

Lindale Homes Limited

Arden Lodge Residential Care Home for Elder Adults

Inspection report

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Date of inspection visit: 29 January 2015
Date of publication: 20/04/2015

Ratings

Overall rating for this service	Requires Improvement	
Is the service safe?	Requires Improvement	
Is the service effective?	Requires Improvement	
Is the service caring?	Good	
Is the service responsive?	Requires Improvement	
Is the service well-led?	Requires Improvement	

Overall summary

Our inspection took place on 29 January 2015 and was unannounced so no one knew we would be inspecting. We last inspected the home on 25 August 2014 when we found that the registered provider was not meeting the regulations in respect of medicines management, safety and management of the home. As a result of that inspection we issued the registered provider a warning notice in relation to the shortfalls we had identified and

that the registered provider was failing in their duty to ensure the service was adequately monitored and improved and ensuring that the needs of people were safely met. During this inspection we found that improvements to the service had been made but the changes in management was an on going issue.

Summary of findings

The home is registered to provide accommodation to a maximum of 33 people. The people that lived there were older people who needed care and support with daily living tasks. On the day of our inspection there were 23 people living there.

On 29 January 2015 there was a manager who had been in post for two weeks. The manager had not yet applied to be registered with us. 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.

People who were not able to make decisions for themselves had not had the required assessments and best interest decisions carried out and recorded so that their rights were protected. Some people who wanted to leave the home were prevented from doing so but the appropriate authority had not been obtained to stop them leaving. This was a breach of Health and Social Care Act (Regulated Activities) Regulations 2010.

Interactions between staff and the people who lived at the home were friendly and polite. Relatives and most people told us they were happy with the care provided.

We saw that sometimes staff were not responsive to people's needs and did not get the appropriate support to eat, drink and receive personal care when people were not able to request it.

People and their relatives told us they felt people were safe in the home. All the staff spoken with understood their responsibilities to protect people from harm and abuse and had received training to provide them with the skills and knowledge to support people safely.

On occasions the staff numbers fell below the required levels and this meant that staff were busy and people could be overlooked from getting the support they needed.

People's personal care needs were met; there were some opportunities for recreational activities on a group and individual basis. Food and drink was available throughout the day but people were not always adequately supported or monitored to ensure that they received sufficient food and drink to remain healthy.

Relatives told us that they felt their family member's needs were met and they felt listened to and could raise any concerns they may have with staff who they found approachable.

We found that some quality monitoring systems were in place but this was a work in progress and systems were not fully embedded to ensure that the service was monitored for quality and improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People were protected from the risks of abuse and injury because arrangements were in place to prevent people being placed at risk of harm. Staff had been provided with training and had the skills and knowledge to keep people safe.

There were occasions when the staffing levels had fallen below the required levels and people did not always get the support they needed.

There were systems in place to ensure that people received their medicines as prescribed.

Requires Improvement



Is the service effective?

The service was not always effective.

Staff did not fully understand how to protect people from restrictions on their rights.

People were offered choices at meal times but people did not always receive adequate support and monitoring to ensure they received sufficient nutrition to remain healthy.

People were supported to get medical attention when they needed it.

Requires Improvement



Is the service caring?

The service was caring.

People's privacy and dignity was promoted.

People were given the support they needed to make their own choices.

Good



Is the service responsive?

The service was not consistently responsive.

Changes in people's needs were not always responded to adequately to ensure that their needs were met.

There were recreational pastimes that people could choose to be involved in.

People or their relatives were able to raise concerns if they wished.

Requires Improvement



Is the service well-led?

The service was not consistently well led.

There has been a lack of consistent leadership of the service.

Requires Improvement



Summary of findings

Improvements we had asked the registered provider to make had been made but systems were not fully implemented yet so that the quality of the service could be monitored and improved.

There were systems in place to gather the views of people and there was an open and inclusive atmosphere in the home.

Arden Lodge Residential Care Home for Elder Adults

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 was planned to check 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 inspection took place on 29 January 2015 and was unannounced. The inspection team consisted of two inspectors. We reviewed the information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding alerts. A notification is information about

important events which the provider is required to send us by law. We reviewed the information we had received from Birmingham Local Authority who arranged services at the home. We had received concerning information before our inspection. We used this information to inform our inspection.

