitoring and management

- People's individual risks were assessed and reviewed regularly to ensure people were kept as safe as they could be. There was a positive approach to risk taking and people were fully involved in decisions about how known risks were managed. For example, falls were monitored to help reduce the risk of repeated incidents. Skin integrity was also monitored, and equipment put in place for those at risk of skin breakdown.
- The registered manager told us that they had a regular maintenance plan which included fire safety checks along with regular checks on equipment. Records confirmed the checks identified any potential areas which required attention.

Staffing and recruitment

- People were cared for by a staff team who had been through a robust recruitment process with all pre-employment checks having been completed. These included a disclosure and barring check (DBS) and taking up references along with identification checks. We noted staff turnover was minimal with many staff having worked at the service for many years. This provided consistency of staff.
- There were enough staff to provide safe, consistent care that met people's needs. Staffing was adjusted as required, for example in the event of a deterioration in a person's wellbeing and them requiring additional support.

Using medicines safely

- People received their medicines safely. Medications were stored safely, and we saw from records that people received their medication at the prescribed times. Audits were completed twice daily to ensure errors were detected at an early stage. An external audit had also recently been completed with no issues identified.
- Staff administering medication were trained and underwent competency checks on a regular basis to

ensure they knew how to administer medication safely.

- The registered manager and nurse in charge ensured that medication was reviewed regularly, so that any changes were implemented in a timely way.

Preventing and controlling infection.

- Infection control champions were in place to help ensure the environment was clean and the risk and spread of infection was minimised.
- Staff had received training in effective hand washing, again to reduce the risk of infection. Staff were provided with personal protective equipment including gloves, aprons and hand sanitizer.

Learning lessons when things go wrong

- Any accidents and incidents were clearly recorded along with the action taken to reduce the risk of re-occurrence.
- There was a culture of continuous learning when things went wrong. This included ensuring clear actions were in place in response to minor issues. Any learning from events was shared with staff members.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.: 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

- Peoples needs were fully assessed before they moved into Arden House. This helped ensure that the service could meet their needs
- Staff ensured people were given choices about how they wished to be supported. Information relating to their life history was used to help staff develop personalised care and support plans. This information was then used in the development of care plans and risk assessments to help inform staff how best to support people in ways that maximised their choice, respected their wishes and maintained their independence, as much as possible.

Staff support: induction, training, skills and experience

- People were cared for by staff who were well trained and supported. The training provided was relevant to the roles and responsibility of staff to help them support people. Training needs were kept under review and refresher training was provided to all staff regularly. ● All staff members received training including activities and housekeeping staff. One staff member told us they were an infection control champion and had completed end of life care which supported them to fully understand the needs of people at the end of their life.
- New staff received a comprehensive induction which covered all the core care skills staff required. Staff told us they completed training in safeguarding, moving and handling and a range of topics relevant to their role, and felt well supported.

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

- People were supported to eat and drink sufficient amounts to maintain their health and wellbeing. People at risk of malnutrition or dehydration, were referred to health professionals for advice and management. Staff monitored and recorded food and fluid intake where there were concerns.
- Staff received training in food hygiene. People were positive about the food on offer and family confirmed there was always plenty of choices available for people.

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

- People received care and support that was holistic and not only cared for the service user but also family and friends. Relatives told us they were well cared for by all staff. One relative told us "They not only care for [Name] but also for me. I am always welcomed even at busy times. They take time to engage with you."

- People were supported to access health professionals when needed. The registered manager and staff supported people with day to day health management, and had an excellent oversight of the health and wellbeing of all the people in their care.

#### 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 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA. We found these were met. Applications had been submitted and were awaiting authorisations.

- Where people did not have mental capacity to make certain decisions, the registered manager consulted people's relatives, professionals or independent advocates to decide how to best support the person. This ensured the care and support provided by staff was in people's best interest.
- Staff asked people for their consent before they provided care and support. This was recorded in their care plan. Staff were aware of best interest decisions and how this applied to their day to day responsibilities.

