Arrowsmith Rest Homes Limited

Arrowsmith Lodge Rest Home

Inspection report

Bournes Row
Hoghton
Lancashire
PR5 0DR

Date of inspection visit:
10 May 2016

Date of publication:
02 August 2016

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?	**Good**

Summary of findings

Overall summary

Arrowsmith Lodge is located in the residential area of Houghton on the outskirts of Bamber Bridge, Preston. The home provides personal care for up to 35 people. There are a range of amenities close by. A bus link to Preston and Bamber Bridge village centre is within easy reach and car parking spaces are available. The provider is Arrowsmith Rest Homes Limited. Accommodation is mainly single occupancy, although some rooms are available for those wishing to share facilities.

We last inspected Arrowsmith Lodge on 13 May 2014, when we found the service to be compliant with the regulations assessed at that time.

This unannounced inspection was conducted on 10 May 2016. The registered manager was on duty when we visited Arrowsmith Lodge. She had managed the day-to-day operation of the service for several years.

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 of the Health and Social Care Act and associated regulations about how the service is run.

The planning of people's care was based on an assessment of their needs, conducted before a placement at the home was arranged. We found the plans of care to be, in the main, person centred, providing staff with clear guidance about people's needs and how these were to be best met. However, advice from community professional had not always been followed in day to day practice. On two occasions changes in individual needs were not very clear, as information had been entered in various places within the care files. This was later addressed by the registered manager. Staff we spoke with were easily able to discuss the needs of people in their care.

Mental capacity assessments had not been conducted prior to applications being made to deprive someone of their liberty. We made a recommendation about this.
Staff we spoke with did not fully understand the Mental Capacity Act [MCA] and related procedures. However, the registered manager had subsequently arranged training to be provided for the staff team by an external organisation, as we had advised at the time of our inspection.

Consent had sometimes been obtained from relatives of those who lived at the home, but egal documentation had been obtained to demonstrate that they had the authority to act on someone's behalf.

Medicines were, in general being well managed. However, we made a recommendation about some minor issues we noted during our assessment of the management of medicines.

There were sufficient numbers of staff on duty to keep people safe. Staff members were well trained and had good support from the management team. They were confident in reporting any concerns about a person's

safety and were competent to deliver the care and support needed by those who lived at Arrowsmith Lodge. The recruitment practices adopted by the home were robust. This helped to ensure only suitable people were appointed to work with this vulnerable client group.

We found the premises to be well-maintained, clean and hygienic throughout. There were no unpleasant smells and infection control practices were good. We noted that progress was being made in relation to a more dementia friendly environment.

Equipment and systems had been serviced in accordance with the manufacturers' recommendations, to ensure they were safe for use. A range of assessments had been conducted within a risk management framework. This helped to promote people's safety and well-being and protect people from harm.

People were helped to maintain their independence. Staff were kind and caring towards those they supported. However, interaction provided by staff varied. We discussed this with the manager of the home at the time of our visit and we were confident that she would address our observations. Assistance was provided for those who needed it in a dignified manner and people were enabled to complete activities of daily living in their own time, without being rushed.

Records showed that staff received a broad range of training programmes and those we spoke with provided us with some good examples of modules they had completed. Evidence was available to demonstrate that supervision sessions were conducted for staff, as well as annual appraisals, which enabled them to discuss their work performance and training needs with their line managers.

Staff spoken with told us they felt well supported by the registered manager of the home. They described her as being, 'approachable' and 'easy to talk to'.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for person centred care.

You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

This service was safe.

People felt safe living at the home. At the time of this inspection there were sufficient staff deployed to meet the needs of those who lived at Arrowsmith Lodge. Necessary checks had been conducted before people were employed to work at the home. Therefore, recruitment practices were thorough and helped to ensure only suitable staff were appointed to work with this vulnerable client group.

Robust safeguarding protocols were in place and staff were confident in responding appropriately to any concerns or allegations of abuse. People who lived at the home were protected by the emergency plans implemented at Arrowsmith Lodge and medications were, in general being well managed.

The premises were safe, clean and hygienic. They were maintained to a good standard. Assessments were conducted to identify areas of risk. Infection control protocols were being followed, so that a safe environment was provided for those who lived at Arrowsmith Lodge.

