

## Archmoor Care Limited

# Archmoor Care Home

### Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

### Overall summary

Archmoor Care Home is situated in Middleton and provides care and accommodation for up to 20 older people who require assistance with personal care and/or have a dementia related condition. People are accommodated on a permanent and respite basis. At the time of our inspection there were 15 people living at the home.

We carried out this unannounced inspection of Archmoor Care Home on 16 July 2014. The home was last inspected on the 11 July 2013. The Provider was assessed as meeting most of the regulations we assessed at that time.

However improvements were needed to people's care records and the safe storage of information. We inspected the home again in October 2014 to check this had been address. The Provider had made the improvements needed and was meeting the regulation we assessed at that time.

The Manager has been registered with the Care Quality Commission (CQC) since 2011. A registered manager is a

# Summary of findings

person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Effective systems to monitor and review the service people and staff received were not in place to show how improvements were identified and acted upon to enhance the service further. This was a breach of Regulation 10 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2010.

Suitable arrangements were in place with regards to the Deprivation of Liberty safeguards so that people who lacked the mental capacity to make important decisions for themselves were protected. Opportunities for on-going training and support for staff will help staff develop their knowledge and understanding further and promote good practice.

We saw that staff understood the individual needs and wishes of people and cared for them in a sensitive

manner. Records about people's care and support needed updating to clearly guide staff. People had regular access to health care professionals so that their health care needs were addressed.

We saw people were offered a varied and nutritious diet. Mealtime were relaxed and unhurried providing people with an opportunity to socialise with each other. People told us opportunities were provided for people to take part in occasional activities at the home. The registered manager acknowledged that improvements could be made in the activities and social opportunities made available to people, promoting people's autonomy and choice.

All the people we spoke with were confident if they raised any issues or concerns with the registered manager or provider, these would be dealt with to their satisfaction. Relevant checks were made to the premises and servicing of equipment ensuring people were kept safe.

# 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 safe. Systems were in place to help ensure the safety and protection of people living at Archmoor Care Home. Staff were guided by the registered manager in promoting and protecting the rights of people, particularly where they lacked capacity to do so for themselves.

Relevant recruitment checks were undertaken prior to staff commencing work so that people were protected against the risk of harm.

Suitable arrangements were in place where potential hazards had been identified so that people were kept safe.

Good



### Is the service effective?

The service was effective. Staff were able to demonstrate they understood the individual needs of people and cared for them as they would wish. Some care records were to be updated to reflect the current needs of people.

Training and development opportunities for staff were provided. Staff felt supported in carrying out the role and responsibilities and said they worked well as a team.

People spoke positively about the care and support they received. We saw that people had adequate food and drink throughout the day, offering plenty of choice.

Good



### Is the service caring?

The service was caring. People told us they were happy with the care and support they received. We saw privacy and dignity was respected. Interactions were polite and staff were patient.

Staff had a good understanding of the individual needs of people and offered encouragement and support where necessary.

Individual care records were in place, these showed that people had access to relevant health care professionals so that their health and well-being was maintained and promoted.

Good



### Is the service responsive?

The service was responsive. Where possible people were offered choice and helped to make decisions about their daily life. People maintained relationships with family and friends and consideration was given to people's religious needs. Opportunities for people to take part in a range of activities both in and away from the home could be enhanced further offering more opportunities for people.

Good



# Summary of findings

People told us that they would always speak with the staff, manager or owner if they had any issues or concerns, and were confident these would be addressed.

## Is the service well-led?

Not all aspects of the service were well led. This was because systems to monitor and review the overall quality of service were not as thorough as they could have been, showing how the Provider developed and improved the service.

People and staff told us that the registered manager was supportive and listened and acted on information raised with her.

Suitable arrangements were in place to ensure the safety and suitability of the premises. The registered manager notified the CQC of any issues affecting the well-being of people.

**Requires Improvement**



# Archmoor Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2012 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 2012 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection team was made up of an adult social care inspector 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.

We spoke with six people who used the service, six relatives, three care staff and the Registered Manager. We observed care and support in communal areas and also looked at the kitchen and some people's bedrooms. We looked at three people's care records as well as information about the management and conduct of the service.

