

Arbborough House Limited

Arbborough House Limited

Inspection report

7 Yarborough Road
Southsea,
PO5 3DZ
Tel: 02392821181

Date of inspection visit: 20 January 2015
Date of publication: 02/06/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



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

Arbborough House is a service that is registered to provide accommodation for 17 older people living with dementia. The registered providers are Arbborough House Limited. Accommodation is provided over three floors and there are stair lifts to provide access to people who have mobility problems. There were a total of 19 members of staff employed plus the registered manager. On the day of our visit 11 people lived at the home.

Our last inspection at Arbborough House was carried out on 24 September 2014. At this inspection we found the provider had not complied with regulations related to consent to care and treatment, care and welfare of people who use services, safeguarding people who use

services from abuse and assessing and monitoring the quality of service provision. We asked the provider to take action to make improvements. The provider sent us an action plan which said they would be compliant by 30 December 2014. This inspection took place on 20 January 2015 and was unannounced. We found the provider was now meeting minimum standards according to the regulations. However we identified areas where improvements were still required.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At our last inspection found that people were not always protected from the risk of abuse because the provider had not taken reasonable steps to identify and prevent possible abuse from happening. At this visit we found improvements had been made. People told us they felt safe. Relatives told us they had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of harm.

Care records contained risk assessments to protect people from identified risks and help to keep them safe. These gave information for staff on the identified risk and guidance on reduction measures. There were also risk assessments for the building and contingency plans were in place to help keep people safe in the event of an unforeseen emergency such as fire or flood.

Thorough recruitment checks were carried out to check staff were suitable to work with people. Staffing levels were maintained at a level to meet people's needs. People and staff told us there were enough staff on duty.

People were supported to take their medicines as prescribed by their GP. Records showed that medicines were obtained, stored, administered and disposed of safely

At our last inspection we found that people's needs were not always fully assessed and care and treatment was not always clearly planned. At this visit we found before anyone moved into the home a needs assessment was carried out. Each person had a plan of care detailing the care and support people needed. Staff knew what support people needed and how this should be provided.

Staff were supported to develop their skills by regular training. The provider supported staff to obtain recognised qualifications such as National Vocational Qualifications NVQ or Care Diplomas (These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard.) All staff had completed training to a minimum of NVQ level two or equivalent. People said they were well supported

At our last inspection we found that where people did not have capacity to consent the provider did not have systems in place to ensure they acted in accordance with legal requirements. At this visit we found improvements had been made. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found the provider had suitable arrangements in place to establish, and act in accordance with people's best interests if they did not have capacity to consent to their care and support. The registered manager understood her responsibility with regard to Deprivation of Liberty Safeguard (DoLS) and they had applied for authorisation under DoLS to ensure people were protected against the risk of being unlawfully deprived of their liberty.

We observed very little stimulation or activities for people other than watching TV or listening to the radio. We observed staff trying to engage with people but as staff were always busy there was little time for social interaction. During our visit there was a hairdresser attending to people, which appeared to be very popular.

People were satisfied with the food provided and said there was always enough to eat. People were given a choice at meal times, however there were no pictures of meals to assist people to make informed choices. People were able to have drinks and snacks throughout the day and night. Meals were balanced and nutritious and people were encouraged to make healthy choices.

Staff supported people to ensure their healthcare needs were met. People were registered with a GP of their choice and the manager and staff arranged regular health checks with GPs, specialist healthcare professionals, dentists and opticians. Appropriate records were kept of any appointments with healthcare professionals.

People told us the staff were kind and caring. Relatives had no concerns and said they were happy with the care and support their relatives received. Staff respected people's privacy and dignity and used their preferred form of address when they spoke to them. Observations showed that staff had a kind and caring attitude.

People told us the manager and staff were approachable. Relatives said they could speak with the manager or staff

Summary of findings

at any time. The registered manager operated an open door policy and welcomed feedback on any aspect of the service. Regular meetings took place with staff, people and relatives.

At our last inspection we found the provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people. There were no audits undertaken to monitor the quality of service provided. At this visit we found improvements had been made.

The provider had a policy and procedure for quality assurance. The manager carried out weekly and monthly checks to help to monitor the quality of the service provided. However these were not yet embedded in practice. We did not find evidence that there were effective systems for staff to learn from incidents or how staff were enabled to help develop the service.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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.

People felt safe. There were sufficient staff to support people safely.

