Greensleeves Homes Trust

Arden House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected this service on 7 August 2018. The inspection was unannounced.

The service provides accommodation and personal care for up to 33 older people who may live with dementia. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is located in a residential area and the accommodation is split over five floors. Twenty eight people were living at the home on the day of our inspection visit.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was unavailable at the time of our visit, so our inspection was supported by the deputy manager.

At our previous inspection in February 2016, we rated the service as 'Good' overall but we identified processes to support good governance needed to be improved. At this inspection we found those improvements had been made. However, managers needed to be more consistent in the application of the Mental Capacity Act 2005 when there were restrictions in people's care they may not have the capacity to consent to. The effectiveness of the service now 'Requires Improvement' but the service remains rated 'Good' overall.

People felt safe and secure living at Arden House. There were enough staff to provide safe care, although there were occasions when staff were very busy. There were risk management plans for each person that related to their abilities and the support they needed to minimise risks. Staff had received training in safeguarding people from abuse and understood their responsibilities to protect people from avoidable harm, neglect and discrimination.

Staff completed training to ensure they had the knowledge and skills to meet people's assessed needs and deliver safe and effective care to people. Staff understood their roles and responsibilities and had regular individual meetings and observations of their practice to make sure they carried these out safely.

Care plans provided staff with the information they needed to meet people's needs. People's care and support needs were kept under review and staff were informed about changes in people's care.

Staff worked well with other healthcare professionals and arrangements were in place to support co-ordinated care. Medicines were managed in accordance with good practice and people received their medicines as prescribed. There was a choice of food and people were supported to eat a nutritionally balanced diet to maintain their health.

The home was welcoming, clean and well-maintained. People were able to take part in a range of leisure activities to promote their physical and mental wellbeing as well as activities to encourage people to socialise and reminisce together.

Staff were caring and engaged positively with people. Staff supported people to maintain their independence and knew how to provide care in a dignified way that protected people's right to privacy. Staff offered people choice and asked people if they would like support with anything.
People thought the home was well-managed and were happy with the care they received. Staff spoke positively about the leadership and availability of managers and senior staff.

The provider and registered manager conducted regular audits of the quality of the service to make sure people received safe. responsive care. They also responded to feedback they received from people to identify areas of development. The provider welcomed external scrutiny to improve the standards of care within the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains Good.

Is the service effective?

Requires Improvement

The service was mostly effective.

Staff had the knowledge and skills to meet people's individual needs and promote their health and wellbeing. Staff worked well with other healthcare professionals and arrangements were in place to support co-ordinated care. People had a of choice of nutritious food and drink throughout the day. Staff sought consent before providing care and treatment but managers needed to have a more consistent approach when there were restrictions in people's care that they may not have the capacity to consent to.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service was well-led.

People thought the service was well-managed and staff described their seniors and managers as visible and approachable. The provider had their own quality assurance systems and welcomed external scrutiny to improve the standards of care within the home. Feedback from people, staff and visitors was used to drive improvements and development of the service.

Arden House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 7 August 2018 and was unannounced. The inspection was undertaken by one inspector, an assistant inspector and an expert by experience. The expert by experience was a person who had personal experience of caring for someone who had similar care needs.

Prior to our inspection visit, we reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. The commissioners did not share any concerns about the service.

Before the inspection visit, the provider completed a Provider Information Collection (PIC). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIC was very detailed and we were able to review the information in the PIC during our inspection visit. We found the information in the PIC was an accurate assessment of how the service operated.

During our inspection visit we spoke with the deputy manager about their management of the home. We spoke with three care staff and two non-care staff about what it was like to work at Arden House.

During the inspection visit we spoke with six people who lived at the home and one relative. We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time.

We reviewed three people's care plans and daily records to see how their care and treatment was planned

and delivered. We looked at staff training records, records of complaints and reviewed the checks the registered manager and provider made to assure themselves people received a quality service.

Good

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be Good.

