

Derby City Council

# Arboretum House

## Inspection report

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### 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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Arboretum House is a residential care home and is registered to provide personal care for up to 38 people. At the time of the inspection, five people were receiving long-term care, and four people were receiving short-term care.

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

Not all people felt safe living at Arboretum House. Systems to reduce risks and protect people were not always effective. Opportunities to learn lessons when things went wrong were not always taken as incident forms were not always completed. Care plans did not always reflect the care people needed.

People were not supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Systems and processes to monitor and improve the quality and safety of services were not always effective as they had not identified the shortfalls we identified at this inspection.

Medicines were managed and administered safely. Staff took steps to help protect people from the risks associated with infections. There were enough staff employed to meet people's needs. Staff recruitment processes were in place to ensure any staff recruited would be checked to help ensure their suitability to work with people.

Assessments of people's health, care and well-being needs were in place. Staff had been trained, and were checked for their competence, in some but not all areas relevant to people's needs. People had choices of food and drink to help them achieve a balanced diet. Staff worked with other health and social care professionals to help people receive effective care. The premises included a variety of adaptations to help meet people's needs.

Staff were caring, and people and their visitors felt welcome. Staff encouraged people to maintain their independence and respected their privacy and dignity. Staff had been trained to help them understand and meet people's equality and diversity needs. People were involved in decisions about their care and treatment.

People received responsive and personalised care. People enjoyed different activities and staff had access to a range of resources to help people organise games and activities. People's communication needs were assessed, and guidance was provided to staff on how to meet any additional needs when identified. A complaints policy was in place and followed when complaints were received. End of life care planning was available should people wish to discuss this with staff.

The registered manager provided support and guidance to staff, who considered the registered manager to be approachable. The service took account of the views of people, relatives and staff. The service worked well with other professionals and took opportunities for continuous learning and improvement.

At this inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end of this full report.

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

Rating at last inspection

The last rating for this service was Good (published 6 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Arboretum House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team included two inspectors.

#### Service and service type

Arboretum House is a 'care home'. People in care homes receive accommodation and nursing or 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from Healthwatch, who are an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider completed a provider information return shortly before our inspection. This is information we require the provider to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with four people who used the service and two relatives about their experience of the care

provided. We spoke with six members of staff including the registered manager, a senior care staff member, two care staff members, the cook and a domestic cleaner.

We reviewed a range of records. This included three people's care records and various medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management and governance of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The registered manager sent us further information on recruitment records, policies and updates on actions taken to our findings on the day of the inspection.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- Actions had not been taken following an incident to reduce risks of recurrence. No incident form had been completed. This meant the incident had not been reviewed by senior staff or the registered manager, and actions to reduce risk had not been taken.
- Lessons were not always learnt from when things had gone wrong as not all incidents were reported.
- Care plans did not always reflect the care people received. This placed people at risk of receiving inconsistent care.

This is a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- We made the registered manager aware of the incident and they made a safeguarding referral and took action to reduce risks following our inspection.
- Actions were taken to help reduce other risks. For example, staff told us they reduced the risks associated with people falling from beds by ensuring beds were low to the floor and safety mats were in use. One person told us staff had pre-empted their need for assistance when walking and had arranged an assessment for a walking aid which they now used.
- Risks in the general environment were assessed and actions taken to reduce any risks identified. For example, people had plans in place to help guide staff as to what assistance they would need to evacuate the premises in an emergency.

Systems and processes to safeguard people from the risk of abuse;

- Not all people felt safe living at Arboretum House. One person told us they had been frightened by a recent interaction with another person using the service. Staff had been made aware however, no safeguarding referral had been made. We made the registered manager aware who, the day after our inspection, confirmed they had made a safeguarding referral.
- Staff had received training in safeguarding and understood how to identify different types of abuse.

Staffing and recruitment

- People told us there were enough staff available to provide them with safe care. One person told us, "Staff keep coming regularly to see if I am okay; there are staff passing all the while; there are a lot of staff around, I don't have to wait."

- The numbers of people using the service fluctuated each day as people arrived and left the short-term care service. For example, on the evening of our inspection, four new people were admitted. We saw an additional member of staff came to work at the service from one of the provider's other locations to help meet people's needs; however they had not previously worked at Arboretum House. The provider told us the additional staff member would be familiar with the service as they had previously worked at a similar service.
- We observed staff were available to spend time with people. At busy times, such as over meal times, enough staff were available to provide the assistance people required and create a pleasant and unrushed atmosphere.
- The provider had not recently recruited staff to work at Arboretum House, we therefore reviewed older recruitment records. These showed the provider had completed checks prior to the staff members being offered employment. These checks helped the provider make recruitment decisions on whether staff would be suitable to meet people's needs.