On the day of our inspection we spoke with eight people, four relatives and nine staff. We also spoke with the registered provider and manager. We observed how staff supported people generally, during lunch and with activities. We also sampled four people's care records to check they received the care and support they needed. We looked at maintenance, complaints, medication records and audits used by the provider to monitor the quality of the service.

Is the service safe?

Our findings

People told us they felt safe in the home. One person said, “They are kind the staff, I’m quite safe here.” One relative told us, “I don’t have any worries about him, he’s not frightened.” One member of staff said, “We’re here to make sure residents are safe, I think they are safe.” All the staff spoken with had a good understanding of how to keep people safe and report any concerns or worries to their manager. Staff were able to recognise different types of abuse and knew what to do to keep everyone safe. We saw that safeguarding alerts were raised by staff in the service and appropriate actions were taken to protect people when alerts were raised by other professionals. This showed that staff had the skills and knowledge to raise any identified concerns so that people were protected.

The provider told us and staff confirmed that they had had the appropriate recruitment checks carried out before they started work. One member of staff told us, “I had my checks before I started.” Another member of staff told us, “I did two weeks shadowing, I had all my checks. I did training and I’m confident I can do my job.” Shadowing means that new staff work alongside experienced staff during the first few days of their employment. We saw that the appropriate checks had been carried out before people started work.

We saw that risks to people were assessed and management plans put in place to minimise identified risks. Staff were knowledgeable about people’s needs and risks and how to manage them. Staff were aware of what to do in the event of an emergency situation such as a fire. We saw that fire drills were undertaken on a regular basis so that staff were practised in what actions to take in the event of an emergency. At the time of our last inspection we had some concerns regarding the fire worthiness of the kitchen door. At this inspection we saw that the appropriate actions had been taken to ensure people’s safety.

One person told us, “There’s enough [staff] about for what you need,” One relative told us, “Sometimes not enough staff. Usually staff around somewhere.” Before our inspection we had received information that insufficient staff were on duty to meet people’s needs. The registered provider investigated this and confirmed that the required staffing levels had not been maintained and took action to ensure the correct numbers of staff were on duty. Staff told us that there had been improvements to staffing levels however on some occasions although efforts were made to cover staff shortages some people were kept waiting for assistance. We looked at the records for the week of our inspection and found that staffing levels had dropped below the levels identified by the registered provider sometimes. We observed that staff were busy and that one person had not been assisted to move position, have a drink or eat their lunch until prompted by inspectors. This had been over a four hour period and could put the person at risk of developing sore skin and dehydration. Although the provider had a system to assess how much support people needed there was no system to show how this was converted to the number of staff on duty.

One person told us that staff supported them with their medicines and we saw that medicines were given to people with the appropriate support. Staff administering medicines told us and records confirmed they had received the appropriate training. There were appropriate systems in place to order, receive and administer medicines to people. We looked at the medicines administration records (MAR) for five people and saw that everyone except one person had received their medicines as prescribed. We saw that two tablets for one person had been signed as given but were still in the monitored dosage system. This showed that people usually received their medicines as prescribed.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. Records showed that staff had received training in the MCA and DoLS. Staff told us they asked on a daily basis for consent before they assisted people with personal care tasks and we saw that on some occasions people refused and this was respected. Staff supported people to make day to day decisions, however, we saw that some people who did not have capacity to make decisions had not had a mental capacity assessment carried out and there were no best interest meetings to determine how consent was to be obtained and how people were to be supported to make decisions. We saw that one DoLS application had been made but we saw two other people who asked to leave the building where applications had not been made. In both cases the people were distracted from going out by staff. A member of staff told us, "I do distract people when they want to leave because we can't let them out." The registered provider and manager were aware that these people sometimes wanted to leave the building but had failed to ensure that the appropriate action had been taken. We saw that another person was having one of their medicines disguised in drinks. There was an instruction from the doctor to do this however, there was no best interest decision recorded to indicate why the individual could refuse other medicines but not that particular one. This showed that the requirements of the MCA and DoLS had not been fully complied with and staff training had not been effective. However, following our inspection we were informed that the applications had been made. We found that [the registered person had not protected people against the risk of xxx]. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person told us, "I get up when I want to." The relative of one person told us, "They treat me well, I get a coffee. My [relative] is well looked after, she's clean. I think it's very

good here." We saw that each person's needs had been assessed and care plans written with the involvement of the person or their relatives. However, we saw that the care plans did not provide clear information about how people were to be supported. One member of staff said, "They were no good to tell me how to support people, they were just good for background." Another staff member told us they asked people about the help they wanted. Staff told us and records showed that staff had received the training they needed to support people safely. Our observations showed that despite the lack of detailed care plans the staff knew how to meet people's needs. We saw and staff confirmed that they received support and training to enable them to effectively carry out their roles.