People told us they felt safe and secure living at Arden House. One person told us they felt safe because they had not had an accident since being there and explained, "Prior to coming here I was falling over regularly. There is always someone to check me out here." Another person told us they had the equipment they needed to keep them safe because, "My walker keeps me safe." Another said they would talk to one of the senior staff if they were worried about anything and said, "There's normally somebody around if you need them."

Staff had received training in safeguarding people from abuse and understood their responsibilities to protect people from avoidable harm, neglect and discrimination. Staff told us they would raise any concerns they had with senior staff or the management team. One staff member said, "I have never had any concerns, but I would tell the seniors or the manager if there was anything serious." The deputy manager knew the procedure for reporting concerns to the local authority and to us (CQC).

Staff told us there were enough of them to meet people's needs because they worked as a team and communicated well together. One staff member told us, "We have one carer on each floor and a 'floater'." They explained the 'floater' was a member of care staff who was not assigned to a floor, but supported other staff as necessary. Another staff member said, "There are enough of us. We are a good team."

People told us staff generally responded quickly if they needed assistance. Comments included: "I can use my call bell, they come in minutes", "If I was worried, I would just ring my bell. They come in no more than ten minutes, four or five usually" and, "If I need anyone, they come quickly." However, one person told us, "They take their time coming to answer my bell, 20 minutes sometimes" and another said, "They are slow in answering my bell."

On the day of our inspection visit we saw sufficient numbers of staff to provide safe care to the people who lived at Arden House. However, staff were sometimes very busy and there were occasions when they were not able to respond immediately to requests for assistance. We saw that when staff attended handover, there were no care staff present on the floor. We spoke to the deputy manager about this who told us, "If any of the bells ring then the staff would leave handover and answer them." A senior member of staff told us the 'floating' member of staff usually stayed 'on the floor' during handover and other staff, such as the activities co-ordinator and domestic staff, were around to keep people safe. They explained, "They are all eyes and ears as well."

We asked the deputy manager how they assured themselves staffing levels supported staff to provide safe care. They told us staffing levels were set by the provider, but managers conducted daily 'walk arounds' of the home to check staffing levels met people's needs. They told us they would talk to the provider about increased staffing levels if they needed to. They told us, "The residents are safe and the staff are safe. If there

was a question of the safety of the residents, we would put more staff on."

The provider followed a thorough recruitment and selection process to ensure new staff had the right skills and experience to meet the needs of people who lived in the home. This included carrying out a Disclosure and Barring Service (DBS) check and obtaining appropriate references. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. Staff confirmed they were not able to start work until all the required documentation had been received.

Risks to people's health had been assessed using nationally recognised tools for assessing, for example, any nutritional risks or risks associated with damage to the skin. Care plans guided staff with the action they needed to take to minimise risks and keep people safe. For example, one person at high risk of skin damage had equipment in place to relieve pressure to their vulnerable areas such as a pressure relieving mattress on their bed and a pressure cushion on their chair.

The provider's policies to minimise risks to people's safety included a call bell in their room and a pendant call alarm to wear. The call system picked up where the person was in the home when they activated their alarm. This promoted people's independence to move around the home, while still being able to call for assistance if needed. There was also an infra-red system in each person's bedroom to indicate if they had fallen or got out of bed at night. The system had to be turned on in individual bedrooms, so was only activated if a risk had been identified.

Medicines were stored and administered in line with current guidance and regulations and people received their medicines as prescribed. Most medicines were delivered in 'blister' packs and were colour coded for the time of day they needed to be administered. Medicines not in blister packs were checked after each administration so discrepancies and errors could be quickly identified. Medicines that were identified as requiring stricter controls were accurately checked, recorded, stored and dispensed. People confirmed they were given their medicines when they expected them. One person told us, "The staff give me my medication, they always wait and there are no delays." Another said, "I take lots of medication, it seems on time."

The provider's policies and procedures protected people from the risks of infection. Staff maintained a high standard of cleanliness and hygiene within the home. People told us they felt the service was clean and hygienic. One person told us, "They keep my room marvellously clean." Another said, "We have three cleaners, it's all clean, never smells." The home had a five star food hygiene rating.