## 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 the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same: Outstanding

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People and relatives provided consistently positive feedback about the way they were cared for by staff at Arden House. One person told us, "The staff are exceptional, all of them, from the manager to the housekeeper. They are a wonderful team." A visiting relative told us "[Staff] always go the extra mile here, and there is nothing that is too much trouble, they are the best. The care is truly outstanding."
- There was an exceptionally strong and visible person-centred culture with staff going out of their way to ensure that people were treated and respected as individuals. Staff demonstrated they cared passionately about people being involved in everyday activities to ensure they were kept active and were not socially isolated. Everybody's contribution was valued and celebrated, and people were praised in a respectful way.
- Almost the entire staff team had worked for many years at the service. This provided people with a team of care staff who knew their every need and wish. One nurse told us "I love this place and would not want to work anywhere else. I miss the people and my colleagues when I am not at work."
- One relative told us "Our grandchildren come to visit [Name], I think that is testament to the lovely homely environment and all the staff, visitors and people are so welcoming." Both people, staff and other visitors took an active interest in one another's lives and relationships were meaningful for all. One family friend told us, "[The registered manager] is very hands on and visible, they lead by example. They develop staff skills and empowers them. They are really like second family, always making themselves available to have a chat and care for us as well."
- Staff went the extra mile for people, their family and friends and extended the warmest of welcomes to all who passed through the door. For example, during the inspection we heard a family member discussing with staff an important birthday celebration which was being planned. Staff regularly brought flowers for people on special occasions as well as decorating the home for people to enjoy.
- We observed a staff member coming on duty and people's faces lit up. The staff member greeted everyone in their own way. A hug from one person, a cuddle from another and a squeeze of the hand from another person. One person told us "This one, [Staff] is the best." We noted that other staff greeted each other fondly and there was genuine comradery between people and the staff team.
- We observed staff consistently treated people in a kind caring and compassionate manner. We saw lots of happiness around the service with respectful banter between staff, visitors and people in the home. All staff, including housekeeping, kitchen and activities staff frequently sat with people at mealtimes and other times throughout the day making it an inclusive homely and positive atmosphere. Laughter could be heard throughout the day and was accompanied by people visibly being happy, giving way to a cheerful

atmosphere.

- Peoples individual wishes around cultural, religious and ethnic preferences were encouraged and respected. The activities staff told us about special 'cultural' days where they celebrated different cultures and explored traditional cooking from many continents. The activities staff told us "We make sure we make the dishes to people's individual tastes, not too hot or spicy."
- Relatives told us about various ministers from multi-cultural faiths visiting the home on a regular basis to enable people to actively participate in their chosen services. We noted the Reverend visited once every month, for a Church Service, while the Priest visited every Friday to give blessings and give communion.
- The registered manager told us "Diversity is actively celebrated in our service and events such as International Day – I introduced this event in 2010 as we have staff from different parts of the world with diverse cultures. In this event, the staff bring their special cuisine either a starter, main meal, pudding or drinks and these will be shared with residents, relatives, friends, visitors and staff. This is an opportunity for everyone to get together and experience different cultural flavours and is always a huge success."
- We saw many exhibits around the service showing numerous events hosted at the service. Staff had created happy memories for people to view and they were on display in all the communal areas. People told us proudly about what they had made, and how they had enjoyed the many events especially a recent summer BBQ held in the gardens which had all been decorated for the occasion. Family and friends were present to enjoy the event.

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

- People and their relatives or friends were treated as partners in the development of their care. They provided information about people's lifestyles and life history which helped tailor the care to individual requirements which helped achieve better outcomes.
- There were plenty of examples to demonstrate that people had improved health outcomes and enjoyed a better quality of life than could ever have been envisaged. One relative told us "{Name of relative} was very poorly when they came in to Arden House. The care they have received has been exemplary and they have surpassed all expectations and have got stronger by the day. There is no doubt this is due to the commitment and compassion of the staff. [Staff] are angels here."
- People were consulted about all aspects of the home to ensure people's views were heard and that the service could improve in the areas that people wanted. Regular meetings were held both with people who lived at the home and their family and friends.
- The home invited local people to attend events including BBQs, coffee mornings and events throughout the year. This helped integrate people who were no longer able to leave the home through ill health and reduced mobility. People told us they enjoyed social events and looked forward to meeting people and sharing experiences.