During the inspection we 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.

Before our inspection, we reviewed all the information we held about the home. The Provider also sent us a completed provider information return (PIR) prior to our visit. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also contacted the local authority commissioning and safeguarding teams and one social care professional to seek their views about the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

We looked at the personnel files for two staff who had recently been employed to work at the home. Records included an application form, written references, identification, health declarations and a criminal record check carried out by the Disclosure and Barring Service (DBS). We discussed with the Registered Manager what action was taken where an offence had been disclosed on one of the checks we looked at. We were told verbal and written references were sought and the applicant was spoken with. This helped the Registered Manager make a decision about their suitability.

We looked at what systems were in place in the event of an emergency, for example a fire. The Registered Manager told us that there was no fire risk assessment for the building or personal emergency evacuation plans (PEEPs) for people using the service. The provider sent us information following the inspection to show this had been addressed. Training records showed staff were provided with training in fire safety, which included fire evacuation. One staff member spoken with was unaware of the fire evacuation procedure. We discussed this with the registered manager who said this would be followed up to ensure they were aware of the procedure to follow.

We spoke with the Registered Manager about the systems in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards make sure that people who lack capacity to make decisions for themselves are not deprived of their liberty unlawfully and are protected. We were told that the home followed the principles of the MCA and code of practice. We saw that prior to our inspection the Registered Manager had completed an application to deprive a person of their liberty. An application for a standard authorisation had been made to the supervisory authority (local authority). We were told a mental capacity assessment had been completed as part of the person's admission to the home by the local authority and the person's family had been consulted with, so that a decision could be made in their 'best interest'.

Information was also available to guide staff on safeguarding from abuse. Records showed that the

majority of staff had received training in safeguarding adults. Eighteen staff had previously received in-house training from the Registered Manager. Six staff had completed DVD training. Nine staff had more recently completed a workbook which was then marked by an external verifier. Staff spoken with told us they had access to information to guide them and were able to tell us how they would respond to an allegation or incident of abuse so that prompt action was taken to protect people.

We saw records on people's files to show risk assessments had been completed where potential hazards had been identified, such as moving and handling or poor nutrition. These helped to protect people against unsafe or inappropriate care and support, such as, nutrition and hydration, pressure care and mobility. Staff spoken with were able to tell us how they provided support so that areas of identified risk were minimised. We observed staff assist people when transferring to and from chairs and with walking aids. Staff were patient and offered encouragement and reassurance. People were heard thanking staff for their help.

Before our inspection, we asked the local authority commissioning and safeguarding teams for their opinion of the service. We were not made aware of any concerns about the number of staff available to provide care and support for people. We were told by the registered manager and staff that due to sickness earlier in the year, care staff levels at times had been reduced. The Registered Manager told us that she monitored staffing arrangements and had introduced rotas a number of weeks in advance so that any annual leave or change requests made by staff could be planned for. This was confirmed on examination of the rotas. During our inspection we saw sufficient numbers of staff were available. Staff spoken with also confirmed that staffing levels had improved.

We were told by the Registered Manager that senior care staff were designated as the 'on-call' person between the hours of 10.00pm and 8.00am so that staff on duty were able to access additional advice and support should this be required. This information was detailed on the rotas and confirmed by those staff we spoke with.

# Is the service effective?

## Our findings

We saw people had their needs assessed prior to moving into the home. A care plan was then drawn up detailing how they were to be supported. Staff spoken with and records seen showed that people's preferences, needs and wishes were taken into consideration when planning their care. Other records included daily reports, a record of any health appointments attended or visits and where necessary, additional monitoring sheets regarding food and fluid intake and repositioning charts.

We looked at the records for three people living at the home. Whilst the records did not fully reflect their current needs and support this did not impact on the care and support people received. What we were told by staff and observed clearly demonstrated staff understood the individual needs of people and how they wished to be cared for. We discussed the records with the registered manager who told us information would be expanded upon to clearly guide staff.

We saw people had access to relevant health care support. These include; GP's, district nurses, dietician, and podiatry services. This helped to ensure people's health and wellbeing was maintained. We spoke with a visiting health professional who said staff were caring and responded to people's changing needs. Any advice provided was acted upon so that people's needs were met.