Is the service effective?

Requires Improvement

This service was effective.

The staff team were well trained and knowledgeable. They completed an induction programme when they started to work at the home, followed by a range of mandatory training modules. Staff were supervised and appraisals were conducted.

We established that mental capacity assessments had not been conducted before an application was made to deprive someone of their liberty, for their own safety, or the safety of others. Staff members we spoke with did not fully understand the legal implications of the Mental Capacity Act or associated regulations.

Consent had been obtained prior to care and treatment being delivered. In some instances consent was given by a relative and there was evidence to demonstrate they had the legal authority

to do so.

People were satisfied with the food served and they were offered a choice of meals. Their nutritional requirements were being met.

Is the service caring?

Good

This service was caring.

People's privacy and dignity was consistently promoted. However, interaction we observed varied and on one occasion we asked a member of staff to intervene.
People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions.

People were treated in a respectful way. They were supported to remain as independent as possible and to maintain a good quality of life. Staff communicated well with those they supported and were mindful of their needs.

Is the service responsive?

Requires Improvement

This service was not always responsive.

An assessment of needs was done before a placement was arranged. Written plans of care were, in general person centred. However, advice from community professionals had not always been followed.

The arrangement of written information could have been better in some cases. The registered manager subsequently addressed this, as advised at the time of our inspection.

Activities were provided, but these were arranged mainly on an individual basis, due to the needs of the client group who lived at the home. The management of risks helped to ensure that strategies were implemented and followed, in order to protect people from harm.

People we spoke with told us they would know how to make a complaint should they need to do so and staff were confident in knowing how to deal with any concerns raised.

Is the service well-led?

Good

This service was well-led.

The service had a quality assurance system in place and records showed that identified problems and opportunities to change things for the better were addressed promptly. As a result, the quality of service provided was continuously monitored.

Staff spoken with had a good understanding of their roles. They were confident in reporting any concerns and they felt well supported by the managers of the service. People who lived at Arrowsmith Lodge and their relatives completed satisfaction surveys. This allowed people the opportunity to periodically comment about the service provided. Responses seen were very positive.

Arrowsmith Lodge Rest Home

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 unannounced inspection was carried out on 10 May 2016 by two adult social care inspectors from the Care Quality Commission. At the time of our inspection there were 31 people who lived at Arrowsmith Lodge. We were able to ask six of them and five of their relatives for their views about the services and facilities provided. We received positive comments from those we spoke with.

We also spoke with two members of staff and the registered manager of the home. We toured the premises, viewing a selection of private accommodation and all communal areas. We observed the day-to-day activity within the home and we also looked at a wide range of records, including the care files of seven people who used the service and the personnel records of four staff members.

We conducted a Short Observational focussed Inspection (SOFI) during our visit to Arrowsmith Lodge. This part of our methodology enables us to specifically observe a small number of people over a short period of time. This is not to the exclusion of others who live at the home.

We 'pathway tracked' the care of five people who lived at the home. This enabled us to determine if they received the care and support they needed and if any risks to people's health and wellbeing were being appropriately managed. Other records we saw included a variety of policies and procedures, training records, medication records and quality monitoring systems.

The provider sent us a Provider Information Return (PIR). 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 PIR

provided some good information.

Prior to this inspection we looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us since our last inspection and we asked local commissioners for their views about the service provided.

Requires Improvement

Is the service safe?

Our findings

Everyone we spoke with felt that they or their loved ones were safe living at this home. One visitor told us she felt her relative was very safe at Arrowsmith Lodge and was well looked after. She commented, "When I go home, I know he is safe. He used to say he didn't want to go in a home. Sometimes we chat and I say it's better than you thought isn't it? And he says, 'oh yes'. I think the staff are all very good here. They are always friendly and help you with whatever you need." Another relative told us, "The girls here are fantastic. I have no concerns at all. [Name removed] is totally safe here. I have no worries on that score."

During the course of our inspection we toured the premises, viewing a selected number of bedrooms and all communal areas of Arrowsmith Lodge. We found the environment to be safe and well maintained. It was clean and hygienic throughout, without any unpleasant odours. However, we saw a small number of toiletries being stored on shelves in communal areas. In discussion, the registered manager agreed to remove these items to a place of safety, which was less accessible by those who lived at the home.

