Indigo Care Services Limited

Archers Court

Inspection report

Archer Road
Sunderland
Tyne And Wear
SR3 3DJ

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07 March 2017
10 March 2017

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15 May 2017

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 7 and 10 March 2017 and was unannounced. This meant staff and the registered provider did not know that we would be visiting.

This was the first inspection of the home since the current provider was registered to run the service April 2016. The provider Indigo Care Services is part of the Orchard group of homes.

Archers Court provides nursing and residential care for up to 40 older people, some of whom are living with dementia. At the time of our inspection there were 25 people using the service, six of whom received nursing care.

The home had a registered manager. 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 told us they received good care from kind and considerate care workers. They also told us they felt safe living at the home.

There were enough care workers on duty to meet people's needs in a timely manner.

Care workers showed a good understanding of safeguarding and the provider's whistle blowing procedure. They told us they did not have concerns about people's safety. The safeguarding log confirmed appropriate referrals had been made to the local authority safeguarding team. Safeguarding concerns had been fully investigated.

The provider had not always ensured two references were received before care workers started their employment. We have made a recommendation about this. Other recruitment checks were carried out in line with the provider's recruitment process. This included checks on the registration status of qualified nursing staff.

Medicines were managed correctly. We found accurate records were kept which accounted for the medicines people had received. Only trained staff, whose competency had been checked, administered people's medicines.

Accidents and incidents were recorded and investigated.

Regular health and safety checks were carried out. These were up to date when we visited the home. The provider had developed procedures so that people would receive appropriate care support in an emergency.

Care workers told us they felt supported working at the home and received appropriate training. Records confirmed essential training, supervision and appraisals were up to date.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Most people told us the meals provided at the home were good. Where people had special dietary requirements meals were adapted to meet these needs. We saw people were supported as required to ensure they had enough to eat and drink.

Records showed people received input from a range of health care professionals when needed.

People's needs had been assessed and personalised care plans developed. Care plans had been evaluated regularly and updated when people's needs had changed. Care records contained details of important information about each person and details of their preferences.

The availability of activities was limited when we inspected. This was because the provider was waiting for a new activity coordinator commencing their employment. In the meantime care workers provided some activities.

There were opportunities for people to share their views and suggestions either by attending residents' meetings or completing questionnaires. .

People and relatives did not have any concerns about the care provided and knew how to complain. One complaint made in the past 12 months had been investigated and resolved in line with the provider's complaints policy. People had been provided with information about the provider's complaint policy.

People, relatives and care workers described the registered manager as approachable and a good manager. They also told us the home had a positive and welcoming atmosphere.

The provider's dedicated compliance team carried out monthly checks to help ensure people received good care. The registered manager supplemented these checks with additional internal audits of the service. Areas for improvement were added to the provider's action plan for the home which was regularly monitored to ensure actions had been completed.

The provider had recently worked in collaboration with the Care Alliance improve people's experience when they required admission to hospital.

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

The service was safe.

People said they felt safe living at the home. They also told us there were sufficient care workers to meet their needs.

Care workers knew how to report safeguarding and whistle blowing concerns. Previous safeguarding referrals had been made appropriately.

Improvements were required to ensure employment references were received in line with the provider's recruitment policy.

Medicines were managed appropriately.

Health and safety checks were carried out regularly and procedures had been developed to deal with emergency situations.

Is the service effective?

Good

The service was effective.

Care workers received the training and support they needed.

The provider followed the requirements of the Mental Capacity Act 2005 (MCA).

People were supported to meet their nutritional and health care needs.

Is the service caring?

Good

The service was caring.

People told us they were well care for. They also said care workers were kind and considerate.

People were treated with dignity and respect.

Care workers supported people to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed.

Detailed and personalised care plans had been written. Care plans were reviewed to help ensure they reflected people' current needs.

The availability of activities was limited until the newly appointed activity coordinator started their employment.

Residents' meetings were held and questionnaires issued so that people could share their views.

People were provided with information about the complaints procedure and confirmed they knew how to complain.

Is the service well-led?

Good

The service was well led.

People, relatives and care workers said the home was well managed and the registered manager was approachable.

A range of internal and external audits was carried out to check on the quality of care provided.

An action plan had been developed and progress was regularly monitored.

The provider had recently worked collaboratively to improve their hospital admission procedure.

Archers Court

Detailed findings

Background to this inspection

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

This inspection took place on 7 and 10 March 2017 and was unannounced.