During the inspection we looked at the training and development opportunities offered to staff. Training was sourced from different providers. The home utilised DVD awareness training as well as external training providers and the local council training. We were told that a number of staff had recently completed training in safeguarding adults, dementia care and end of life care. This involved staff completing a workbook, which were then assessed and verified by an external assessor.

An electronic record was held of all training completed by staff over the last 24 months. Training incorporated the required health and safety courses the provider expected staff to complete on a regular basis as well as specific topics relating to the care of people. We found the majority of staff had completed the required areas of training.

On-going training was to be planned for those staff yet to complete training in areas specific to the needs of older people. For example dignity in care, skin care, malnutrition and continence care.

The registered manager told us that she was a member of the local authority Mental Capacity Act (MCA)/Deprivation of Liberty advisory group and that staff followed the relevant Codes of Practice. The registered manager stated in the Provider Information Return (PIR) that relevant information was cascaded to the staff team. On examination of training records we saw 10 of the 20 staff employed, had previously completed in-house training on MCA and DoLS. Staff spoken with were not able to clearly demonstrate their understanding of MCA and DoLS procedures. We were told the advisory group was also developing training for staff and managers in the MCA and DoLS procedures. This training should help staff to understand how to effectively support people, particularly where they lack the mental capacity, so that their rights are appropriately promoted and protected.

Two of the staff we spoke with said they felt supported in carrying out their duties. One staff member said they had completed the recent safeguarding and dementia training. Whilst the second member of staff said they had not had a lot of recent training and would like more in different subjects. We raised this with the registered manager who told us regular training had been offered however some staff failed to attend. We were told this was being addressed. Each of the staff we spoke said they enjoyed working at the home. Staff commented, "I feel very supported" and "It's a good team, we help each other".

The registered manager told us there was an induction programme, which was completed by all new members of staff on commencement of their employment. This incorporated a day with the manager, who explained the policies and procedures and what was expected of them. New staff would then complete the 'Skills for Care' workbooks over a period of approximately 12 weeks. We saw evidence of a completed workbook which had been signed by those involved. New staff would then spend a day working alongside existing staff learning the role. Following this, staff would be rostered to work with experienced staff. One staff member we spoke with felt the induction process had provided them with the relevant training and information needed to carry out their role.

## Is the service effective?

We asked the registered manager and staff about the arrangements for staff supervisions and team meetings. Supervision sessions are used amongst other methods to check staff progress and provide guidance. The registered manager told us that supervisions were completed twice a year and that whilst formal meetings were not held, they would meet with staff to discuss specific issues. We were told discussions were also held during the handovers at each shift change, which the registered manager took part in. Staff spoken with told us they could speak privately with the registered manager should they need to and felt she listened to what they had to say.

We looked at how people were supported in meeting their nutritional needs. We looked at the kitchen and food storage area and spoke with the cook about the arrangements for ordering of food. We were told regular deliveries of fresh, frozen, tinned and dry goods were made. We asked the cook to tell us how they were made aware of the individual dietary needs of people. We saw information was available advising of the individual needs of people as well as guidance from relevant healthcare professionals, such as the speech and language therapist. Suitable arrangements were made for those people who required a special diet such as pureed food. Aids such as plate guards and double handed cups were available. This helped promote people's independence when having their meal or a drink.

We saw that a four weekly menu was in place and pictures of meals were displayed on the wall in the dining room, to

assist people when choosing a meal. We saw a care worker asking people what meal choice they wanted for lunch and tea that day. The main meal was served at lunchtime with a lighter meal in the evening. However, hot and cold options were available throughout the day. We were told if someone requested an alternative, then this would be provided.

We observed people during the lunchtime period. Where people required assistance, staff were seen to be patient and offered encouragement. We saw some people were asked if they had had enough to eat or would like extra helpings. People spoken with confirmed they were aware they had a choice of meal. One person told us, "There is always something else available if I don't fancy it. Sometimes I fancy fish and chips from the chippy and the carers will fetch it for me when they go for their supper." Another person said "Generally, the food is quite nice and there is enough of it." Another person said, "I'd like something else sometimes, like a curry or Chinese. I sometimes ring for a take away". The relative of one person we spoke with said their mother had gained weight since moving into the home. They added; "The food here is more nutritious than what she was having at home."