We saw that detailed policies and procedures were in place in relation to health and safety and that associated audits were conducted regularly. This helped to ensure the staff team were provided with current legislation and good practice guidelines and that people were kept safe from harm. We noted that following a fall, the individual concerned was monitored every hour for twenty four hours and falls monitoring forms were completed, which was considered to be good practice.

Infection control policies were in place at the home and the environment was found to be clean and hygienic throughout. Clinical waste was being disposed of in an appropriate manner. This helped to reduce the risk of cross infection and to ensure the premises were maintained to a good standard of cleanliness.

During our inspection we looked at the personnel records of four people who worked at Arrowsmith Lodge. We found that prospective employees had completed application forms and health questionnaires. This helped the management team to determine if applicants met the required criteria, in accordance with company policy. All necessary checks had been conducted, which demonstrated robust recruitment practices had been adopted by the home. This meant those who were appointed were deemed fit to work with this vulnerable client group and therefore people's health, safety and welfare was sufficiently safeguarded.

A record of any safeguarding concerns had been retained within the home, so that a clear audit trail was available to show details of the incident, reporting procedures, action taken following the event and the outcome of the investigation. Staff spoken with were fully aware of what to do should they be concerned about someone's safety or well-being and were confident in following the correct reporting procedures.

We observed staff moving and handling people in a safe manner, throughout our visit. This was conducted with dignity and respect and in accordance with the standard procedures of the home.

A contingency plan outlined action that needed to be taken in emergency situations, such as a power

failure, flood, loss of water or adverse weather conditions. Fire procedures, a wide range of risk assessments and contingency plans had all been implemented and internal equipment checks had been conducted regularly, in order to safeguard those who lived at the home, visitors and staff members.

The fire alarm system was tested each week, to ensure it was maintained in good working order. The fire risk assessment had been seen by the fire officer, to ensure it was appropriate to the needs of Arrowsmith Lodge. Records showed that systems and equipment had been serviced in accordance with manufacturer's recommendations. This helped to ensure it was safe for use and therefore protected those who used the service from harm.

Staff told us they had received training in relation to safeguarding vulnerable adults, whistleblowing and fire safety and records we saw confirmed this information to be accurate. Detailed and easily accessible individual Personal Emergency Evacuation Plans (PEEPs) had been developed and recently updated. These showed the level of assistance people would need to be evacuated from the building, should the need arise.

We saw some good examples of well detailed risk assessments which were regularly updated and reviewed where necessary. For example, one person's falling risk assessment had been updated following a fall and another person's had been updated following a change in their medication. Environmental risk assessments had also been conducted, including a specific one in relation to Honey, the pet dog.

Accident records had been completed appropriately and were retained in line with data protection guidelines. This helped to ensure the personal details of people were kept in a confidential manner.

All the people we spoke with felt there were adequate numbers of staff on duty to meet their or their loved ones' needs. During the course of our inspection we did not have any concerns about the number of staff on duty at that time and the duty rotas we saw showed that staffing levels were consistent. Examples were given of when additional staff were brought in, such as if people needed support for hospital attendance or appointments.

During the day of our visit we observed an unexpected emergency situation, which took the time of some staff members. However, this was managed well by the senior members of staff, who ensured that the needs of those who lived at the home were not neglected during this time.

During our inspection we looked at the way people's medicines were managed. We viewed people's medicines records and looked at medicines stock within the home.

We noted that only the manager, deputy and senior carers were involved in medicines administration. Training was provided and we were advised that competence assessments were carried out on an annual basis to ensure staff managing medicines maintained their knowledge and understanding of safe practice. However, we were advised that the competence assessments were not recorded.

Medicines, including those requiring refrigeration and controlled drugs, were stored in a safe and appropriate manner. Processes were in place to monitor temperatures within the medicines store room and fridge, to ensure all items were stored at the correct temperatures. We were able to confirm that items with a limited shelf life were dated on opening, so staff would be aware when they needed to dispose of them.