#### Using medicines safely

- Medicines were stored securely and managed safely. Arrangements were in place for the ordering and disposal of medicines. The service prompted people's independence with medicines and provided secure storage in people's rooms.
- Records showed people had been offered their medicines as prescribed and any refusals or variations had been recorded. One person told us, "Staff ask me what I need," when they provided medicines care.
- Staff had been trained and their competency to manage and administer medicines had been checked. Staff followed good practice guidance for the administration of medicines subject to additional controls.

#### Preventing and controlling infection

- We saw staff took step to help prevent and control infections. For example, we saw they used protective gloves and aprons for personal care and food hygiene. We saw stocks of gloves and aprons throughout the premises were available for staff to use.
- We checked communal bathrooms and toilet areas as well as some bedrooms. We found these to all be clean and items, such as bedding was clean and in good condition. We found two personal continence aids that should not have been stored in communal areas. We made staff aware and these were removed.
- Staff responsible for cleaning understood their roles and responsibilities. They told us they followed cleaning schedules to ensure the service was systematically cleaned.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found the principles of the MCA had not been followed.

- One person did not have capacity to consent to their care and their relatives had signed consent forms for aspects of their care. However, there was no documentary evidence to show the relatives had legal authority to act in this way. Later, the registered manager confirmed relatives did not hold any legal authorisations for the person's care and welfare decisions. There were no mental capacity assessments and best interest decision making records recorded for this person's care decisions. This meant there was a risk their legal rights had not been upheld in line with the principles of the MCA.
- There was a DoLS in place for this person. However, staff were unaware that it was in place and staff lacked knowledge on the procedures to follow when a person lacked capacity to consent to their care.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us shortly after our inspection that mental capacity assessment would be arranged and staff would receive updated training on the MCA and DoLS.

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

- Assessments were in place for people's health, care and well-being needs. These informed people's care plans and risk assessments. For example, assessments were in place for risk of falls and risk of developing pressure sores. However, some assessments were not always up to date.
- Whilst no-one told us they had any additional needs in relation to their faith or culture, prompts were included in assessment processes to ensure people had opportunities to discuss these needs if required.

#### Staff support: induction, training, skills and experience

- Staff were supported to work effectively. Staff told us they received regular training relevant to people's needs and we saw the provider had systems in place to keep this updated. Staff had their competence checked in some areas relevant to people's needs. However, no competence checks had been completed on staffs' knowledge of the MCA and DoLS; we found improvements were required in staffs' knowledge in these areas.
- Staff told us they had supervision meetings with their managers. Supervision provides staff members with the opportunity to reflect and learn from their practice, receive personal support and professional development.
- We saw records of team meetings where staff members had been able to discuss their work and the receive feedback from manager on any improvements required.

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

- We saw staff supported one person with a soft textured meal; staff told us they had needed their food prepared this way for a period of time. However, their care plan and risk assessment did not reflect this. We spoke with the registered manager who made a referral to the dietician and updated the person's care records.
- People told us they were satisfied with the food and drink choices offered. One person told us, "There is always something I like on the menu." Another person added, "Staff are always round with coffee and tea." We saw people enjoyed a sociable and unhurried mealtime experience and were able to choose from a variety of meal and drink options.

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

- People told us they received the care they required from other healthcare services when needed. For example, people told us they had received equipment to help them with their healthcare needs. Another person told us they could see their GP if they felt unwell.
- Records showed where other healthcare professionals had been involved in people's care. For example, when District Nurses were involved in a person's care. This helped to ensure people were supported with effective care and supported to access other healthcare services when needed. During our inspection we observed staff obtaining the advice of other healthcare professionals.
- The short term care service worked to promote effective outcomes for people and to enable them to live healthier lives.

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

- The premises had been adapted to ensure it was suitable for people's needs. For example, people had access to call-bells in their bedrooms should they require assistance from staff. Equipment such as toilet raiser seats were available to help people with their mobility.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were caring. One person told us staff had been welcoming when they arrived. Another person said, "Staff are very helpful." A relative told us, "Staff are like friends." We saw visitors were welcomed throughout the day to spend time with their family members.
- We observed staff were kind and caring in their interactions with people. For example, when a person was upset, staff provided gentle reassurance.
- Staff spoke respectfully about the people they cared for and had received equality and diversity training. Staffs' knowledge of equality and diversity needs had been checked by the registered manager. This helped to ensure people's equality and diversity needs would be respected.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. One person told us, "Staff have a caring way." Staff told us, and we observed they would knock on people's bedroom doors before entering. One staff member told us, "We treat it like it's their home."
- We saw staff supported people to be independent and reassured them to take as much time as they needed. Staff told us how they encouraged people to do what they could, for example, when washing and showering.
- The service promoted a positive culture around dignity and caring. Information on the values of dignity and respect were displayed and the service had previously received an award for promoting dignity in care.