Records examined showed nutritional risk assessments were completed for each person. Where concerns had been identified increased monitoring was in place. Information also alerted staff to any changes in people's needs and if additional health care support was required, for example, referral to the person's GP or the dieticians.



# Is the service caring?

## Our findings

People living at Archmoor Care Home had varying needs and abilities. Whilst some people maintained their independence, others relied on the care and support from staff.

We spent some time during the inspection speaking with people, their visitors and observed the care and support provided by staff. We saw people's care needs were being met and staff responded promptly and appropriately to people's requests. Staff were seen to be respectful and kind and caring towards people. We saw staff spent time interacting with people, sitting and talking with them, when not assisting with people their care.

We saw staff respected people's privacy and dignity. Personal care support was carried out in private and staff were seen to knock on people's bedroom doors before entering. From our discussions and observations of staff we found they had a good understanding of people's individual needs

People we spoke with told us they were well looked after and felt safe living at Archmoor Care Home. One person living at the home told us 'I'm very content' and "Staff respond quickly when I press the bell for assistance". Relatives said they felt their family members were kept safe and were satisfied with the care they received.

We asked people if they were able to make everyday choices. One person told us, "I can get up when I want to and have a lie in if I fancy one." A second person said, "The garden is always nice and I can always go out there if I want to". A further person said, "Sometimes I just want to stay in my room, the carers are quite happy to let me do that". A fourth person told us their religious needs were met and that arrangements had been made for them to have Holy Communion at the home each week.

Other comments were received from people's visitors about the care and support provided for their relative. All of the visitors we spoke with said they were very happy with the home, in particular the staff. People's comments included; "The best thing about this place is the staff", "I really feel at ease that my mum is here" and "They [the care staff] are very caring, it is very personal, you don't feel like a number". One visitor added; "When my time comes, I'd be very happy to live here!"

Whilst most people were able to chat about their daily lives, some people were not able to understand and make decisions about their care and support. We were told that where necessary staff would liaise with people's relatives, where appropriate, and health and social care professionals should needs change, so that appropriate care and support was provided. From our observations staff were sensitive to people's needs and offered reassurance and encouragement where necessary.

We saw daily reports and monitoring sheets were completed so that any changes in need could be monitored. A staff handover also took place at each shift change so everyone was made aware of any change in care and support people needed.

Suitable arrangements were in place when people needed support to attend appointments or in the event of an emergency. We were told staff would always provide an escort unless people requested to go alone or with a family member. The registered manager told us that where necessary additional staff would be rostered to accommodate this. We were told relevant information about people's medication and specific health needs would be shared with relevant health care staff so that people received continuity in their care.

# Is the service responsive?

## Our findings

We looked at how people spent their time throughout the day. We saw a weekly activity plan displayed within the home. This showed activities which included; a music afternoon, visiting singer, exercise session and film afternoon. Information also stated that individual or group outings could be arranged and people should speak with the manager.

During the inspection we saw some people spend much of their time watching television or sleeping. However people we spoke with said there was a weekly armchair exercise session (armchair aerobics) and that a singer also came in once a week. One person said there had been a trip to Blackpool “a while ago”, but couldn’t remember anything recently. The relative of one person said that her mother would complain there was nothing to do but when offered activities would then refuse. Another person chose to spend their time in their own room. This person had access to a telephone, computer and large flat screen television. This person said they were “content”, they felt there was no one with similar abilities or interests they could spend time with. We saw a number of people were visited by relatives and one person told us they were going out to visit family.

Staff spoken with said they were not always able to provide activities as some times they were busy supporting people. We discussed our findings with the registered manager. It was acknowledged this was an area that could be

improved further. The registered manager was exploring ways to develop social stimulation and recreational opportunities to promote people’s autonomy, independence and community involvement.

We were told that as part of the assessment process people would be informed about what they could expect should they move into the home. We saw information about the service was available in the entrance area to the home.

