

## Archers Point Residential Home

Archers Point Residential  
Home

## 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?

Requires Improvement



Is the service well-led?

Requires Improvement



## Overall summary

This inspection took place on 17, 18 and 23 March 2015 and was unannounced. At the last inspection on 16 September 2014 we had found breaches of legal requirements in respect of people's consent to care, their care and welfare and systems to monitor the quality of the service. The provider had sent an action plan to tell us how they would address the issues found. We carried out this inspection to check the action plan had been completed and to provide a rating for the service.

Archers Point is a residential care home that is registered to provide accommodation and care for up to 33 older people some of whom may have dementia. On the day of the inspection there were 23 people using the service.

There was an established registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

Following the CQC (Care Quality Commission) inspection in June 2014 and safeguarding concerns, there had been a local authority suspension of placements in place and an action plan worked on by the service. The local authority lifted the suspension of placements in January 2015 following improvements noted at recent visits.

At this inspection the breaches identified at the last inspection had been addressed. Improvements had been made to the planning and delivery of care to meet people's needs. Arrangements to record people's consent or where people lacked capacity to make decisions to follow the Mental Capacity Act (MCA) Code of Practice were in place. There had been improvements to the way the provider monitored the quality of the service.

However we identified some breaches in the storing, administration and disposal of medicines and with record keeping and storage. Medicines were not always kept securely or disposed of promptly and the records for prescribed creams were not consistently kept. Competency checks on staff administering medicines were not carried out and a staff member described an unsafe method of administering medicines. You can see the action we have asked the provider to take at the back of the full version of this report.

People told us they felt safe and well cared for. Risks to people were identified and monitored and steps taken to

reduce risk. However guidance to staff was not always clearly recorded in people's records. Some checks on equipment were not recorded and there was a risk they may not be completed.

Staff recruitment processes were robust and there were adequate numbers of staff employed although we identified an absence of care staff present in the communal areas for parts of the inspection. There were processes to minimise the risk of infection although we identified areas for improvement.

Staff had appropriate training and support to carry out their role. They were aware of their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. These are laws and guidance to protect people who do not have capacity to make some decisions. We received positive feedback from health professionals working with the service about improvements that had taken place in the care provided at the home. People and relatives spoke warmly about the staff and we observed them to be kind and caring. People had plans for their care and support that met their needs. However, records of people's personal care were not accurately completed or securely stored. People were aware of how to complain if they needed to.

People's views about the service were sought and acted upon. However, some improvements were identified for the managing of the service. Records were not securely kept. The provider did not have adequate training for the role he carried out in daily contact with people at the service. Staff felt there had been improvements in the quality of care but gave mixed feedback about how the service was run.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe. Records about risks to some people were not always clearly recorded. Some equipment checks were not recorded to evidence they had been completed. Medicines were not stored or disposed of safely and staff competency checks were not carried out.

People told us they felt safe and staff understood how to recognise signs of abuse and how to raise concerns. There were arrangements to deal with emergencies.

Appropriate recruitment policies were in place. We observed, that at times, there was not always a staff presence in or near the communal areas to respond to people's needs should they arise.

Improvements were required to minimise the risk of infection.

**Requires Improvement**



### Is the service effective?

The service was not consistently effective. People were supported to have enough to eat and drink and those at risk of malnutrition were monitored and provided with fortified diets if needed. However the mealtime experience required improvement.

Procedures were in place to act in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

Staff received adequate training and supervision to ensure they had the skills and support to carry out their roles effectively.

People's healthcare needs were monitored, and people were referred to a range of suitable healthcare professionals as required.

**Requires Improvement**



### Is the service caring?

The service was caring. People spoke warmly of the staff and told us they were supportive and caring. Staff knew people's needs well and supported people at their own pace.

Relatives told us they were consulted about making decisions about people's care and support needs. Staff were kind, caring and respected people's privacy and dignity.