Staff had received training on the safeguarding of adults and this helped to keep people safe. Risk assessments were in place together with risk reduction measures to help keep people safe.

Medicines were stored and administered safely by staff.

Good



Is the service effective?

The service was not effective.

People had enough to eat and drink. However they were not effectively supported to make informed choices about the meals on offer.

People were supported by suitably skilled staff who had received a thorough induction and ongoing training.

People were supported to access health care services when needed.

Requires Improvement



Is the service caring?

The service was caring.

People told us staff were kind and caring. Relatives said they were very happy with the care and support provided at Arborough House.

People's privacy and dignity was respected. People and staff got on well together and the atmosphere in the home was caring, warm and friendly.

Staff understood people's needs and preferences.

Good



Is the service responsive?

The service was not always responsive.

Reviews of care plans did not show who was involved in the review process and any progress or lack of it was not recorded.

We observed very little stimulation and interest for people during our visit apart from watching the television or listening to music. There was no record that people who chose not to use the main lounge were involved in any activities or stimulation.

Staff communicated effectively with people and involved them to make decisions about the support they wanted.

People were supported to maintain relationships with their family. Relatives spoke positively about the support provided by staff at Arborough House.

Requires Improvement



Summary of findings

Is the service well-led?

The service was not always well led.

Although the provider and manager had put quality assurance systems in place these were not yet embedded in practice. The provider had not regularly assessed the quality of the service provided.

There was a registered manager in post who promoted an open culture. Staff confirmed the manager was approachable and open to new ideas.

People told us the manager and staff were approachable and relatives said they could speak with the manager or staff at any time and they would take time to listen to their views.

The provider sought the views of people, families and staff about the standard of care provided. However they did not follow up on the responses received.

Requires Improvement



Arbborough House Limited

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 20 January 2015 and was unannounced, which meant the staff and provider did not know we would be visiting. Two inspectors carried out the inspection.

Before the inspection we reviewed previous inspection reports. We also looked at our own records such as any notifications of incidents which occurred (a notification is information about important events which the service is required to tell us about by law). This information helped us to identify and address potential areas of concern.

During the inspection we spoke with five people, three care staff, two domestic staff and the registered manager. We also spoke with a health professional, a vocational training assessor and a visiting hairdresser who all visited the service on a regular basis. Following the inspection we contacted four relatives to obtain their views on how the home was meeting their relative's needs.

During our inspection we observed how staff interacted with people and how they supported them in the communal areas of the home. We looked at plans of care, risk assessments, incident records and medicines records for six people. We looked at training and recruitment records for three members of staff. We also looked at a range of records relating to the management of the service such as activities, menus accidents and complaints as well as quality audits and policies and procedures.

Is the service safe?

Our findings

People felt safe at the home, they said staff gave them any help they needed. All relatives we spoke with said they had no concerns about their relative's safety. One relative told us "It's homely and my relative feels safe" Another relative said "When I leave after visiting I am confident they are in a safe place".

The provider had an up to date copy of the local authority safeguarding procedures. The registered manager knew what actions to take in the event any safeguarding concerns were brought to their attention. Staff confirmed they had received training with regard to keeping people safe and knew how to report any safeguarding concerns to their manager or to a member of the local authority safeguarding team. Staff were able to describe the types of abuse they might witness or be told of and knew what action to take. We spoke with a member of staff from the local authority safeguarding team who told us the manager co-operated and worked with them with regard to any safeguarding incidents.

Three regular visitors to the home told us that they felt people were cared for safely. One person said "The home has a friendly, family feel and I have never seen anything to concern me". Another told us "I know about the home's whistle blowing and safeguarding policy and wouldn't hesitate to report any issues".

Risk assessments were contained in people's plans of care and these gave staff the guidance they needed to help keep people safe. For example one person had a risk assessment in place as they could be at risk of skin breakdown due to dry skin. The risk assessment reminded staff to check their skin integrity and apply cream to their legs and feet in the mornings and at night.

The provider had an up to date fire risk assessment for the building. Each person had a personal evacuation plan which recorded any specific actions required in the event of an evacuation. There were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as total power failure, fire or flood. These plans included the arrangements for overnight accommodation and staff support to help ensure people were kept safe.

The registered manager told us that regular maintenance checks of the building were carried out. If staff identified

any defects they were recorded in a log and reported to the manager who would then contact the provider to arrange for any defects to be rectified. Records showed that any defects were quickly repaired and this helped to ensure people and staff were protected against the risk of unsafe premises. However whilst touring the home we noticed that bedrooms and communal areas were in need of refurbishment. The registered manager told us they had identified the need for redecoration and had contacted the provider about this. The registered manager said they were working with the provider and they were in the process of putting together a programme of redecoration and refurbishment on a priority basis to improve the appearance of the home.