Staff recorded accidents and incidents and completed body maps to record any bruising or injuries sustained. The management team analysed the reports to ensure appropriate action had been taken and any necessary referrals to other healthcare professionals had been made. An internal audit had identified that improvements needed to be made to ensure all accident and incident records were completed with the same level of detail. This learning had been shared with staff so there was a consistent approach to the reporting and recording of incidents to promote people's safety.

Records showed regular safety checks were carried out on the premises and equipment used in the delivery of care, such as hoists and stair lifts. However, we noted a steep staircase directly behind a door that led down to the kitchen and dining room. A notice on the door reminded staff the door should be kept closed, but there was no lock on it. We were concerned this presented a risk to people should they open the door in error. We shared this with the deputy manager who later confirmed the provider planned to fit a keypad lock to the door as a matter of urgency to mitigate the risk.

The provider had plans to minimise risks to people in the event of an emergency. People's care plans

included a person emergency evacuation plan (PEEP), which explained the level of support they would need to mobilise in an emergency to move to a safe zone or to evacuate the premises.

Requires Improvement

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection in February 2016, and people continued to be supported with their dietary and health needs. However, whilst staff promoted choice and sought consent, managers needed to be more consistent in the application of the Mental Capacity Act 2005 when there were restrictions in people's care they may not have the capacity to consent to. The rating is now 'Requires improvement'.

An assessment was completed before people moved to the home so the registered manager knew what care people required and could ensure staff had the skills to meet people's needs. This information was then used to plan the person's care. The deputy manager explained the assessment also enabled them to consider how people's physical and health needs could impact on those already living in the home. They said, "You don't truly know people's care needs until they are in the home, but you can get a good idea from the assessment. We will take people with moderate or early onset dementia so they can get their routines established and we can go on that journey with them."

People told us care staff knew what care and support they needed to meet their needs and maintain their welfare. One person told us they felt confident staff knew how to use moving and handling equipment and said, "They have used the hoist, it is quite safe." Another person told us, "I can't fault the staff, they are very good." A relative spoke about their family member's health condition and said, "Staff understand the risks."

The needs of people who lived in the home were met by staff who had the right knowledge, skills, experience and attitudes. Staff spoke positively about the ongoing training they received and were confident this ensured they had the knowledge and skills to provide effective care. Staff described their training in supporting people living with dementia as helpful. One staff member told us, "That opened my eyes a bit. It is all about how you approach people and how you deal with situations." Another staff member explained, "We had a dementia tour where you have a headset and you really see things from the perspective of someone with dementia." The registered manager kept a record of staff training, the dates it was completed and when refresher training was due.

New staff members received effective support when they first started working at the home. This included working alongside experienced staff to see how people preferred their care and support to be delivered. Completion of the induction ensured staff understood the provider's policies and procedures and meant they had received training in line with the Care Certificate. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected.

Staff received regular supervision meetings to discuss their role, and managers carried out observations to make sure they put their learning into practice.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Where a need had been identified, records demonstrated that people's capacity to consent to their care plans had been assessed. The assessments were detailed and provided information about how the decision had been reached and the factors that had been taken into account in reaching that decision. Where people were assessed as not having capacity to consent to their care, we saw capacity based care plans for the activities of daily living such as nutrition and personal care had been developed in the person's best interests. For example, one person was on 'as required' medication and there were guidelines in place to ensure it was given consistently and only when required.

However, improvements were required in the understanding of the managers in the principles of the MCA. Where there were restrictions in people's care, there were no capacity assessments in respect of that specific decision. For example, staff told us some people were not allowed to leave the home unaccompanied because of risks to their safety. Staff told us, "If they tried to leave I would reassure them and tell them that they are safe. If I let them out there and something happened, I am responsible. If they could come and go as they pleased then we wouldn't have that key pad (on the front door)." Another staff member said, "I would just explain to them as best I could that it was not safe for them to go out there without a carer." Capacity assessments had not been completed to confirm whether people had the capacity to understand the specific risks of going out unaccompanied, and if they lacked that understanding, no applications had been submitted to the local authority to legally deprive people of their liberty. Although people were happy to stay at Arden House and were not necessarily expressing a desire to leave, they were not free to leave if they wanted to.