**Good**



### Is the service responsive?

The service was not always consistently responsive. Records for people's personal care were not accurately completed. There was a risk people might not receive their personal care. People told us the support they received met their needs. They had an assessed plan of care which was reviewed frequently.

**Requires Improvement**



# Summary of findings

People were supported to take part in activities if they chose to and relatives told us they were warmly welcomed.

People using the service or their relatives felt able to raise concerns or complaints should they have any.

## Is the service well-led?

The service was not consistently well- led. Records relating to the management of the service were not securely kept.

There had been improvements in quality monitoring but these had not picked up on some of the issues we identified at the inspection. The provider had no up to date training relevant for his role with people's day to day care.

We had some mixed feedback from staff about how the service was managed.

**Requires Improvement**



# Archers Point Residential 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 inspection took place on 17,18 and 23 March 2015 and was unannounced. The inspection team consisted of two inspectors, a pharmacy inspector, a specialist advisor 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 service.

Before the inspection we looked at the information we held about the service including information from any notifications they had sent us. We also asked the local authority commissioning and safeguarding teams for their views of the service and spoke with a health professional familiar with the service.

We spoke with 15 people who use the service and one visitor. Five relatives were spoken to by phone during the inspection. We also talked with six care assistants and three senior care assistants, domestic and catering staff, the head of care, the provider and the registered manager of the home. Not everyone at the service was able to communicate their views to us so we also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with a visiting district nurse and representative from the local authority. Following the inspection we spoke with two health professionals familiar with the service.

We looked around the building. We looked at nine records of people who used the service and five staff recruitment and training records. We also looked at records related to the management of the service such as policies, staff rotas and checks on premises and equipment at the service.

# Is the service safe?

## Our findings

People told us they felt safe and well cared for by staff. One person said “I do feel safe here.” Another person told us “Oh yes, it’s all safe.” Relatives told us they felt their family members were safe. One relative said “Yes, without a doubt it’s all safe. No worries at all.” Another person told us they had “No concerns at all about (their family member’s) safety.” However we found people’s identified risks were not always recorded clearly or accurately completed.

There was not always clear recorded guidance for staff around identified and assessed risks to people receiving respite care. Not all staff were aware of some individual risks in relation to people on respite care or what action they should take if needed as there was no recorded guidance for staff or documented plan to follow. There was therefore a risk of people suffering possible harm. We spoke with the manager about this and they agreed to address these issues immediately. People were at risk because accurate records related to risks were not maintained. This was in breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010; which corresponds to Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were procedures to protect people from abuse. Staff were aware of the safeguarding policies and procedures and knew what action to take to protect people should they have any concerns. They described how they would recognise the signs of potential abuse, the various types of abuse they might encounter and they knew how they could escalate any concerns they might have. A recent safeguarding concern was being investigated by the local authority. We saw that the manager was cooperating with this investigation.

There had been five safeguarding investigations in the previous 12 months following alerts about neglect. Three of these had been substantiated and two others were still being investigated. The head of care and manager told us they had identified learning from these concerns and new systems had been put in place to ensure good communication between themselves and health professionals. Procedures to summon medical help in an emergency had been revised. Pressure area care and the importance of accurate records had also been discussed at a staff meeting in November 2014.

We found, other than the example above, risks to people such as risk of pressure ulcers, and falls had been identified and were monitored and reviewed regularly. There was an associated plan of care for each risk and these records were up to date. Staff had guidance on possible warning signs for risk. For example, when working with someone with diabetes, staff were advised to look for signs of low sugar such as sweating and dizziness. Where a risk of falls had been identified, people had been referred to a physiotherapist if relevant and the falls clinic.

Checks were carried out to help maintain a safe environment that met people’s needs and kept them safe. An external fire risk assessment had been carried out on 25 February 2015. The recommendations from this had been carried out by the provider. Fire equipment was serviced and checked regularly. Regular service checks were carried out on equipment at the home such as the lift, hoist, gas and electrical equipment. There had been some improvements to the fabric of the building and several of the bedrooms had been redecorated. There was a plan to complete this redecoration.