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

- People and relatives told us they felt involved in their care. One relative told us staff called them, "Straight away," when their family member's care required a change. Records of meetings held with people showed they had been asked how they would like to celebrate seasonal events.
- Care plans reflected people's views about their care. Staff we spoke with gave examples of people's views and how they were involved in decisions. One staff member told us they always asked people how they could help them, they added, "We always ask people, we ask people what they would like to wear." These are examples of people and relatives supported to express their views and being involved in decisions about their care.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good.

This meant people's needs were met through good organisation and delivery.

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

- People received personalised care that was responsive to their needs. For example, staff told us one person only liked certain vegetables; the staff member had made sure the person had their preferred vegetables with their meal.
- People told us staff spoke with them about the care they needed. One person told us staff did this with their medicines. They told us staff would check how much medicine they needed to manage the pain associated with their health condition.
- We saw staff spent time talking with people throughout the day. One member of staff provided nail care for people. We spoke with one of the people afterwards and they told us they had enjoyed having their nails painted.
- People told us they enjoyed other activities, such as organised games. We saw there were a range of resources to support interactive games and quizzes for people to enjoy. Records of meetings held with people showed staff had taken action to purchase resources when people had expressed their ideas for interesting activities to try.

Meeting people's communication needs

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

- Assessments of care included people's communication needs. Records for one person who did not speak English as their first language, included phrases for staff to use to help them communicate. Staff told us how they involved the person's family in person and sometimes on the telephone to help with any communication needs. This showed the service was responsive to meeting people's communication needs.

Improving care quality in response to complaints or concern

- People told us they knew how to and felt confident to complain should they have need to. One complaint had been received since our last inspection. Records showed this had been investigated and the complainant responded to.
- Details of how to make a complaint and give feedback was on display. The provider had a policy and procedure in place to ensure any complaints were investigated and managed to set timescales.

#### End of life care and support

- People and their relatives had the opportunity to plan for their end of life care. Staff respected people's wishes if they did not want to discuss this.
- Where end of life care was anticipated, staff worked with the local district nurse team and the person's GP to ensure any anticipatory medicines were available should they be required.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to 'Requires Improvement'.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality care.

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

- Systems and processes to check on the quality and safety of care had not identified the shortfalls with incident reporting, people's care records and their rights under the MCA that we identified elsewhere in this report. Other checks on the quality and safety of care provided were in place. These covered such areas as medicines care, health and safety, catering and building maintenance checks.
- The latest CQC rating was on display. This is so that people and those seeking information about the service can be informed of our judgments. This was also available on the provider's website.
- The registered manager had information folders available for staff to refer to that contained good practice guidance on a range of healthcare related needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager took opportunities to improve the service. For example, when investigating a complaint, actions were taken to improve record keeping. Investigations had also been conducted in an open and transparent manner and this was in line with the duty of candour.
- The registered manager promoted an open management style and demonstrated a commitment to provide a person-centred care service.
- Staff told us they found the registered manager was approachable. They told us they were confident they would take action on any issues raised should that be required.

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

- Regular surveys of people's views about the quality and safety of their care had been arranged and people's responses analysed. In the most recent survey, people had been asked about the catering service; we saw people had given positive feedback on their experience.
- Meetings with people and their relatives showed they had opportunities to discuss issues important to them on a regular basis. We saw people had contributed their views to a variety of issues, including proposed changes to the service, catering, activities and celebrations. These discussions helped to ensure people were engaged and involved in the service.

- Staff told us there were staff meetings and records confirmed this. We saw these meetings provided an opportunity to remind staff about training and any improvements that were required.
- Assessment processes covered any equality characteristics were discussed with people. For example, we saw assessments included relevant cultural and religious information.

Working in partnership with others; Continuous learning and improving care

- A visiting health professional told us the service worked in partnership with other organisations to help assist people to achieve positive care outcomes. People's care records showed the involvement of a range of health and social care professionals to help people achieve good health outcomes.
- Staff told us and records of team meetings showed these were an opportunity to reflect on learning and share good practice. The registered manager identified when improvements were required and took action to implement changes. These were examples of continuous learning and improving care.

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 11 HSCA RA Regulations 2014 Need for consent  Consent for care and treatment had not been sought inline with the principles of the MCA.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  12(a)(b) Not all risks to the health and safety of service users had been assessed and not all reasonably practicable actions had been taken to reduce risks to service users.