We discussed this with the deputy manager who confirmed they had submitted DoLS applications previously when a restriction on people's liberty had been identified. For example, a DoLS had been submitted for one person because they were under constant supervision because they presented with behaviours that challenged others. After our visit the deputy manager confirmed they would review people's care plans and submit DoLS applications as a matter of urgency for those people who were assessed as not having capacity to consent to any identified risks within their care plans.

Records showed that where people had capacity, they had signed their care plans to confirm their consent to the care provided. During our inspection visit we saw staff offering people the opportunity to make their own decisions and asking people if they would like support with anything. For example, when speaking with one person a member of staff said, "You can sit down here if you like or you can sit in the lounge." One person was going to sit in the garden and a staff member asked, "Do you want a hat or anything on?" One person told us, "They ask my consent. They say, 'can I do your legs'." Another confirmed, "They always knock first and ask consent. They say, 'I'm going to do this, is that alright'."

People were supported to maintain a nutritious balanced diet with meals planned by the chef based on the preferences of people who lived at the home. People's nutritional needs were regularly assessed and where risks were identified with eating and drinking, people were referred to other healthcare professionals for advice and support, such as the dietician and speech and language therapist. The chef demonstrated a

good understanding of people's specific dietary requirements, such as textured and fortified diets and who required to have their drinks thickened because they were at risk of choking. They were also aware of people's food allergies and who had to avoid certain foods because of the medicines they were taking.

There was a choice of breakfasts, hot meals, desserts and tea time meals every day. The chef told us if anyone wanted anything that was not on the menu, they would prepare it especially for them. People were offered drinks, snacks and fresh fruit during the day and staff had access to the kitchen if people wanted something to eat at night.

At lunchtime the dining room was arranged so people could sit in small groups and the tables were laid with glasses, cutlery and napkins which enhanced people's lunchtime experience and promoted their independence. When staff had finished serving the meals, they sat with people to eat their own lunch which made it more of a social experience. People spoke positively about the food and comments included: "The food is excellent, there are three choices", "The food is good, I am never hungry here" and, "They offer seconds." People also told us they were encouraged to drink and said, "We get as much to drink as we want" and, "I always have water available."

Staff supported people to maintain good health and access health services when required, such as district nurses, the chiropodist and optician. The deputy manager told us they had established a good relationship with a local GP surgery and the nurse practitioner visited the home once a week with a GP to do a 'ward round'. This meant they could be proactive in responding to any changes in people's health. Some people told us they had not seen a dentist for a while and the deputy manager acknowledged there was limited domiciliary dental care in the local area. They told us they were exploring other options to ensure people's oral health was maintained.

If people had to be admitted to hospital, arrangements were in place to support co-ordinated care. The deputy manager told us staff would either accompany the person or arrange for a relative to meet the person there. Staff sent key documentation about the person and how to meet their needs, which ensured they received consistency of care.

The home was an older building which was not purpose built. Bedrooms were arranged over four floors, most of which were accessible by a passenger lift or stair lift. The deputy manager acknowledged the challenges of the bedrooms that had steps leading to them, and said they were only allocated to people who were fully mobile without the use of equipment. On the ground floor there were two separate communal areas, one of which was a lounge with a television and the other a 'quiet lounge' for those who wanted to read or socialise in a quieter environment. There were two separate dining areas and people could choose where they wanted to eat. Thought had been given to the needs of the people in the home and flooring on the ground floor had recently been changed from carpet to laminate to help people with walking frames or in wheelchairs to move around more freely. There was a large and accessible garden people could enjoy on warmer days.

Good

Is the service caring?

Our findings

At this inspection, we found staff continued to be caring and engage positively with people at the home. People were encouraged to maintain and develop their independence. We continue to rate Caring as 'Good'.