However some areas required improvement. Staff told us they checked call bells were working and that pressure mattress were checked daily to ensure they were at the correct setting but no records of these checks were kept to evidence they had been completed. There was a risk that these checks may not be carried out and faults in equipment go unnoticed. This was in breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010; which corresponds to Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they received their medicines on time and as prescribed. Medicines administration records confirmed this. People’s preferences for how they wished to take their medicines were recorded and their care reflected this. All prescribed medicines for oral use were available, stored securely and medicines records for these oral medicines were clear and up to date, including a record of people’s allergies.

However, medicines were not always kept securely. We found in some rooms there were medicines cabinets where prescribed creams were kept. Some of these cabinets were locked but the key was in the lock and in one case the cabinet was open and there was no key. There was a risk of the creams being removed or used by another person for

## Is the service safe?

whom they were not prescribed. In addition several of the creams found had expired dates on the labels meaning they may be unsafe to use. This included an inhaler for asthma which had expired in April 2013, two creams which had expired in May 2013 and creams with no dispensing labels so we could not check when these creams had been dispensed, or whom they had been prescribed and dispensed for. These expired medicines were removed from people's rooms during our inspection.

There was a cupboard staff said was used by the district nurses. This also contained prescribed creams, injections and dressings however the injections had expired in February 2015 and the contents of the cupboard were not stored securely. There were no entries on people's Medicines Administration Records (MAR) for the administration of creams or for a nebuliser as advised under National Institute for Health and Care Excellence (NICE), "Managing medicines in care homes" March 2014. There was a risk therefore they may not be used as prescribed.

Although staff were trained in administering medicines, competency assessments were not carried out by the provider to ensure staff were competent in the administration of medicines in line with NICE guidance. A member of care staff told us that before each medicines round, the medicines for people were pre-dispensed into separate plastic pots and were then administered to people from these plastic pots instead of directly from the dispensed containers. This could have increased the risk of medicines being mixed up and meant that people were placed at risk of receiving medicines incorrectly. The manager confirmed that this unsafe process was stopped on the day of our inspection and all staff had been reminded to follow the home's medicines policy. The provider told us they would address the concerns about the storage of medicines immediately.

These issues were in breach of Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010. This corresponds with Regulation 12 (1)(2)(g) Regulated Activities) Regulations 2014

There were adequate arrangements to deal with emergencies; there was a business contingency plan that provided staff with guidance on emergencies. Day staff were clear about the procedures to be followed in a fire or

medical emergency and we saw regular fire drills were carried out and medical emergencies discussed at staff meetings. People had up to date emergency evacuation plans readily available to guide staff or emergency services.

There were appropriate recruitment processes in place to verify that staff had identity, character, health and police checks to confirm their suitability for work. Staff confirmed these checks were completed before they started work.

People told us that there were staff available when they needed them. One person told us "I don't wait long for help." Another person commented "They are very quick usually." We did not observe call bells to be going off frequently or for very long. People in their rooms had their call bells in close proximity. There were adequate numbers of suitably qualified staff employed and new staff had been recruited since the last inspection. The manager told us they used dependency tool to decide staffing levels and had reduced the level of staffing from the last inspection to at least one senior and three care assistants throughout the day and three care assistants at night to reflect occupancy levels.

However we found some need for improvement in how staff were allocated. We noticed that there were periods of time when there was not always a continual staff presence in the lounge where most people chose to spend their day. Staff told us they had at least two long breaks during a shift and it could be difficult to respond to people's needs at times in the day due to these breaks. In the afternoon there was sometimes one staff member while staff took their breaks. This meant if someone needed personal care and a call bell rang in a bedroom there may not be a staff member to respond or to provide support to other people in the lounge to mobilise. While we did not observe these problems at the inspection we saw staff that were on a break in the dining area needed to respond to people who required reassurance or who were unstable on their feet.