People were generally happy with the food but one person told us they didn't like it. One person told us, "I have breakfast, one or two sausages, I love it." A relative commented, "He always enjoys the food, he gets his [special] food, that's what he needs, he's always been treated well." Staff told us they thought the food was good. On the day of our inspection we saw that the food looked appetising and well presented. We saw that there was a four weekly menu which was changed seasonally. The manager told us that the menu was decided on after discussions with people about their likes and dislikes. Staff told us, "People have a wide variety of food here. Its cooked fresh and there's always plenty." We observed that one person remained asleep and had not been provided with food or drink from the time we arrived at the home until we prompted the staff that the individual had not received any support which was a period of over five hours. Records showed there had been substantial unplanned weight loss and although staff were aware of the loss there had not been a referral to any health care professionals for investigation or advice. This meant that people were not always adequately supported or monitored to ensure that they received sufficient food and drink to remain healthy.

People were supported to attend hospital appointments and see the doctor to ensure that their health conditions were monitored and they received medical treatment when required. One person told us, "I have seen the Doctor but they can't do anything." A relative spoken with told us, "They get the doctor in when she needs it. When she first came in they took her to the hospital to sort her hearing aids out." We saw that people's blood sugar levels were monitored and there was involvement from district nurses and chiropodists to monitor people's health.

Is the service caring?

Our findings

All the people and relatives spoken with were happy with the care they received. One person told us, “The care staff are fine, very good. They pay attention to you, and they don’t tell you untruths.” Another person said, “The girls are nice.” One relative told us, “I’m pleased with how they treat him.” Another relative said, “I find the staff extremely friendly. I think they treat people extremely well.” A member of staff said, “They are good caring staff.” During our inspection we saw staff support a very distressed person in a kind and caring way. Staff offered to take them for a walk, make them tea and held their hand, speaking to the person in a gentle and considerate manner.

We saw that people were involved in making choices about their care and support. One person told us, “I get up when I’m ready.” A relative told us, “They let her sit where she wants to eat her dinner.” Staff told us they asked people what they wanted. We saw that people were able to make choices about the food they ate and whether to get involved in the group or individual activities that had been arranged. We saw that people were able to go outside to have a cigarette but people were encouraged to put a coat

on due to the cold weather, but when they refused this decision was respected. This showed that where possible people were supported to make choices about their day to day lives.

People were supported to remain as independent as possible. For example, people were encouraged to walk independently with the use of walking frames. Wheelchairs were available for people unable to walk long distances. People were supported to undertake as much of their personal care as they could. A member of staff told us, “I always let them do as much as they can for themselves.”

People told us that their privacy and dignity was promoted because staff knocked and waited a few minutes before entering their bedrooms. Staff were able to explain how they promoted privacy and dignity. Examples included using people’s preferred names and ensuring doors were closed when providing personal care. However, during our inspection we saw that on one occasion staff knocked on the bedroom door but did not wait to be asked to enter. The member of staff said they did usually wait to be asked in. The occupant of the bedroom said, “It’s a freehold bedroom. Anyone can come in.” We saw that staff asked people discreetly if they wanted to use the toilet. This showed that people’s privacy and dignity was generally maintained by staff who understood how to maintain people’s privacy and dignity.

Is the service responsive?

Our findings

We saw that people and their relatives had been involved in contributing to the assessment and planning of care. However, we saw that staff were not always responsive to changes in people's needs. For example, although staff were aware that one person had lost weight they had not ensured that the appropriate actions were taken to ensure that the individual was referred to the appropriate health care professionals for follow up. At lunchtime we saw that everyone was given drinks in plastic beakers and no one was offered a hot drink after their meal. A member of staff told us, "They [people] have a hot drink at 2.30pm." This showed that people were not always provided with personalised care that met their individual needs.