There was a warm, friendly, welcoming atmosphere in the home and people told us they liked the staff. One person told us, "The staff are lovely, I couldn't fault them." Another person said, "I get on with everybody. I have a terrible sense of humour, but they even laugh at my jokes." Another person commented, "I'm happy with staff, they are quite approachable."

The home had a keyworker system where each person was allocated a named member of staff to build a relationship with on an individual basis. People had been consulted to see which member of staff they would like as their keyworkers. Where people were unable to choose, the deputy manager had allocated them with keyworkers based on their observations of those staff the person had a particular rapport with.

Staff told us they enjoyed the opportunity of getting to know people so they understood them and could provide care that met their individual needs. One staff member said, "I feel we really know people well. You get to know them when you are here every day." Another member of staff explained how building relationships of trust could have positive outcomes for people. They told us, "I am really proud of the progress we made with [person]. By building up trust and encouragement they finally had a bath. It felt good that they trusted me." A third staff member said, "At the end of the day we are here because of them, this is their home."

Staff supported people to do as much as possible for themselves. Care plans detailed how much people could do for themselves and when they needed assistance. People were free to move around the home at will, if they were able to do so independently. At lunch time serving dishes and jugs were placed on the tables so people could help themselves to vegetables, sauces and gravy. Some people were supported to maintain independence with their medicines and were able to manage their own medicines. Risk assessments and stock checks enabled people to do this safely which people appreciated. One person told us, "I take my medicines myself, they trust me." Another person commented, "I can do as I please within reason."

Staff knew how to provide care in a dignified way and supported people's right to privacy. One person told us, "I'm treated with complete respect here" and another said, "Staff are so respectful and pleasant with it." People were supported to make their bedrooms reflect their own taste as far as possible. People's bedrooms contained photographs, memorabilia and items that were important to them, to maximise their contentment and sense of belonging. Staff knocked on doors and announced themselves before entering.

There was some information about people's family connections and history in their care plans. For example, in one person's care plan there was information about their significant contribution during the war. Whilst this person was now very frail, it meant staff had an understanding of who this person was and their life time

experiences.

People were supported to express their views and take part in developing the values and ethos of the home. One person had written their interpretation of the ethos of the home based on the letters in the name 'Arden House'. This had included the values of a 'happy home' and 'enriching people's lives'. During recent refurbishment, people had been consulted to ensure their preferences for the décor and decoration of the communal areas in the home were taken into account.

People's equality, diversity and human rights were respected because one of the provider's values was, "We treat residents and colleagues with dignity and value their unique life experience and personal contribution." The deputy manager told us they created an inclusive environment and whilst they were not formally aware of anyone living at the home who identified themselves as being lesbian, gay, bisexual or transgender (LGBT), all relationships were respected. The deputy manager explained they encouraged people to be open and share information about others who were important to them by asking questions in an inclusive way. Staff demonstrated through their actions and how they spoke about people, that they respected them as individuals and recognised what was important to them.

The provider had procedures in place relating to confidentiality which were understood by staff. People's care records were securely stored and handovers and discussions on people's health and support took place in a private area where staff could not be overheard.

Good

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

Care plans demonstrated personalised care that was detailed and specific to people's individual preferences and needs. Some people we spoke with could not remember being involved in developing their care plans, and other people said their family members were involved in making decisions about their care. Other people told us they knew they had a care plan and were involved in reviews about their care. One person told us, "I have a care plan, I reviewed it yesterday with my husband." Another person told us, "I think I have a care plan. I can't remember an annual review, but I get a general review once a month." A relative confirmed they were involved in care plan discussions and explained, "We had a care plan review yesterday. They do tell me if [name] is having a bad day. I feel well informed."

Staff recorded how people were, whether they had eaten well and how they spent their day. They shared this information at the handover meeting in between shifts, so staff coming on duty had the information they needed to respond to any changes in people's needs or abilities. For example, during handover on the day of our inspection visit, staff were told of one person who was not very well that day and was unable to stand without staff support. Another person needed to be monitored because they had refused their medication.