Night staff were required to take a three hour break throughout the night. This meant for nine hours of a night shift there were only two care workers available to meet people's needs, some of whom were awake and needed support during the night rather than the three showing on the rota.

We discussed this with the manager and provider and they told us they were considering appointing a house keeper to

## Is the service safe?

take over the making of beds and give the care workers more time to devote to meeting people's needs and they would review people's needs and the system of staff breaks .

There were processes to minimise the risk of infection and some improvements had been made since the last inspection. The carpet in the lounge had been replaced and the dining areas re-floored with suitable easily cleanable flooring. The provider told us that chairs in the communal area were identified for replacement. A recent legionella certificate had been issued in November 2014. There was guidance for staff about what to do in the event of an outbreak of infectious disease. Staff had received infection control training and we saw appropriate use of personal protective equipment.

There was a system in place for the regular cleaning of equipment and colour coded mops were used to reduce the risk of infection. Processes for the laundry followed infection control guidance. We found that cleaning products and equipment were stored safely.

However some improvements were required to the infection control audits. Two full sharp bins were found and the need for disposal had not been identified on the infection control audit. We observed the sofas in the lounge were not very clean in some places and pointed this out to the manager who told us they would address this.



# Is the service effective?

## Our findings

At the last inspection in September 2014 we had found that the registered manager and head of care had not been fully aware of their role with regard to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS).

At this inspection we found action had been taken to meet the regulations. People told us that staff checked with them for their consent before they provided care and support and we observed this to be the case. We saw where people declined support, such as a drink or food, staff returned later to ask them People's consent to care and for other specific decisions was recorded. Staff had received suitable training. Mental capacity assessments had been carried out to establish if people had the capacity to make decisions and where this was appropriate. Best interests meetings recorded specific decisions about people's care. For example, where people had been assessed as lacking capacity to consent to the use of bedrails their relatives had been involved in a discussion about the use of bed rails or, in another example, around someone's refusal of personal care.

Decisions about End of Life care were discussed with people and their families where appropriate and recorded. Do not resuscitate forms had been appropriately completed where this was relevant. A DoLS authorisation had been appropriately applied for and authorised. The head of care was in the process of making applications in line with the Supreme Court judgement. They also discussed arrangements they were making for a best interests meeting with regard to another person and decision concerning personal care.

There was a sufficient choice of food. People were provided with alternatives if they did not want the menu options and could choose where they had their meal. Comments about the food varied. Most people told us they enjoyed the food and had plenty to eat and drink. Three people were not as positive, one person told us "it's all right, but it's not a hotel, is it?" Another person said, "it's quite good food, but it gets cold very quickly."

Some areas required improvement. We saw that people sitting together were not always able to enjoy the meal together as they were served at different times. There was a written menu on the notice board but no menus on the tables or pictorial menus to help remind people about the

choices available. Support to people at meal times was inconsistent, we observed positive gentle encouragement for some people to eat but a staff member placed food hurriedly in front of one person while speaking to another person. Another person was left mainly unsupported and appeared to be having some difficulty reaching their food. Their care plan said they needed encouragement to eat. A staff member picked up cutlery dropped on the floor by one person and returned it to this person to continue to use without replacing it. We brought this to the attention of the manager.

People were protected from malnutrition and dehydration. People at risk of malnutrition were weighed regularly and any concerns were referred to a dietician. We saw instructions from health professionals about people's diets were written into the care plan. Catering staff were aware of people that needed fortified food and we saw people received food supplements if needed. Staff were attentive to people who required support to eat in their rooms or in the dining area. Relatives commented that there was always plenty to drink and a range of choices and we observed this to be the case. The home had scored full marks at the last Environmental Health inspection in November 2014.

People told us they thought staff understood their roles and knew what they were doing. The local authority had as part of the action plan agreed with the service in September 2014 asked that staff supervision and training needs be addressed. The head of care showed us the training record which showed staff had training across a range of suitable areas that the provider considered relevant to their roles. The record showed staff training was up to date except for equality and diversity training which was planned. During the inspection some staff received the first in a series of training on dementia and behaviour that may challenge. Some staff told us they needed more training on supporting people who refused personal care and welcomed this training. Some staff were completing the Health and Social Care Diploma courses.