We viewed people's medicine administration records (MARs) and found these to be of a generally good standard. Each person's medicines file contained a photograph and details about any allergies they had. This helped to avoid identification errors or a person being given a medicine they were allergic to.

Any handwritten entries on people's MARs had been witnessed and countersigned. This helped to ensure there were no transcription errors. People's medicines and dose information were clearly detailed on their MAR so that staff had clear guidance about what they should administer.

For people prescribed topical treatments such as creams and ointments there was a good level of detail about where and how the treatments should be applied. This guidance included a body map which showed exactly on the body the treatment should be applied.

We did note however, that one person's MAR contained some unexplained omissions in relation to an eye preparation. The records indicated that the treatment had not been applied on some occasions, but there was no explanation as to why.

Some people who used the service were prescribed medicines on an 'as required basis'. In the majority of cases there was good guidance in place for staff regarding in what circumstances the medicine may be required (often referred to as PRN protocols). However, we found three examples where this guidance was not in place. The registered manager subsequently informed us that PRN protocols were in place for all 'as and when required' medicines.

We carried out some counts of medicines not included in the trays set up by the pharmacist and compared them against the records held in the home. The majority of these counts were correct. However, there were two examples where the numbers of tablets in stock did not exactly coincide with the records we saw. We pointed this out to the registered manager, who assured us this would be looked in to further, without delay.

We recommend that the registered manager closely monitors the management of medicines to ensure that a reason is always given for any omissions on the MAR charts, the balance of boxed medications coincides with records kept and staff competence assessments are recorded.

Requires Improvement

Is the service effective?

Our findings

We spoke with six people who lived at Arrowsmith Lodge. They all expressed satisfaction with the home. No concerns at all were raised. They told us: "Oh it's good here. I feel happy living here"; "They look after us. I like the food"; "I enjoy sitting here and watching it all go on. They do very well here" and "The food is very pleasant." Everyone we spoke with told us that they were very satisfied with the quality and variety of meals served. In addition, people were happy that their or their loved one's nutritional needs were being fully met.

One family member we spoke with told us their relative was in much better health now, than when she came to the home and felt this was due to the care provided. She also felt fully involved in the planning of her loved one's care and was happy to raise any concerns, should she need to do so. This person said, "She is eating now and her skin is healthy. Very different to when she came in."

The recent inspection by the Environmental Health Authority in relation to food hygiene, resulted in a level 5 being awarded, which corresponds to 'very good' and is the highest level achievable.

The menu of the day was prominently displayed within the home and those we spoke with confirmed that they were offered choices at meal times. We observed lunch being served. This was a pleasant experience for those involved. We saw care workers offering to cut up food for those who needed some assistance and these people were helped in a dignified manner. People we spoke with told us that they enjoyed the meals and felt there was plenty of food provided. The food served looked nutritious and the menu provided some well balanced meals, which were nicely presented and enjoyed by all.

Records we saw showed that people had been asked about their food preferences and the plans of care around nutrition provided some good information for staff about people's dietary needs. We viewed the care plan of one person who had experienced some weight loss following illness. This had been identified by staff and measures put in place to maintain their wellbeing. It was pleasing to see that this person was now starting to gain weight following this support. One person was heard to request chips at lunch time and this was facilitated without question.

During our inspection we toured the premises, viewing all communal areas of the home and a selection of private accommodation. The home was warm and comfortable and a friendly atmosphere was evident.

The registered manager advised that some improvements to the environment had been made in accordance with dementia friendly research, such as more individualised spaces for people and chairs in lounges being arranged in 'pockets' to aid communication. However, we saw some people's bedrooms did not have pictures on the doors or other visual aids to assist them in recognising their own facilities. Nevertheless, the internal auditing process showed that the home was working alongside the Kings Fund, which was promoting efforts to develop integrated care between physical and mental health, focusing on a tool for dementia friendly environments. Areas for improvement had been highlighted, in accordance with our findings at this inspection and we noted that work was underway with themes and scenes to aid reminiscence.

Successful applicants were supplied with a wide range of relevant information, such as codes of conduct, job descriptions specific to their roles, terms and conditions of employment and numerous policies, including discipline and grievance procedures. The employees' handbook incorporated a lot of relevant information, which helped new staff to do the job expected of them. They were also supported through a supervised three month probationary period and an induction programme, which covered areas, such as the principles of care, confidentiality, infection control, fire safety, health and safety, safeguarding vulnerable adults, moving and handling and food hygiene.