Respecting and promoting people's privacy, dignity and independence

- People were supported to remain as independent as possible People who were cared for in bed and who were unable to do very much for themselves were encouraged to do what they could to enable them to keep their skills. The staff ethos was about respecting people's individuality and doing everything possible to support people to be as comfortable and to enjoy every aspect of their lives.
- Relatives and people spoke of staff being very discrete with their support, working at peoples own pace so people did not feel rushed or dependent on staff. One relative told us, "There is a sense of belonging here, everyone matters, and we are all equals, but individuals, it is wonderful, inclusive."
- We saw staff knocking on people's bedroom doors and waiting to be invited in. People who were very

poorly and were not always able to respond were treated with the same dignity and respect. We observed staff calling out and introducing their arrival saying "[Name of person] I am just here to see how you are doing, or if there is anything you need."

- Staff knew people well and were seen to support their individual physical and mental wellbeing. A member of ancillary staff told us "I have done an NVQ in end of life care might not be directly involved in the care of the person, but I need to understand what people require at the end of their lives. As a team we all have a part to play to make sure peoples wishes are fore filled and that people and their family get the best support, care, kindness and compassion at the end of their days."

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

#### End of life care and support

- The registered manager and staff were extremely responsive to people's needs. Although many people came to live in Arden House when they were assessed by health professionals as nearing the end of their life. Due to the exceptional compassionate care and support they received their condition and quality of life improved. For example, a person who suffered a stroke and was unable to get out of bed when admitted. Due to the exercises staff did with them their mobility and physical ability improved so much. They got to the point they were able to participate in meaningful day to day events and had a much-improved overall quality of life. People told us they were extremely happy and grateful to staff for helping them re-gain some of their independence and this improved their quality of life.
- A recently bereaved family member told us how they had visited their loved one and shortly after they left the home their family member became very unwell and were not expected to recover. The nurse in charge ran after them and asked them to return to the service so they could be with their loved one at the end of their life. It was clear staff were extremely dedicated and passionate about people and their wishes.
- Care for people at the end of their life was extremely responsive and tailored to the individual. The end of life champions looked for best practice and staff were trained in palliative care. A staff member of the cleaning team told us "I am a champion in end of life care. It's really important that everyone involved in people's care and support know how to be when they are around people who are nearing the end of their lives. I am respectful, caring and compassionate when I am in peoples personal living spaces. I am non-intrusive and am acutely aware of how people may be feeling. They may not want to talk but can still enjoy the presence of another person, being a source of comfort to them." The provider had made sure that the cleaning staff attended training in end of life as they recognised that they had regular contact with people while cleaning their bedrooms.
- All staff and the registered manager were determined to provide the best care they could for people. One family member told us "Arden House is simply the best for care, real care. Newer homes are pleasing on the eye, but you just don't get the same standards of care and compassion." Another relative told us how the registered manager had recently moved their family member to another room as the room they were in did not provide a stimulating view for the person to enjoy which was important to this person.
- Several people were nearing the end of their life and we saw how their wishes had been clearly recorded. One relative recently bereaved had written a letter of thanks to the home "As a health care professional myself I was able to see the fantastic level of care provided to [Name] during their time with you, and this relates to everyone, the nurses, carers, assistants, the manager, the cleaners, the kitchen staff and more- you all played an important part. I feel certain that [Name] improved when they came to you from hospital

because of the high-quality care that you all provided for them. Keep up the great work"

- We received positive feedback from a health care professional who worked closely with the service they told us "The care team at Arden House have a robust palliative care protocol in place to ensure people's wishes are adhered to as they come to the end of their lives. Advanced care planning and recording people's personal hopes and desires help people to have a dignified and worry free passing."
- We noted that there had been no hospital admissions in over a year because people choose to remain at Arden House, when there was a decline in their health. The registered manager and nurse told us, "We manage clinical interventions extremely well here. For example, people with end of life care needs were cared for in their familiar surroundings with care staff and family present."
- One person recently bereaved told us "[Name] passed away at Arden House. Their care has been wonderful in particular over the last few days. Both spiritually and medically they kept [Name] comfortable and managed the whole situation extremely well making it as easy for me as possible. They had all the medicines and equipment a hospital would have so [Name] was able to stay in their room with friends (the carers) and relatives throughout. I am very grateful to them for everything."
- We saw numerous letters and thank you cards from people who had recently passed away. One relative wrote, "Thank you for the exceptional care you provided. It made such a difference not only to [Name] last days but also supported us enormously. We will never forget the kindness of all the staff at Arden House." A relative told us "They [Staff] went over and above what we could have expected, and it was all so peaceful, tranquil and just made the whole experience a little less painful having staff that truly cared and took time to care for me as well."