Staff were aware of people's preferences, likes and dislikes and efforts were made to facilitate them. For example, we saw that arrangements were in place for people's religious needs to be met in the home as they didn't want to go out. However, one person told us they had not received any culturally appropriate meals. The registered provider told us this had been offered previously but refused and the meals were not currently being provided. We saw that although at a recent celebration the individual had enjoyed some cultural foods they had assisted in preparing no efforts had been made to make culturally appropriate meals available again. This indicated that people's changing needs were not always recognised and planned for.

We saw that some people had their blood sugar levels checked regularly however; when the sugar levels were

above the required levels no actions had been taken to contact the doctor or nurse to determine if any actions needed to be taken as a result of the higher than expected levels. One person told us they didn't like the noise and said "They [staff] won't switch the TV off." The individual told us they wanted to sit somewhere quieter. We spoke with staff about them moving to the quiet lounge but saw that brought them back to sit in the same place. This showed that staff were not always responsive to people's needs.

There were a variety of responses regarding what people did to occupy themselves. One person told us, "We don't do anything, there's not a lot on." Another person said, "The programme is just put on the telly, we don't choose. Nowhere is quiet." We saw that there were a variety of group and some individual activities in the home. During our inspection we saw that staff helped some people enjoy games with balloons and gentle exercise. Flower arranging and bingo was also arranged for people if they wished to participate. We saw that friends and relatives were able to visit when they wanted. This showed that efforts were made to provide interesting things for people to do and to enable people to maintain contact with people important to them.

All the people spoken with knew who to speak with if they were unhappy about anything. All the relatives spoken with told us they were happy with the service and had never had cause to complain. No complaints had been received in the home. One relative told us that staff were approachable and they would not hesitate to raise any concerns.

Is the service well-led?

Our findings

At the time of our last inspection in August 2014 the registered manager had just left. A manager was appointed but had again left after a few months in post. At the time of this inspection another manager had been appointed but had only been in post two weeks. Arden Lodge has been negatively affected by the lack of a consistent management team to ensure the continuity of improvements made in the home.

At the time of our last inspection in August 2014 we had issued a warning notice in respect of the quality monitoring of the service and the lack of appropriate oversight of the service. We noted that at this inspection some improvements to the service had been made in respect of the maintenance of the home and management of medicines. Staff spoken with told us that every manager wanted to do things their way so things were constantly changing but they felt that the registered provider listened to them and had improved the home a lot. This showed that despite the changes in managers staff felt listened to and the service was being improved.

However, there were some further improvements needed in the providers systems to monitor the quality of the service they provide. For example, we asked the registered provider how staffing levels were determined to be appropriate for the needs. We saw that there was an assessment of people's individual needs but there was no evidence of how this was used to ensure that staffing levels met people's needs. We saw that although management of medicines had improved there was no protocols in place for as and when required medicines so that staff administered these medicines in a consistent manner. Care plans did not include the information staff needed to

ensure that care was provided in a personalised way. One member of staff said, "I don't like the care plans, they are appalling. I don't feel like I've been shown anything. The paperwork is terrible."

We saw that one person was eating the same foods day after day and there was no evidence that any actions had been taken to address this. We saw that the requirements of the Mental Capacity Act had not been fully implemented so that people's rights were protected.

We saw that systems were in place to ensure that the premises and equipment were maintained and fit for purpose. One member of staff said, "I get the job sheets for any maintenance, they are given a priority. When I've done the job I give the sheets back to the manager. It's OK here."

We saw that there were some systems in place to get the views of people that used the service. Staff and people told us and records showed that there meetings were held to discuss the quality of the service. We saw that changes to the menus and activities had been made in response to people's comments. Two staff told us that they were able to raise any concerns and were listened to and responded to however; one staff member felt they would not be listened to. This showed that staff felt empowered to raise areas where improvement was needed and felt that they were listened to.

Staff and relatives told us that the provider was approachable and visible in the home. One member of staff told us that they were asked by the provider what needed to be improved in the home. This showed that changes were being made in response to comments made by people and there was an open and inclusive culture where people were encouraged to make suggestions for improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

How the regulation was not being met: People who lacked capacity to make decisions had not been appropriately assessed and applications for restrictions on their liberty had not been applied for everyone who needed them. Regulation 13(7)(b).