Records and certificates of training showed that a wide range of learning topics was provided for all staff, such as first aid, nutrition, medicine management and infection control. We were told that seven mandatory modules were completed each year, plus additional courses relevant to the care provided at Arrowsmith Lodge.

On our arrival at the home a staff training session was in progress, which we were told covered a range of areas, such as dementia care, the Mental Capacity Act (MCA), safeguarding vulnerable adults and challenging behaviour. The staff we spoke with were positive and enthusiastic about the training programmes provided and were able to give us some good examples of training they had completed. They were also able to discuss the needs of people well, describing in detail the care and support they required.

Staff had also completed additional learning in relation to the specific needs of those who lived at the home. For example, diabetes, sensory deprivation awareness, dementia care and end of life care were topics built into training programmes.

It was pleasing to see that a good percentage of staff had completed, or were in the process of completing, a nationally recognised qualification in care and that all care staff had completed all mandatory training modules, with regular updates.

The registered manager provided us with supervision and appraisal records, which showed that these regular meetings between staff and managers encouraged discussions about an individual's work performance, training needs, and time management and included specific areas of care, such as dignity and respect, care planning, communication, interpersonal skills, emergency procedures and medicines management.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

We discussed the areas of the Mental Capacity Act (MCA); Deprivation of Liberty safeguards (DoLS) and consent with the managers of the home. We established that they were not fully aware of the correct procedures to follow or the legal implications of these specific domains and yet the registered manager was providing training, which we were told included the MCA, for a group of staff on our arrival at Arrowsmith Lodge. We were advised that DoLS applications had been submitted for everyone at the home, although mental capacity assessments had not been conducted in order to establish if people lacked capacity to

make specific decisions. We recommend that mental capacity assessments be conducted prior to applications being made to deprive someone of their liberty and additional training for staff be provided in this important area of care.

Some care files demonstrated people had given their written consent to various areas of care and we observed staff members asking people verbally for their consent before providing support. Other records we saw showed that on occasions, relatives had signed consent forms on behalf of those who lived at the home, but documented evidence was available to demonstrate that they had been granted legal authority to do so.

Good

Is the service caring?

Our findings

People we spoke with were very complimentary about the staff team and were very happy with all aspects of care received. Their comments included: "We are very happy here"; "We are well settled"; "I like the girls; they are always very good to us"; "[Name removed] doesn't know what is happening now. He gets confused. But they [the staff] are ever so good with him. They have an awful lot of patience" and "They take care of us, anything we need, if we need a doctor they will sort it out straight away."

We spoke with a regular visitor to the home, who told us that she was extremely happy with the care provided. She was very complimentary about all the staff and the manager. She was particularly complimentary about the deputy manager, describing her as 'absolutely wonderful'; She felt fully involved in her relative's care and felt the standards at the home were very good, as she had experience, which had provided her with a good comparison. She described the staff and manager as 'very approachable' and said she would be more than happy to raise any concerns or issues.

Her comments included, "I am extremely happy [name removed] is here. It is that reassurance of knowing he is being well looked after. I am here most of the time and I see the care that people get. You cannot fault it"; "They [the staff] are very, very good. You can ask them anything, they always have time for you"; "I would have no hesitations in speaking with them [managers] if I had any concerns" and "They keep me involved with everything."

We spoke at length with a community professional who was visiting the home on the day of our inspection. This person provided us with positive feedback about the care and support afforded to those who lived at Arrowsmith Lodge. He said, "The staff are very knowledgeable and accommodating. This activity and interaction is not for your benefit, it is always like this, a very friendly and caring atmosphere."

During our SOFI we noted that one person we were observing spent the whole time happily engaged with her doll. She clearly enjoyed this very much and all the staff seen to have contact with her demonstrated that they understood how important the doll was to her. For example, one care worker when assisting her to eat said "Would you like me to look after baby while you have something to eat." The care worker gently took the doll and carefully held it while the person ate her meal. The interaction between this carer and the resident was very positive. It was a warm and natural exchange and the carer demonstrated kindness and compassion at all times. However, another person was asleep for long periods of time and although a care worker gently woke him up to assist him in eating his meal, he was not given much time to become more aware of his surroundings or offered a drink prior to starting his meal. We were confident that the registered manager would provide the staff member with additional guidance around this area of care.