The inspection team consisted of one adult social care inspector, an inspection manager and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the home. This included the notifications we had received from the provider. Notifications are reports about changes to the service, events or incidents the provider is legally required to let us know about. We also contacted the local authority commissioners of the service, the clinical commissioning group (CCG) and the local Health Watch.

The provider completed a provider information return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they planned to make.

People living at the home were able to communicate their views to us. We spoke with eight people who used the service and four relatives. We also spoke with the registered manager, the head of regional operations, the deputy manager, a nurse, a senior care worker, two care workers and two night shift agency care workers. We looked at a range of records which included the care records for four people, medicines records, recruitment records for three care workers and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

We checked staff files for three care workers recruited in the past nine months. This included two care assistants and a general nurse. We found there were recruitment processes in place to promote safer recruitment. The checks included those to ensure new care workers were not barred from working with vulnerable adults (known as disclosure and barring checks). It also included identity checks and checks to ensure people had a right to work within the UK. References were requested from two referees including one from current or last employers. We found in two instances this requirement was not fully met. In one instance only one reference was obtained and in another instance one of the two references obtained was provided by their prospective employer (referring to a time they had worked together previously).

We also found an application form had not been retained for one care worker. This meant we were unable to identify what training or qualifications they stated they held, or verify their training and qualifications had been checked as part of the recruitment process.

From the date of employment all care workers were required to complete an induction programme which includes a 'Care Certificate Workbook' within the first 12 weeks of employment. We found one care worker had completed this, another was on-going. For the third care worker we could find no evidence this had been completed.

We recommend that the provider seeks advice on ensuring their recruitment processes are robust and consistent.

The home employed four registered nurses, including the registered manager. All held valid registrations with the Nursing and Midwifery Council and had no restrictions on their practice at the time of this inspection.

There were no agency staff employed at the time of this inspection. We spoke with the registered manager about the recruitment process for agency staff. They told us agencies were required to submit staff profiles for consideration. These profiles included details of any professional registrations held, training undertaken and competencies for each agency staff. They went on to tell us agency staff were then included within an induction programme.

People and relatives we spoke with told us the home was safe. One person said, "Oh yes, very safe. I just ring the bell and they are there." One relative commented, "Safe, yes otherwise [my family member] wouldn't be here. I worked at (name of health service) so I know what is a good home and what is a bad one and this one is good."

People and relatives confirmed there were sufficient care workers. One person told us, "Definitely (enough care workers), they come straight away." Another person said, "What I like about the staff is that if I want something and you can see that they are busy, they will say I'll be back straight away and they do come back straight away." One relative said, "They always come when [my family member] presses the buzzer. Even

when we visit during the night, they come straight away." Another relative commented, "They are very busy, but nothing is too much trouble." During our visits to the home we observed care workers including nurses were available to offer help.

We saw the registered manager completed and retained a log of all incidents requiring referral to the local safeguarding authority. We saw in the past 12 months there had been 12 referrals made. These referrals were made to allow an investigation of safeguarding incidents to be carried out. We saw where it was appropriate, the registered manager of the home took immediate action to protect people from the risk of harm. We also saw the registered manager took appropriate action in response to these referrals, in line with the provider's policies and procedures. This included role specific supervisions and appraisals of staff, involvements of other stakeholders and revisiting training needs. Care workers showed a good understanding of safeguarding including how to report concerns.

Care workers were aware of the provider's whistle blowing procedure. They told us they had not needed to use the procedure but would not hesitate to do so if required. One care worker said, "I would definitely use it [whistle blowing procedure]. The manager would sort it. If there are any problems you can always go to [registered manager], she is approachable." Another care worker told us, "I would definitely raise concerns. They would be dealt with properly in the way they should be, thorough and spot on."

The provider carried out a range of assessments to help protect people from potential risks. These included the risk of poor nutrition, skin damage and falling. Where a person was assessed as being at risk, further assessments were carried out and a care plan developed. Care plans described the measures in place to help keep people safe.

Medicines were managed safely and appropriately. We found medicines administration records (MARs) were completed accurately and accounted for the medicines people had received from care workers. Where medicines had not been administered, a non-administration code had been added and the reason noted on the back of the MARs. Other records confirmed medicines were stored and disposed of effectively. Nurses and senior care workers administering medicines had their competency assessed. This included assessing care practice in relation to hygiene, accurate recording in care records and whether the care worker was following the agreed procedures.