Staff knowledge and skills were refreshed. Regular refresher training was booked and staff files showed that training had been completed. The registered manager and head of care refreshed their training in line with other staff.

## Is the service effective?

Although nobody at the service required the use of a hoist to mobilise the head of care had arranged regular refresher manual handling training for staff to keep them up to date as recommended by the occupational therapist.

People's individual training needs were discussed and recorded at supervision and their annual appraisal. There was an induction programme for new staff and we observed a new member of staff shadowing on their first day and saw them being offered advice by other staff. They told us they felt well supported and that their induction was well organised. There was an induction booklet that staff completed to show when they had learned to carry out particular tasks. Staff confirmed they had regular supervision and we saw records to confirm this.

People were happy with the way their health needs were managed. They told us they could see a doctor or dentist

when they needed to. There had been concerns from safeguarding investigations about the timeliness of referrals by senior staff to health professionals. At this inspection, healthcare professionals felt there had been improvements in this area. We had received feedback prior to the inspection of improvements in the way the home identified people with nutritional risks and worked with dieticians. The visiting health professional on the day told us they felt the care had improved a great deal. The staff were welcoming and helpful, alerted them straight way if there were any issues and followed advice better. Communications books had been introduced for health professionals to record any treatment or care recommendations and advice for staff to follow. Health professionals we spoke with following the inspection confirmed they felt there had been improvements.

# Is the service caring?

## Our findings

People told us that staff were kind and attentive to their needs. One person told us “they are all kind here, really kind.” Another person said “the staff are helpful all the time.” A third person commented “Staff are happy and smiling, that’s important.” We observed respectful interactions from staff in which people were spoken with politely and courteously and staff knocked on people’s doors before they entered. People told us staff treated them with dignity when they carried out personal care and this to be the case. Staff gave examples of how they respected people’s dignity by closing doors when they carried out personal care and speaking with people confidentially about their personal care. Staff worked at the pace of people concerned and gave them their full attention.

Some people were unable to communicate their views but we saw they were calm and relaxed and that when staff spoke with them their attitude was respectful and friendly. If they became confused and disorientated staff reassured them. Relatives also spoke positively about the staff, one relative said; “it was an ideal find for my mother.” Another relative told us “I couldn’t ask for more. They are all brilliant there.” Staff knew people well and spoke with people respectfully; one staff member said “I love the residents.”

Staff were aware of people’s individual preferences for example for activities and needs; they spoke warmly to us about people at the home. They told us they always asked people for consent and offered choices. We saw that people chose for example where to spend their time. One staff member said about people with more advanced dementia “they can still make choices about what to wear or what to eat, I always give a choice.”

Staff told us they encouraged people to do as much as they could independently and we saw this reflected in their care plans. The head of care told us they could refer people to a local advocacy service if they requested this.

People said staff spoke with them about their care and their preferences. Records showed that relatives were involved in reviews of people’s care needs and had signed to say they had read the plan of care. Resident and Relatives meetings were held throughout the year. People had been asked for their views about the refurbishment and decoration of the building; where people had made requests or suggestions we saw these were acted on. One relative told us they had been present at a meeting and was impressed as “they asked about food, care, rooms, everything.” Another relative said staff were always welcoming and “They give us tea and biscuits and are all chatty with us.”