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 told us they were supported and encouraged to develop and maintain relationships with people that were important to them and were involved in their lives. For example, one relative told us, "I am regularly invited to participate in any events at the home. This is as well as being offered refreshments and I am always welcome to join [Name] for a meal. This definitely had a positive impact on [Name] wellbeing." Another relative told us, "This is not a care home its [Person's] home. Staff make you feel so at home, you can relax. We are welcomed at all times."
- The provider encouraged links with the local community by encouraging relatives of people who had previously lived in the home to continue visiting. Several visitors we spoke to told us they had originally visited family members at Arden House but had become so friendly with some of the residents that they continued to visit them after their own relative had passed away. This included several people who had stayed at the home for respite over the years. Staff told us that these people had become friends of the home and regularly attended to help organise events.
- People were offered a stimulating range of activities, which had a positive impact on their physical and mental wellbeing. For example, the chair-based exercises had helped numerous people to regain some muscle strength and as a result their mobility had improved. One person who came to Arden House was disengaged mentally and physically and refused to join physical activity. With continual encouragement and support they gradually became involved and even initiated some of the physical exercise groups sessions. Two other people had regained the use of their arms and hands thus enabling them to participate in a range of art and crafts activities, and thus improved their overall wellbeing as they had far exceeded clinical and personal expectations. They had always loved making things and were able to make beautiful crafts to decorate the lounge adding to the enjoyment of them and others. The person's relative told us "I can't believe the transformation, [Name] has got a new lease of life. The staff here don't give up and don't settle for second best. Quality is so important in everything they do, and they strive to achieve it for everyone."
- Further improvements noted were that the exercises helped to prevent muscle wasting, to improve mobility and to prevent falls. Relatives told us the chair-based exercises had greatly improved the quality of

lives for people and had enabled them to get back their 'old self' and to be able to manage what they had before they had had their stroke. This also helped people's circulation, this reducing the risk of pressure ulcers. Nursing staff confirmed three people who came to the home with pressure ulcers were now healed. This was despite a poor clinical prognosis, and testament to excellent care.

- The activities staff who were specifically trained in how to provide effective chair-based exercises told us how they devised individual exercise plans to work on areas that people needed support with. For example, if a person's mobility was poor they got them involved in exercises to help improve their circulation. One person told us "I never thought at my age I would be doing this, but you know I feel so much better and have more strength now to."

- People were seen and treated as individuals and we observed how Staff engaged people in activities. For example, on the day of our inspection the activities staff were doing flower arranging with people. We observed several people to have a sensory impairment which reduced their input. The activities staff brought flowers to them to feel and to smell and asked them to describe what they felt. We noted people appeared to enjoy the experience as they were smiling and talking about the lovely fragrances, colours and textures of the flowers.

- One person who used to love knitting was no longer able to do so due to their hands being too painful. Staff regularly massaged their hands and exercised them rotating and moving them and giving them small objects to grip to help regain their strength. Eventually one day the person's hands had improved so much that they requested knitting needles and wool. The following morning, the person handed a small knitted hat to the activity coordinator. The activity coordinator suggested that the little hat could be donated to the neo-natal ward in the local hospital. The person's confidence really grew knowing that they were doing something so important and the improvement in the person was fantastic. They went on to knit 52 tiny hats.

- Another person who had worked in the food industry and really enjoyed cooking was supported with food related activities using exotic fruits, to make pickles, jams and spicy foods for everyone to try. They were immensely proud of their achievements. This had a really positive impact on the person's own wellbeing, as well as people living at the service being able to enjoy the spoils of their labour.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care that was extremely person-centred. Care plans were discussed with people and clearly reflected their identified needs, likes, preferences and personal life history. They were a comprehensive overview of people's needs and included small details about their preferences. For example, if they preferred a bath or shower, tea or coffee, or hot or cold drinks. Staff had an excellent understanding of their needs, the risks associated with these and how to reduce them. One relative told us "[Name] has moved room they like to know everything that is going on, so they are now in a more central area where nothing gets passed them."