The Registered Manager told us that they and four care staff had been involved in a pilot scheme ran by the local authority. The workshops involved the development of 'Life story books'. These workshops helped staff understand the importance of learning about people so that personalised care could be provided. These books had been introduced at Archmoor Care Home. Further workshops were to be held involving other members of the team.

Systems were in place for reporting and responding to people’s complaints and concerns. All of the people we spoke with said they had never had cause to make a formal complaint. We were told that should people have any concerns they would raise this with the staff, the registered manager or the “Boss” (the owner). All the people we spoke with said staff listened to them and any concerns brought to their attention were acted upon.

We saw two issues had been raised directly with the registered manager. These had been responded to and resolved. This demonstrated that the registered manager listened and acted upon what people told her so that matters were dealt with quickly and to people’s satisfaction.

# Is the service well-led?

## Our findings

The manager of the home had been registered with the Care Quality Commission (CQC), since 2011. She told us that she kept up to date with current changes in legislation or good practice guidance by being an active member of the local Safeguarding Adults Board, as well as referring to the CQC website or seeking advice and support from the local authority adult social care teams, where necessary.

People living at the home, their visitors and staff spoke positively about the management of the service. One of the visitors we spoke with said they had spoken with the Registered Manager about their relative. They told us; “The manager always listens to me including any worries that I might have, and I don’t feel that she is fobbing me off”. Staff also told us the manager was “very supportive”. One staff member said, “She [the manager] has helped me both at work and personally, I can trust her”.

Checks to monitor and review the quality of service provided for people were not thorough. We saw electronic records of staff training clearly identified when and who required updates in training. However there was no plan of training to show the training and development needs of staff had been planned for. Whilst the provider utilises the advice and support of an employment advisor, there was no formal system to monitor staff recruitment. We discussed with the Registered Manager if records were made where an offence had been disclosed on employment checks or of interviews to demonstrate how decisions have been made about the suitability of candidates. The Registered Manager acknowledged that detailed records were not done.

Audits had been completed in three areas; the environment, hygiene standards and medication. However information was vague and lacked any detail about the findings, improvements needed and action taken, where necessary. The Registered Manager told us that audits of care plans were not completed as she was actively involved in the development and review of information. However shortfalls identified during our inspection had not been identified.

We discussed with the Registered Manager her views about the service, what they did well and where she thought improvements could be made. The registered manager told us that the service worked well at providing

individualised care and support for people. The registered manager said she made herself accessible to people so that any issues raised or any decisions that needed to be made could be done swiftly, with little impact on people. The Registered Manager acknowledged that a wider choice of activities and social opportunities could be offered to people.

The Registered Manager acknowledged that information from the audits including other areas, such as activities and training plan, were not collated and used to develop the homes business/improvement plan showing how they intended to continually develop the service people received. This was a breach of Regulation 10 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2010.

Prior to our inspection we asked the local authority who commission placements at the home for their views about the service provided at Archmoor Care Home. We were told following their last monitoring visit they had asked the Provider to develop ways in which to monitor areas of the service, such as medication and staff training. This would be followed up during the next visit. We were not advised of any issues or concerns about the service.

Annual feedback questionnaires were also sent out to people and their relatives. This was last done in May 2014. We saw that comments included; “I am very satisfied with the care my relative receives” and “It’s a weight off my shoulders to know my relative is being well cared for”. We saw that questionnaires for staff and health and social care professionals had last been distributed in 2012. The registered manager told us that she was exploring other ways of seeking feedback from professionals as previously there had been a poor response.

We saw evidence of up to date servicing certificates for equipment, such as hoists, passenger lift, fire alarm and equipment and call bells. The Provider confirmed with us following our inspection that up to date checks were in place with regards to gas safety and the electrical installation.

The Care Quality Commission had been informed of any incidents or accidents occurring within the service as required by current legislation. These had been received in a timely manner.

The registered manager maintained an electronic record of any complaints or concerns brought to her attention. We

## Is the service well-led?

saw records included all correspondence including details of any action taken. This demonstrated the registered manager took seriously and acted upon information she received.

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 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p><b>How the regulation was not being met:</b> The registered person had not taken proper steps to ensure effective monitoring systems were in place so that people were protected against the risks of unsafe or inappropriate care. Regulation 10(1)(a)(b)</p>