# Is the service responsive?

## Our findings

People told us their personal care needs were met. They had a regular bath or shower once a week and this suited their needs. Staff said it would be possible for someone to have one more frequently if they wished. However we heard one person tell staff they had not had their bath last week. We spoke with them and they told us they did usually get their bath and this was an exception. It was not possible to tell from the way the record had been completed whether this person had received their personal care or if they had been offered or had their bath that week. Personal care records for five other people were not recorded clearly. It was not possible to tell from these records what kind of personal care had been given by whom and whether people's preferences for a bath shower or wash had been met. Where people had refused personal care there was no record to show if staff had returned later in the day and the person had then agreed to have personal care. Staff told us that occasionally if they were busy people might have to wait for their bath or shower until the following day. For example, the same person who had missed their bath the previous week had not received their bath as expected on the first day of the inspection. We noted from the handover records that there were no records of any missed baths or showers to inform staff on the next shift this person had missed their bath. Without accurate records there was a risk that people's personal care needs would not be met. We spoke with the registered manager about this and saw later that this person had received their bath

However without accurate records it would not be clear how regularly people were supported with personal care needs.

We observed a health care professional inform the provider about elevating someone's legs during the day using a footstool. We saw the following day the footstool was not in use and staff appeared unaware of the instruction despite the nurse writing in the professionals' communication book. The provider had failed to advise staff of the instructions from the visit or record it in the handover book. We discussed this with the provider and manager and saw that this was then recorded for staff to be advised following our intervention.

These issues were in breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010; which corresponds to Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were satisfied with the care they received and it met their needs. At the last inspection In September 2014 we found that people did not always have an up to date plan for their care that reflected their needs. There was also not always enough guidance for staff on how to meet people's needs. The provider sent through an action plan following the inspection. At this inspection we found that they had taken action to review and update care plans to reflect people's individual needs.

The revised care plans recorded people's preferences about their care and routines including the kinds of activities they enjoyed. There was also a life map to inform staff about significant events and people in their lives. There was detailed guidance for staff on how to deliver care to meet people's needs and on any communication problems such as deafness. Plans detailed what aspects of their care people could manage for themselves. People's spiritual needs were considered and a religious representative visited those people who wished at the service regularly.

People said there was enough to do. One person said we have "all sorts of games. I like them." Another person told us "We have concerts sometimes, lovely!" Staff were responsible for running the activities. We saw the pictorial activities board was used by people to see what activities were provided and it was an accurate reflection of the activities that took place. There was a reminiscence board in the lounge that included copies of wartime documents that staff could use to encourage reminiscence activities. Some people expressed a preference for more outside entertainers to visit. A visitor told us that "in the summer people sat outside and there were regular entertainers coming in." We saw a foot massage session, art work and bingo were enjoyed by several people at the service. Some people occupied themselves by knitting for example or reading. Staff time was fully taken up with group activities and we did not observe any opportunities for those people who may prefer more individualised activities.

There were signs to help orientate people around the building where they may be confused by their

## Is the service responsive?

surroundings. There was a clear board with the day and date to help orientate people although we noted that most clocks in the home were showing the wrong time which may be confusing.

People told us they had no complaints but they knew what to do if they were unhappy about anything. Some people told us they would talk with their family and other people

told us they would go to the manager, provider or staff, they felt they would all take any necessary action. The complaints policy was visible in the hallway and there was a suggestions and comments box in the lounge. We looked in the complaints log and saw there had been no formal complaints since the last inspection.

# Is the service well-led?

## Our findings

People told us they thought the home was well run. Relatives also commented positively and told us they were warmly welcomed and had drinks offered to them when they came. One person told us “it seems well managed.” However our findings did not always agree with people’s views about some aspects of managing the service. Records were not kept securely. People’s care plans were kept in a cabinet in a communal area so that they were readily available to staff but this cabinet was not locked which meant it was possible for anyone visiting or at the service to access people’s confidential information. This was in breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection on 16 September 2014 we found although there had been improvements in quality monitoring by the provider there were still insufficient processes in place to adequately monitor the quality across all of the service. The provider had sent us an action plan to tell us how they were going to meet this regulation.

Following safeguarding concerns and the CQC inspection in June 2015 the local authority had imposed a suspension on new placements in July 2014. The local authority had closely monitored people’s care at Archers Point. An action plan had been drawn up with the service to address areas of concern and this had included support and training from a number of health care professionals. The local authority had lifted the suspension on placements on 20 January 2015 as they had seen evidence of improvements on their recent visits.