The Accessible Information Standard requires the provider to record people's communication needs and put measures in place to meet those needs. The deputy manager was aware of the AIS. People's communication needs were assessed and guidance for staff explained how they should support people to communicate and understand information. The deputy manager told us about one person whose first language was not English and as their dementia progressed, they had reverted to their original language. Managers had prepared a booklet of phrases in that language to help staff to continue to communicate effectively and maintain their relationships with this person.

Arden House was an accredited 'Eden Alternative' home. The Eden Alternative is a philosophy of care that enables people to continue to live their life as they wish to and engage in activities that are meaningful to them to prevent loneliness, helplessness and boredom. One staff member told us, "We have our Eden training which really promotes choice. I feel that everyone is really invested into the Eden values."

The activities co-ordinator arranged a diverse and varied list of activities to engage people in accordance with this philosophy. These included activities to promote physical and mental wellbeing as well as activities to encourage people to socialise and reminisce together. For example, there was a gardening club, knit and natter club and handicraft activities and people were encouraged to share stories about their friendships, travels and memories. There were also events to stimulate people's senses such as tasting different food items or drinks. On the day of our inspection we observed some people joined in an art therapy activity. At lunch time the art that had been made was shown to everyone in the dining room and it was clear that people felt a sense of achievement. One person said, "Wow did I make that?"

Some activities took people out in the local area and invited other people in from the local community. Recently people had enjoyed a visit from a local scout group, a ballet school and a theatre group. Trips out included a visit to a local park and a sports event taking place in the local town. One person told us, "A town crier came two weeks ago, it was a lovely afternoon. I do painting and making things, I enjoy the activities. Children come from schools."

However, some people who chose to stay in their bedrooms or not engage in group activities felt they would like more opportunities for social engagement. The managers had identified this was because some people could not prop their doors open due to the risks of fire which could cause them to feel more isolated in their rooms. The deputy manager also acknowledged that at busy times, staff were not always able to spend as much time with people as they would like. They told us new fire doors were going to be installed and then people could choose to leave their door open knowing that it would close automatically in the event of a fire. They were confident that if people had more awareness of what was going on outside their room, it would increase their sense of belonging and encourage them to engage in the activities on offer. One person confirmed they were pleased the improvements were to be made.

Arden House was a 'home for life' and people who chose to, could spend their final days there. Care plans contained information about people's preferences for end of life care such as who they wanted to be present and any spiritual or religious support they wished for. Where people had discussed future treatment options with their GP or healthcare consultant, their expressed wishes for future treatments were included in their care plan. The home had received compliments from relatives about the care people received in their final days.

The provider had policies and procedures for handling complaints. Everyone we spoke with told us they were satisfied with the service and had no reason to make a formal complaint. One person told us, "No complaints recently. If I needed, I would speak to a senior with a maroon top."

The deputy manager told us they had not received formal written complaints because people came to see them or staff to discuss any issues. They explained the need to raise a formal complaint was reduced as potential issues were resolved at an early stage and to people's satisfaction. The deputy manager agreed it would be beneficial to record these minor issues in future, so they could have an overview of people's experiences and to monitor for any trends or patterns.

Good

Is the service well-led?

Our findings

At our last inspection we rated the service as 'Requires improvement' in 'Well-led' because some of the processes to support good governance needed to be improved. At this inspection people and staff were very happy with the leadership of the home and systems to ensure the quality of the service had improved. The rating is now 'Good'.

People thought the service was well managed. One person told us, "The manager is lovely and the deputy and the seniors. There is not one I don't get on with." Another said they would give the service 10 out of 10 and said, "I can't think of anything to improve at all."

Staff we spoke with also thought the service was well managed. They told us they enjoyed working at Arden House and felt supported by the registered manager and the deputy manager because they were approachable and available to discuss any concerns. One staff member told us, "The managers are good. You can go to them if you have any problems and they will try to solve them." Another said, "We can have a supervision whenever we want one. The door is open and we can go and talk to them whenever we want to." During our visit we saw staff regularly visited the office to ask the deputy manager's advice or to share information with them. The deputy manager responded quickly and gave staff the time they needed.