People we spoke with told us that staff let them take their time when assisting them and didn't rush them. All the relatives we spoke with said the staff were kind and patient. We saw a care worker sitting down for quite a while talking with one person, listening to her and reassuring her, in a kind and caring manner.

Plans of care we saw included the importance of respecting people's privacy and dignity, particularly during

the provision of personal care. We saw people being helped to maintain their independence. Staff were kind and caring towards those they supported. Assistance was provided for those who needed it in a dignified manner and people were enabled to complete activities of daily living in their own time, without being rushed.

Some people were in their bedrooms and we saw staff members knocking on doors before entering, which helped to ensure people's dignity and privacy was respected.

Evidence was available to demonstrate that staff had achieved the 'Six steps to End of Life Care' programme, which helped them to support people and their families during the final days of life. We were told that an end of life care champion had been appointed from the staff team, which was considered to be good practice. The plans of care we saw incorporated the importance of respecting people's privacy and dignity and allowing them to make choices and decisions about the care they received.

The registered manager talked us through the traffic light system, which had been developed with the Clinical Commissioning Group (CCG) and which identified the level of support needed for each individual requiring end of life care, in accordance with assessed dependency status. This helped to achieve a person centred, individualised package of care at this difficult time of life.

Information was readily available in relation to accessing local advocacy services. An advocate is an independent person who will support someone to make best interest decisions and will speak on their behalf, should the individual wish them to do so.

We observed staff approaching people in a kind and caring manner, with a respectful attitude.

Requires Improvement

Is the service responsive?

Our findings

People felt able to express their views about their or their relatives care and the general running of the home. Family members we spoke with felt fully involved in their loved ones' care. People described the staff as being 'very approachable'.

One family member we spoke with described a recent incident, in which his relative's condition had deteriorated suddenly and rapidly. He said, "The hospital staff told me that the care home staff had acted very quickly and things would have been a lot worse had they not acted so fast."

People who lived at the home were very complimentary about the staff team and the care they received. Everyone we spoke with told us they would feel comfortable in making a complaint, should they need to do so.

Good information was provided for people who were interested in moving in to the home. The service users' guide and statement of purpose outlined the services and facilities available, as well as the aims and objectives of Arrowsmith Lodge. This enabled people to make an informed decision about accepting a place at the home.

We examined the care files of seven people who lived at the home on the day of our inspection.

We looked at the care records of one person who had come to live at the home the day before our inspection. We saw the registered manager had carried out a pre-admission assessment of this person's needs. This helped her to be sure that the home could provide the care and support required prior to offering them a place. It also enabled staff to start planning the person's care with them straight away. We were able to speak with a relative of this person. They were satisfied with the admission process and felt the service had taken the time to understand their loved one's needs and preferences about how they wanted their care to be provided.

We saw that a good amount of information had been obtained and the person's care plan contained some particularly good person centred details about promoting their independence and their individual methods of communication. The plans of care we saw had been reviewed regularly and had been agreed with the person receiving care or their relative, which showed that people were involved in planning their own care and support.

Risks to people's health, safety and wellbeing had been assessed and there was guidance in place for staff to help maintain their safety. All the care staff spoken with demonstrated a good understanding of people's needs.

Whilst we saw that there was a good level of detail in people's care plans we did observe some occasions where guidance was not followed. For example, we noted that one person's care plan stated that their legs should be elevated whilst sitting. However, we saw that this had not been actioned over a period of several

hours. We also viewed the care plan of another person, which stated they required the assistance of two carers when mobilising. However, we observed them being assisted by just one staff member on two separate occasions.