Accidents and incidents were recorded as they occurred and this information was included within an 'accident record log'. This log was then analysed at the end of month. We saw that, throughout 2016 and to date this analysis had taken place as part of the quality audits completed within the home. We advised the provider the analysis should be more in-depth as it was limited to basic information, such as the number of falls that had occurred in the home.

The provider completed health and safety checks to help keep the premises and equipment safe to use. This included checks of fire safety, specialist equipment, the electrical installation, gas safety, water safety and portable appliance testing. Records confirmed all checks were up to date at the time of our inspection. Procedures had been developed to help keep people safe in an emergency situation and to ensure they continued to receive the care they needed. For example, the provider had an up to date continuity plan. Each person had a personal emergency evacuation plan (PEEP). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

Good

Is the service effective?

Our findings

Care workers told us they felt supported working at the home. One care worker commented, "I feel alright. Every month to two months we have supervision and personal development (appraisal)." Another care worker said, "I am supported. If I have any problems I just go and ask [registered manager] or [regional manager]." A third care worker said they received "good support".

People said they felt care workers were well trained. One person commented, "Sometimes they can see that I'm uncomfortable and they know how to put things right." Another person told us, "When they transfer me from a bed to a wheelchair, they make it look easy."

Care workers told us they received the training they needed to carry out their role. One care worker said, "We have the right training. I have done all sorts of different training including end of life." The registered manager showed us records which confirmed essential training, supervision and appraisals were up to date for all care workers. Essential training included fire safety, food safety, infection control and moving and assisting.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS applications had been submitted for all relevant people. The provider was currently awaiting the outcome for a significant number of these DoLS applications. This was due to a local delay in processing these applications which was outside the provider's control.

Where people had been assessed as lacking capacity decision making care plans had been written which described how to best support them with making their own decisions and choices where possible. Care records showed MCA assessments and best interest decisions had been carried out where a person did not have the capacity to make a particular decision. For example, for one person who required a sensor alarm to keep them safe a best interest meeting had been held with all relevant parties and the outcome recorded in the person's care records.

Care workers knew how to support people to make as many decisions and choices as possible. They went on to tell us people living at the home had various levels of capacity. They said most people were able to

make daily living decisions and choices. One care worker commented, "People will tell you what they like and don't like." Another care worker told us about how they supported people to choose the clothes they wanted to wear. They said, "We get things (clothing) out for people, we get them to pick them out."

Most people gave positive feedback about the meals provided at the home. One person told us, "If you don't like something, you can have whatever you want. I like all of the meals but fish and chips is my favourite." Another person said, "The food is exceptional." People requiring specialist diets or altered textures were well catered for. One relative commented, "My [family member] is on soft foods and everything is the way it should be which is a good thing." Another relative said, "They are also always popping in offering drinks and a sandwich, if you are peckish." One person with specific dietary needs had separate desserts prepared especially for them. The cook had completed specific training in preparing meals for people with special dietary requirements. For example, special cakes and biscuits were prepared suitable for people experiencing swallowing difficulties.

We observed lunch on the ground floor to help us understand people's dining experience. Ten people were present in the dining room with four care workers available to offer assistance. Most people were independent with eating and drinking apart from one person who required support from care workers. This person was supported in line with their needs. Background music was played to create a relaxing ambience. Care workers regularly offered people a choice of hot and cold drinks. We observed positive interaction between people and care workers. Where people required support this was provided straightaway. For example, one person was being helped to eat their sandwiches as they had forgotten they had been put in front of them.

The provider had changed the system for meals provision in the home. People were able to have a full English breakfast with lunch now a lighter lunch and a main meal at tea-time. The provider told us this had been a positive move as there was now less waste and improvements had been seen in people's sleeping patterns. In particular, people were more settled during the night. One person commented, "Breakfast is so good we aren't hungry at dinner time."

We observed a care worker quickly and discreetly intervened when one person became upset whilst eating their lunch. They offered appropriate reassurance and then helped the person to leave the dining room at the person's request to receive further help.

Care records confirmed people had regular input from a range of health care professionals in line with their needs. This included GPs, community nurses and speech and language therapists. Relatives confirmed care workers called for medical assistance when needed. One relative said, "When [my family member] slipped on the floor, [care worker] sat on the floor with them for two hours whilst they waited for an ambulance." Another relative told us, "[Family member] saw a doctor yesterday. It is every two weeks unless [family member] needs to see them sooner."

Good

Is the service caring?