At this inspection we checked and found the local authority action plan had been completed. The head of care carried out regular monthly analysis of accidents and incidents to identify any learning. We saw from minutes of senior carers meetings there had been discussion about the recording of incidents and actions taken. Action plans were completed following residents meetings and we saw any issues were addressed. A new service user guide had been recently produced to provide people with up to date information about the service. This included the new complaints policy.

There were systems to check the quality of the service across the service. Monthly kitchen and infection control audits were completed. Where issues were identified we saw action had been taken to resolve them. For example where an odour had been found in a bedroom the carpet was cleaned and when dirty cutlery was found relevant staff were spoken with. An audit of care plans was also conducted regularly and a maintenance audit across the property. The manager told us that they had identified from the infection control audits that the lounge chairs were in need of replacement and this was their first priority when they had enough funding. A pharmacist from the Clinical Commissioning Group had carried out medicines audits in August and December 2014 as part of the local authority improvement plan. No concerns had been identified at those times.

Regular meetings with senior care staff were held to focus on consistency and quality issues and discussion included reminders about incident records, safeguarding and pressure area care. The registered manager now attended the local provider forum meetings so they kept up to date with changes.

However some quality monitoring audits had not identified issues found at inspection. For example, a recent maintenance audit had not picked up some old equipment and furniture left outside that could be a potential trip hazard for people using the garden. We pointed this out to the provider who told us this was in the process of being removed. Audits had identified some the issues with records and infection control at the service but not the issues to do with people’s personal care we found at inspection. Internal audits had failed to pick up the issues identified with medicines. There was no safeguarding log to track and audit safeguarding cases to provide an over view for learning purposes. Spot checks on night staff were carried out but they were always around the same time and not varied to check that night staff offered consistent care throughout the night.

The provider was a partnership. One partner was the registered manager and the other partner had a daily visible presence in the home. People knew him well and related comfortably with him. He was observed to have reassuring manner with relatives on the phone and he spent the day around the communal areas. He told us he did not carry out any care tasks but liked to be directly involved in talking with people at the home.

## Is the service well-led?

There was no evidence of the provider having appropriate understanding relevant to this role he was performing in the service, or, that he understood all the health needs of people in the home. For example, the provider was the only staff member in the lounge at some points during the morning of our inspection and therefore may have needed to assist people to prevent them falling or in the event of a medical emergency or fire. We observed chocolate was given to a person despite a note in their care plan from a health professional to avoid chocolate. The provider agreed he would look at what knowledge and skills he required in respect of this aspect of his role.

There was a registered manager for the service who was also one of the partners of the provider partnership. They had been the registered manager for many years and relevant notifications had been submitted to CQC as required since the last inspection

Staff told us they felt the care provided at Archers Point had improved. They described improvements in activities, the

environment, staffing and training. Two staff members told us they felt the service was well run. However four staff members said they did not always feel the service was well led or managed. They were sometimes confused by inconsistent messages from different senior staff at the service. They told us they felt undervalued and did not feel their views were listened to. Some staff said they were not aware of the disciplinary policy. We asked the manager about this and she told us they had not needed to use the disciplinary policy for some time but had discussed aspects of it with staff in meetings which we saw recorded in minutes.

People's views about the service were sought through an annual survey. We saw relatives and people at the service had completed feedback about the home which was to be analysed for any action. The comments and suggestions box in the lounge was now supplied with writing materials. However at the time of the inspection there were only two comments inside both from staff requesting a staff room.



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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p><b>Medicines</b></p> <p>Service Users were not protected from the risk of the unsafe use or management of medicines.</p> <p>This corresponds with Regulation 12 (1)(2)(g) (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>Service Users were not protected from risk as accurate records were not maintained or kept securely.</p> <p>This corresponds with Regulation 17 (2)(c) HSCA 2008 (Regulated Activities) Regulations 2014</p>