We found the registered person had not always ensured that the plans of care were being followed in day to day practice. This was in breach of regulation 9(1)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some good examples of information about people's preferred daily routines were seen in their care plans. This helped staff to understand what was important to them on a day to day basis and how to support them in line with their personal wishes. However, some information was somewhat vague and not as clear as it could have been. Whilst care plans we saw had been updated, information was often written in various areas of the plans and sometimes the writing was 'squashed' into small spaces, making it almost impossible to read. This at times included important changes. For example, one person had changed from a normal diet to a pureed diet due to swallowing difficulties. It was difficult to ascertain this from just looking at their care plan. The plan of care for one person stated, 'Use distraction techniques to assist with changing clothes', but what these techniques were for this individual were not described.

We discussed these points with the registered manager, who assured us that she would transfer the information on to a new recording system without delay, in order to make information clearer and more easy to find. She subsequently informed us that this had been done and a system had been implemented to identify individual distraction techniques used.

We viewed the plan of one person who had some complex behaviour, which could have caused risks to those around them. Whilst there was some information regarding this in their plan, the strategies and other information could have been expanded upon.

Detailed assessments were in place within a risk management framework. These covered areas, such as the risk of developing pressure wounds, the risk of malnutrition, moving and handling and falls. These had been updated regularly. This helped the staff team to monitor the level of risk for each person who lived at the home and to identify when it was necessary to seek external professional advice.

All care staff had access to the care records and they completed progress notes of daily events. We saw that the home had received positive feedback from families.

Records showed that a wide range of community professionals were involved in the care and treatment of those who lived at Arrowsmith Lodge, such as GPs, chiropodists, the falls team, community nurses, speech and language therapists and dieticians. Two community professionals were on site on the day of our inspection.

We observed staff on the day of our inspection treating people in a kind and caring way. They spoke with those who lived at the home in a respectful manner. Staff evidently knew people well and responded appropriately to meet individual preferences. However, we did see on one occasion a carer standing whilst assisting an individual to eat. This was dealt with at the time the situation was noted.

During our inspection we heard one person shout out, who appeared quite distressed. Staff attended to the individual's needs straight away, providing a reassuring and sensitive approach, which calmed the individual and demonstrated a positive outcome for this person.

We were told that an activity co-ordinator was employed to work each weekday afternoon. We saw some good information about people's preferred pastimes in their care plans and observed some individual activities being carried out. People we spoke with referred to a visiting singer and some craft sessions. The general feeling was that there were more individual activities provided, as this was the most appropriate type of activity for the people who lived at Arrowsmith Lodge. For example, we observed a member of staff looking at a magazine with one person who lived at the home. They were discussing an article about the Royal family. She was obviously very interested in chatting about Royalty and the particular feature in the journal. Whilst no one expressed any dissatisfaction with this aspect of the home, activities did not seem to be a big feature of the daily routines.

Everyone we spoke with said they would be able to raise a concern if they felt it was necessary and would not be uncomfortable in doing so. Everyone knew how to make a complaint, should the need arise. One relative said, "I just know it would never come to that. They do everything as we want it anyway, but if I wanted something doing differently all I would have to do is ask. I can't see me ever having to make a complaint."

The complaints policy was clearly displayed within the home, which identified the procedure to follow in order to make a complaint. This was also included in the statement of purpose provided to people when they first moved in to the home. A system was in place for recording complaints received by the home. This record identified the nature of the complaint, action taken and the outcome following an internal investigation, including the response provided to the complainant. Staff we spoke with were fully aware of what to do should someone wish to make a complaint.

Good

Is the service well-led?

Our findings

Everyone we spoke with provided us with positive comments about the management of Arrowsmith Lodge. They could not speak highly enough about all aspects of the service provided. One relative described staff and managers as 'brilliant'. Comments received included: "If it wasn't for these guys I wouldn't have her [relative] now"; "I am always welcome at any time"; "I know they [the staff] will ring me with the slightest little thing"; "They [the staff] are brilliant. So very helpful" and "These are the sort of people who will go out of their way for you."

Everyone we spoke with was aware of the management structure of the home and who they should speak to, if there were any concerns. People spoke highly of the registered manager and her deputy and expressed confidence in them. People described the management team as approachable.

The registered manager was overheard talking with a family of one person who had just been admitted. She was providing reassurance and ensuring they had all the information they wanted. She was heard to encourage them to raise any concerns or questions they had at any time. She also advised them she was always available and happy to deal with any queries.