Our findings

People told us they received good care from kind and considerate care workers. One person said, "I'm well looked after." Another person commented, "They are lovely. I've never heard the word darling as much since I came here." A third person told us, "Staff are caring. I can't do anything for myself so the staff, who are lovely, do everything for me." A fourth person commented, "Whatever you need, they do straight away. I like all of them and they always make time to chat even though they are very busy."

Relatives also confirmed the care provided was good. One relative told us, "[Care worker name] is the keyworker and is brilliant." Another relative said their family member received "very good care". A third relative commented, "Staff are very caring [family member's] quality of life has improved so much. You couldn't ask for much more than they are getting now. We are very happy. You would think it was their mother and can't get anything nicer than that."

People were treated with dignity and respect. One person told us, "They treat me with dignity when they are helping me (with personal care) and they try and make me as independent as much as they can." Another person said, "We are all smart and clean as you can see." We observed care workers always spoke with people reassuringly in a friendly and professional manner.

Care workers understood the importance of promoting dignity and respect. They gave examples of how they adapted their practice to achieve this. For example, ensuring people were kept covered up as much as possible when providing personal care and ensuring doors were closed. One care worker commented people were treated equally. They said, "We cannot treat anyone any better than the others."

Relatives commented about care workers being particularly attentive to their family member's needs and preferences. One relative said, "They are helping [family member] to mix socially and they popped in to sort the remote and fixed the light. They are very accommodating." Another relative commented, "[Family member] is a catholic and a priest comes in once or twice a month for them." A newly admitted person told us they only drank a particular brand of tea. Care workers went out of their way to ensure this was available to the person.

Care workers knew about people's care and support needs and preferences. One person told us about some health difficulties they had. They commented, "They take care of all that. It's another worry I don't have to worry about." We observed although care workers knew people's preferences they still checked with the person first before providing help. For example, when offering people drinks at breakfast time. We heard a care worker say to a person that they knew they preferred tea but would they like any juice. The person replied they wanted tea. We heard them comment the tea was "nice and hot." During the daily handover we heard the senior care worker discuss a new admission to the home. They described in detail the person's preferences which included their preferred name, particular requirements with regard to the TV and that they preferred a specific cup to drink from. They also discussed additional support for the person's relatives who were nervous about leaving their family member at the home. One relative also commented, "They take a great interest in our family."

People were supported to be as independent as possible. When we arrived at the home some people were already up and dressed. They told us they were able to do this independently and had chosen themselves to get up. Care workers told us where people were able to do things for themselves they encouraged them. For example, to brush their own hair or teeth and to have a shave. One care worker said, "We explain what we are doing. We say would you like to wash your own face?"

The head of regional operations told us about plans to have the home work towards accreditation with the Gold Standards Framework in end of life care. They had recently applied for funding to enable the start of this accreditation and had hoped to include a number of the registered services in this process and learning.

Good

Is the service responsive?

Our findings

Staff had access to detailed information about each person, which they used to help them better understand people's needs. Each person had a 'care profile' which provided a summary of information about detailed the person. For example, one person's records referred to important people in their life, health professionals involved in their care and a medical history. In addition people had a 'life history' which contained information about their early life, carer, family, interests and hobbies. For instance, one person particularly liked knitting, reading, reminiscing and visits from relatives. Where people had particular preferences, these were recorded in their care needs summary as a quick reminder for care workers. For example, people had certain likes and dislikes in relation to diet, personal care and daily routines.

People's needs had been assessed to help identify the specific care and support they needed. Where needs had been identified a personalised care plan had been written. Care plans we viewed included details of the individual support people needed from care workers. Care plans had been evaluated each month to help ensure they reflected people's current needs. We also found care plans were regularly updated following changes in people's circumstances. For example, one person's care plans had been updated after receiving treatment following a fall. In some cases short term care plans were implemented when a change in a person's needs was assessed as being a temporary situation. We saw these had been used for one person who required antibiotics for a chest infection and for another person who was suffering from a delirium.

We asked people whether they were involved in care planning or reviews. Most said had the opportunity but did not want to be involved. Relatives confirmed they received an update about their family member when they visited the home. One relative told us, "I'm updated regularly about the care of my mum." Another relative said, "I can ask anything and they'll just show me her file. They tell me regularly how she is getting on."

Relatives told us the provider was responsive to suggestions or issues they had. One relative told us about how they were unhappy with their family member's carpet not being clean. The carpet had been cleaned twice previously but was not up to their standards. The registered manager explained that a new carpet had been ordered and would be fitted by the end of the month.