- People felt that they had complete control over their lives through their involvement in the development of their care plans. One relative told us, "I am always invited to care reviews and they have them very often, but I don't always feel I need to attend because I am so well updated and if anything changes everything is updated there and then. We never wait until a care review; this service is really excellent there is no doubt in my mind."

Improving care quality in response to complaints or concerns

- People, family and staff all felt confident to provide feedback to the management team about their experiences and told us they were very happy to do so. One person told us, "It is very well organised, and [The registered manager] is always approachable, available and listens, they really do want everything to be the best experience for people".

- There was a comprehensive complaints procedure located in people's rooms and provided when they

moved into the home. The registered manager dealt with concerns and these were rarely escalated to formal complaints. We saw this was because all feedback was taken seriously and acted on promptly.

- Staff were responsible for their actions and were accountable if there were errors or mistakes and looked at how things could have been handled differently. However, we found there had not been any accidents or incidents as staff were proactive in their approach.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed. Staff understood the Accessible Information Standard. People's communication needs were recorded in care plans. These needs were shared appropriately with staff and others involved in the wider support of the person. For example, information was available in different languages, and Braille or audio could be provided if required. This ensured people's communication needs were met.

## 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had a good understanding of their responsibilities in relation to duty of candour. They had a passion for delivering high quality person-centred care and were committed to making continual improvements.

- The registered manager promoted the ethos of the service about treating people kindly, with patience and dignity. The registered manager operated in an inclusive open and transparent way which was mirrored and embraced by staff. The values of the service were shared by all staff. One staff member told us "It is the best place I have ever worked. I really look forward to coming to work. We are so well supported and feel valued."

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

- The registered manager and staff understood their roles and respected the impact that their roles had on people. A staff member told us, "I feel confident we provide a safe and effective service because everything we do is done properly. For example, we have plenty of staff on duty some who have multi roles so can cover shifts in the event of an emergency."

- The registered manager undertook audits in areas such as care plans, medicines and staff files and senior staff worked alongside staff to observe their work ethics and practice. These systems and processes assisted the registered manager to have a clear overview of the service.

- The registered manager reported all notifiable incidents to the proper authorities, in a timely way.

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

- People and their relatives gave positive feedback about the registered manager. One person said, "I would 100% recommend them to anyone looking to move into a care home." A relative told us, "I would definitely recommend the service to anyone else looking for a care home, it is set apart from others I've seen and heard about."

- Staff were also positive about the management of the service. A staff member said, "I am proud to work at Arden House and would recommend the service to anyone either looking for care or looking for to work in a care home. [Registered manager is a good manager to work for. They genuinely care for the staff team as well as the people who use the service.]"

- Regular feedback was collected from people and their relatives both formally with questionnaires and informally when changes happened.

#### Continuous learning and improving care

- Learning was taken from events, accidents or incidents to improve people's experience of care. Staff told us "We try to be proactive so always try to pre-empt incidents, For example, where we know people are at risk of falls we make sure they are not in a situation where they may be at risk, we offer support and make sure their walking aid is close by or if they need glasses that they have them on."
- Learning was also taken from feedback from staff, people who used the service or their relatives. For example, if suggestions were made which could improve safety or reduce risk this was taken on board.
- The registered manager was a member of a local care provider's association. They had arranged training for themselves and the staff team and attended some management and network meetings to help keep themselves up to date with changes in the care sector and legislation.

#### Working in partnership with others

- The staff had developed excellent relationships with other professionals and organisations to help support good holistic support. One professional told us "We do monthly visits and have found they [Staff] use emergency care practitioners appropriately, have minimal falls infections or hospital admissions. They have good care planning systems and audits in place. Staff have good up to date knowledge of people's needs and we and have no concerns with documentation."
- The registered manager often worked with other professionals to achieve good outcomes for people. For example, the local pharmacy dieticians GP's social workers and hospital discharge teams.
- The service provider had been recognised by carehome.co.uk as one of the Top 20 small homes in the UK.
- The service was also working towards the Gold Standards Framework to be introduced in January 2020. This is a nationally recognised standard to enable early recognition of life limiting health conditions and supports an end of life plan to help people live as well as possible.