Information was shared with staff during regular meetings and through daily handovers. Where issues had been identified, these were discussed with staff so improvements could be made. The registered manager had introduced a 'staff coffee moment' to encourage staff to share their views and opinions outside of the more formal meetings. Staff were able to complete a short form during their coffee break and say what they felt worked well and where improvements could be made.

The provider acknowledged the commitment of staff through an internal annual awards ceremony where the individual and teamwork of staff was recognised. Several staff at Arden House had been short listed for awards and one had been awarded "Colleague of the Year". This was in recognition of their positive impact on the working day through their hard work, friendliness and demeanour.

The provider and registered manager responded to feedback they received from people who used the service, relatives and visitors. Feedback was gathered in a number of ways which included resident and relatives' meetings and surveys. We saw responses to the most recent surveys were mostly positive with people and relatives particularly commenting on the cleanliness of the home, the quality and choice of food and the 'very welcoming atmosphere'. One relative had recorded, "The staff do seem busy sometimes, but are always cheerful and helpful." A visiting healthcare professional had commented, "Arden provides good holistic care to each individual." Where issues had been raised in feedback, we saw action had been taken. For example, people had said there was no quiet area in the communal lounge. In response, the provider had separated the very large ground floor lounge into a television lounge and a quiet lounge. Other people had said the top floor in the home was looking tired and old. This area had been redecorated and a new kitchen fitted so people and visitors could make their own drinks and snacks.

The registered manager shared information with people and their relatives. Every three months the management team produced a newsletter to inform of any developments in the home and what had been going on in the last few months.

The management team demonstrated a clear commitment to ensuring they met the standards required within the legislation of the Health and Social Care Act 2008. They had completed an audit of their policies, procedures and processes under the key questions of whether the service is safe, effective, caring, responsive and well-led. The registered manager's audits of the quality of the service included checks that people's care plans were regularly reviewed and up to date, that medicines were administered safely and the premises and equipment were safe, regularly serviced and well-maintained. The provider's operations manager conducted the provider's quality assurance checks and worked with the registered manager to ensure their records accurately reflected how the quality of the service was maintained.

Learning was taken and shared from other homes within the provider group. For example, the registered manager told us it had recently identified that one service had not submitted the statutory notifications to CQC as required by the regulations. The provider had introduced a system where the mangers of all homes had to submit a monthly report about all accidents, incidents, safeguarding referrals and complaints that had occurred in the home. This was monitored by the provider's quality team so they could assure themselves appropriate action had been taken and the statutory notifications submitted.

The provider welcomed external scrutiny to improve the standards of care within the home. For example, they had employed an external company to audit the health and safety of the premises. The deputy manager explained they were waiting for the formal report, but no serious issues had been identified. In January 2018 the dispensing pharmacy had carried out a medicines audit. Three minor issues were identified during the audit. Our checks confirmed the registered manager had taken action and the required improvements in medicines' practice had been made. Where we identified issues within our inspection visit, the deputy manager was receptive to our feedback and referred it to the provider so immediate action could be taken.

The registered manager had a development plan for the home, to ensure it continued to improve and meet the requirements of the people who lived there. One action was to introduce an electronic care system and staff were already familiarising themselves with the equipment. Another was to explore accreditation with the Gold Standards Framework which ensures high quality end of life care. The deputy manager explained they were keen to improve the service so it met the evolving needs of the local community.

The registered manager worked with other organisations to ensure people received a consistent service. This included those who commissioned the service and other professionals involved in people's care. Links had also been forged with the local community. The registered manager had linked with a national supermarket chain and through their community token scheme the home had been awarded a sum of money. This was to be used to purchase a summer house so people could continue to enjoy the garden in cooler weather.

We asked for a variety of records and documents during our inspection. These were easily accessible, in good order and stored securely. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager had informed CQC of significant events in a timely way so we could check that appropriate action had been taken. The provider had ensured the rating from our previous inspection was displayed on the premises, and on the provider's website.