We received mixed feedback from people about opportunities to take part in activities. One person told us, "I like talking and singing, I'd like to do more exercise. I like skittles but I'd really like to go out more." Another person commented, "We could do with more bingo and games rather than just watching TV and listening to records." We discussed these comments with the registered manager. They confirmed the previous activity co-ordinator had left their employment. Although a new activity co-ordinator had been employed they had not started working at the home as recruitment checks were still being finalised. The provider also told us a mini-bus would soon be available to take people on outings.

There were opportunities for people to attend meetings to share their views and suggestions. One person said, "I know about the meetings but don't go as I don't have anything to complain about." Relatives told us they were kept informed about changes in their family member's needs. One relative commented, "They

keep you informed with what is happening."

People and relatives told us they did not have any concerns about their care and knew how to complain if required. One person said, "I've got no complaints." Another person commented, "If I had any problems I would go to the manager." One relative commented they had made a complaint but this was dealt with appropriately. They told us, "We have only had one complaint. I saw the manager …now everything is fine."

The home had a policy setting out how people could make a complaint, how any complaints would be investigated and setting out the timescales attached to investigations. The registered manager told us that all complaints were recorded on a 'complaints log'. We requested and reviewed this log and found one complaint had been made in the past 12 months. We saw this was addressed as a verbal complaint and was handled in line with the provider's policies.

People who used the service were all provided with a 'welcome pack' when they moved in. This pack also included information relating to complaints and details of the relevant persons to speak with if they wanted to raise any complaints. This information was also on display within the main hallway.

At the time of this inspection people were able to communicate their views and the information around complaints was available in the most appropriate format to their needs. The registered manager told us that information would be made available in various formats as and when it would be required. They also went on to describe how the home operated an 'open door' and that people were encouraged to, and did, speak with the management team about any issues they had in a comfortable and informal environment.

Good

Is the service well-led?

Our findings

People and relatives we spoke with knew the registered manager by name and all felt they could approach them if there was a problem. One relative said, "It's well managed." Another relative told us, "The manager is very approachable… she is like a bee, busy, busy, busy." A third relative commented, "[Registered manager] is brilliant. She is very, very caring. I love her to bits." Care workers confirmed the registered manager was approachable. One care worker said, "[Registered manager] is a good manager, very approachable."

People and relatives described the home as welcoming. One person commented, "I have friends that visit and they are made to feel really welcome." One relative told us, "The atmosphere here is lovely." Another relative said, "They always know my name and welcome me when I come in." Another relative said the home was, "First class, they always ask if you want a cup of tea or something to eat."

Care workers said the provider had made improvements since they took over in May 2016. One care worker said, "Since Orchard took over they have totally revamped this place. When I show people around I am proud."

The head of regional operations told us that the provider had a dedicated compliance team who were responsible for carrying out monthly checks within each of their registered services. The information from these checks is shared with the registered manager. Alongside the checks completed by the provider's compliance team the registered manager oversaw completion of a number of internal audits of the service. This included areas such as medication, infection monitoring, accidents, mattresses, weights, falls and care planning. We saw that within the past 12 months these checks had been completed on a regular basis to help promote safe and effective care.

The information and improvements identified by the audit process was shared with the registered manager who was responsible for compiling an action plan to address areas identified for improvement and set achievable timescales for completion. The action plans were then subject to regular monitoring and could only be signed off by the head of regional operations once they were satisfied that all appropriate actions had been completed.

We found that the home had worked in collaboration with the Care Alliance to develop ways to ensure a better continuity of care when people required admission to hospital. This has included development of care passports. These contained all information relevant to individuals care needs, wishes and preferences. The registered manager explained that the aim of the passports was to improve the care experience of people when they received care from different agencies.

At the time of the inspection the registered manager told us they were developing a champion programme. This will include champions in haring loss, diabetes, end of life care as well as other areas. The training requirements for this programme were included within the action plan for improvements and we could see that regular updates where applied in sourcing and securing appropriate training. The home did have champions in place for nutrition, dementia and infection control. They told us the aim of the programme

was to ensure accountability across the staff group and to further compound the team approach to care delivery that the home has.

Satisfaction questionnaires had been completed for a small number of people in September 2016. This included, where appropriate, the admission process and for others their experiences of the home. We saw that a common trend as part of this feedback was people were unaware of the care planning process and identified that they did not know who their key workers were. The audit process did not specify how this had been addressed. However, people we spoke with knew about their care plans and their right to be involved if they wanted.