The registered manager told us about the staffing levels at the home. There were three care staff on shift from 8am – 8pm. There were two waking night staff who worked 8pm to 8am. In addition the registered manager worked 8.am-5pm Monday to Friday and worked alongside staff when required. The staffing rota for the previous four weeks confirmed these staffing levels were maintained. Staff said the staffing levels were sufficient to meet people needs. Relatives said whenever they visited the home there were always enough staff on duty. We discussed with the registered manager concerns regarding how they would manage staffing levels once the home was full again. Currently there were 11 people living at the home, which was registered to accommodate up to 17. We observed staff were busy with tasks and did not always have much time to spend with people. Currently there were no dependency assessments carried out to ensure safe staffing levels. The registered manager told us that staffing levels had not been reduced, even though the number of people being supported had reduced. However before any new people were admitted to the home she would ensure that both new and existing residents were fully assessed and this would include an assessment of dependency levels to ensure that sufficient staff were on duty to provide safe support.

Recruitment records for two members of staff showed that appropriate checks had been carried out before staff began work. Potential new staff completed an application form and were subject to an interview with a senior staff member and the manager. Following a successful interview recruitment checks were carried out to help ensure only suitable staff were employed. Staff confirmed they did not start work until all recruitment checks had taken place.

Is the service safe?

There was an accident book where any accidents were recorded. The manager was aware of the procedures to follow should there be a need to report accidents to relevant authorities. Records showed that any accidents recorded were appropriately dealt with by staff and medical assistance had been sought if required.

Staff supported people to take their medicines. The provider had a policy and procedure for the receipt, storage and administration of medicines. Medication administration records (MAR) contained no gaps and there were sample signatures for staff administering medicines. MAR sheets displayed a photograph of the person they related to and there was a picture of each tablet to guide staff. We observed the lunch time medicines being administered and saw that this was carried out in a calm

and unhurried manner. People were encouraged to drink with their medicines and the staff member ensured medicines had been taken before leaving the person. There were procedures in place for the use of controlled medicines. These were kept in accordance with the relevant guidelines. We checked the records of controlled medicines for one person against the number of tablets remaining and found them to be accounted for.

Medicines were generally well managed. However in four bedrooms we observed prescribed topical creams in use. None of them displayed the date they were opened or the date they should be discarded. We spoke with the registered manager about this issue who removed them immediately and said they would replace them with suitably labelled medicines.<Summary here>

Is the service effective?

Our findings

People told us they got on well with staff and they were well supported. Relatives told us the staff provided effective support to people. Staff were seen to engage with people in a positive way. Relatives said people received the care that their relative's needed. People told us the food was good. Relatives said their relatives were happy with the food provided. People said they received the support they required to see their doctor. One person said, "The staff get the doctor if I ask". Another person told us "They [the staff] ask for the doctor when I'm not well and I see the district nurse as well".

Records showed that people's individual likes and dislikes had been recorded and were kept by the chef in the kitchen. We were told that there was no one currently assessed as needing a pureed or special diet. There was a pictorial menu board in the dining room; this had pictures of the breakfast on offer but not the lunch. When lunch was served, it looked wholesome and nutritious but no alternatives were offered and everyone was given the same meal. We asked the chef why this was. They said there were a number of alternatives on offer such as omelettes, sandwiches, soup etc. However we did not see that people were offered these choices. We observed a staff member asking people what they would like for supper. There was a choice of four different things. There were no pictures of food choices to help people make an informed choice. For example we heard one person saying they would like every choice that was read out to them by the staff member. We fed this back to the registered manager as examples of how this practice prevented people living with dementia having real choice and control over their menu choice. The manager told us that the chef was in the process of producing pictorial menus so people could visualise the choices available to them.

At our last inspection we found that where people did not have capacity to consent the provider did not have systems in place to ensure they acted in accordance with legal requirements. The provider did not have a policy regarding consent and staff had not received any training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. DoLS protect

the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm.