The registered manager told us that she felt very well supported by the provider. She said, "Nothing is too much trouble. He is happy to pay for whatever we need."

On arrival at the home we were greeted in a most pleasant manner by the deputy manager of Arrowsmith Lodge. The registered manager was on duty, but was busy providing staff training at that time. She joined us shortly after our arrival and supported us throughout our inspection. The staff team were very co-operative during our visit and showed a willingness to assist us wherever possible.

Staff members we spoke with said they felt supported by the manager of the home and that they could easily approach her, should they have any concerns or anything they wanted to discuss.

At the time of our inspection the registered manager was on duty. She was well organised and very positive about providing a high standard of service for those who lived at Arrowsmith Lodge. On arrival at the home we asked for a variety of documents to be made accessible to us during our inspection. These were provided promptly. We found records we looked at, in general to be well maintained and organised in a structured way.

Records showed that meetings were held regularly for those who lived at the home and their relatives. This allowed people to talk about things they felt were important to them in an open forum and to make suggestions, as well as provide feedback about the services and facilities available. We noted that a new spring menu had been implemented, in accordance with suggestions made by those who lived at the home.

We saw minutes of staff meetings and management review meetings, which had set agendas, covering areas such as complaints, staff training, quality objectives, customer satisfaction and improvements needed.

We saw the registered manager of the home was constantly visible and available to chat with people throughout the day. She was seen to be very much 'hands on' and was familiar with everyone who lived at the home and their relatives. During our inspection we observed the registered manager sitting and chatting with people in a friendly and comforting manner, helping people with their meals, to ensure they received adequate nutrition and looking after one person's baby doll, whilst they ate their lunch. This visible presence also helped to ensure staff were performing well and that people were receiving the care and support they needed in an appropriate way. The provider was also on site during our inspection and we were told that he visited the home on a regular basis.

Staff we spoke with confirmed that meetings were held. This enabled different grades of staff to meet in order to discuss various topics of interest and enable any relevant information to be disseminated amongst the entire workforce.

Staff members told us that handovers were held, so that all relevant information could be passed over to the team. From conversations held with the staff and the registered manager it was clear they understood people's needs and knew all about them. The staff team were all very co-operative during the inspection. We found them to be passionate, enthusiastic and dedicated to their work.

The home had been accredited with an external quality award. This meant that a professional organisation visited the service periodically to conduct audits, in order to ensure the quality of service was maintained to an acceptable standard. The report we saw of the last audit was positive. The registered manager had notified the Care Quality Commission of any reportable events, such as deaths, safeguarding concerns or serious injuries. This demonstrated an open and transparent service.

A range of internal quality audits had been completed regularly, which covered areas, such as weights, safeguarding vulnerable adults, dignity in care, care planning, health and safety, medicines management, accidents and incidents and infection control. This showed that the management team were closely monitoring the standard of service provided for those who lived at Arrowsmith Lodge.

Records showed that reports were formulised by the provider following regular structured visits, in which he sought feedback from people who lived at Arrowsmith Lodge and their relatives. The provider also reported on the internal and external environments, safeguarding referrals and complaints received. A record was available to show that areas identified for improvement had been appropriately addressed.

Feedback about the quality of service provided was actively sought from those who lived at the home, their relatives, staff and stakeholders in the community in the form of annual surveys. The ones we saw provided consistently positive feedback.

The home worked in collaboration with three GP practices and some other care homes, as well as the falls team and the North West Ambulance Service (NWAS). This group of professionals met every four to six weeks to discuss ways of driving up standards. A good outcome of this group was that if a person fell at the home, the falls team would attend within thirty minutes to ascertain if there was an injury needing hospital treatment. This was good evidence to demonstrate partnership working in order to improve the level of service provided for those who lived at Arrowsmith Lodge.

A wide range of updated policies and procedures were in place at the home, which provided the staff team with current legislation and good practice guidelines. These were tailored specifically to Arrowsmith Lodge and included areas, such as the aims and objectives of the organisation, codes of conduct, privacy and dignity, health and safety, equal opportunities, infection control, whistle-blowing and safeguarding

vulnerable adults.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care We found the registered person had not always ensured that the plans of care were being followed in day to day practice.