At this inspection we saw improvements had been made in this area. The provider had produced a policy on choice and the registered manager and staff understood their responsibilities under MCA and DoLS. Staff confirmed that had received training and understood the principle that people should be assumed to have capacity. However staff were unsure how this was established or implemented. Staff told us if they had any concerns they would speak to the registered manager. We were told by the registered manager that 10 of the 11 people had capacity to make day to day decisions regarding their care and support. She understood that for other decisions capacity assessments might be needed. She knew that if it was established a person lacked capacity, best interests meetings should take place and that decisions would need to be recorded. This meant that the manager understood her responsibilities and acted in accordance with legal requirements.

Currently only one care plan contained a capacity assessment. This person was deemed to lack capacity and was subject to DoLS and this had been approved by the local authority. This was in place because the person liked to go out into the street and could open the front door. A DoLS was requested for this person to keep them safe and to protect their rights by ensuring restrictions to their liberty were authorised by the local authority acting as a "supervisory body". The provider had acted in accordance with

Each person had a plan of care. This contained an assessment of the person's care needs together with information for staff on how these needs could be effectively met. For example the care plan for one person stated the person needed staff support when having a shower. Although the person could wash themselves they were unsteady on their feet whilst standing in the shower and staff needed to support them. The plan explained that staff should encourage the person to wash themselves but to offer support and assistance while they were doing this.

The registered manager told us about the training provided for each member of staff. Training was provided through a range of mediums, such as practical training, training courses and also by completing workbooks. These helped staff to obtain the skills and knowledge required to support

Is the service effective?

people effectively. All staff had completed dementia awareness and seven members of staff were completing or had completed principles of dementia care level two. Staff completed training in the past six months with regard to: fire, health and safety, manual handling and food hygiene updates. All staff needed an update for first aid and this was booked to take place on 30 January 2015.

Records we reviewed for two recently recruited members of staff showed that staff received a structured induction in line with the Skills for Care common induction standards which are the standards people working in adult social care need to meet before they can safely work unsupervised. We saw two work books that were being assessed by an external validator. Two staff members were being supported by an external training agency to undertake the Diploma in Care. Training records showed that of 20 staff (including the manager) seven held NVQ at level two, and four at level three. The registered manager was completing a level five management qualification. Staff told us they had a good induction and received regular training; this helped them to provide effective support to people. The registered manager told us that observations of staff performing their duties were recorded to provide evidence of good practice and to identify any additional training needs. We saw records to support this.

The registered manager was able to show us evidence of staff supervision and this was carried out every two months. She was currently in the process of carrying out annual appraisals for all staff. Staff confirmed they received regular supervision.

People had different communication skills and staff used a range of methods to ensure effective communication. Staff used large writing for people on notice boards, which they could read more easily. Staff said people were able to understand what was said to them but they needed to repeat things and speak clearly as some people were hard of hearing. Although staff told us people had problems remembering things they said people were able to make their wishes known to staff. We observed staff supporting people and saw people were consulted as much as possible and staff took time to explain things to people in a way they understood. People told us that they made choices about how they spent their time. They told us staff respected and listened to them. One person told us, "I can't fault them".

People's healthcare needs were met. People were registered with a GP of their choice and the registered manager and staff arranged regular health checks with GPs, specialist healthcare professionals, dentists and opticians. Staff said appointments with other healthcare professions were arranged through referrals from their GP. Following any appointment staff completed records to show the outcome of the visit together with any treatment or medicines prescribed. There was also details of any follow up appointments. These helped to provide a health history of the person to enable them to stay healthy. Care records showed that people had received support from a range of specialist services such as mental health and occupational therapy teams. On the day of our visit a chiropodist was providing foot care to people.

Is the service caring?

Our findings

People were happy with the care and support they received. They told us they liked the staff and said they were really kind and they were well looked after. Comments included “Staff are very nice, helpful and friendly, I have never heard anyone complain about them”. “You couldn’t say a bad word about anyone”. “I have lived here for a long time and the staff are all very friendly, the manager is lovely. And “They have a stair lift but I prefer to walk up and that is o.k. with them”. One person told us ‘staff respected and listened to them’. Another said “I can’t fault them”.

Relatives said they were very happy with the care and support provided and said staff looked after people well. One relative said “The staff are very nice”. Another said “The staff are good and there is always a good rapport between people and staff”

Each person had an individual plan of care. These guided staff on how to ensure people were involved and supported. Each person’s care plan had a ‘personal history profile’. This contained information about the person’s childhood, adulthood, working and family life and detailed the person’s likes and dislikes. Staff told us this enabled them to positively engage with people. Staff spent time talking with people and encouraged them to talk about things that were important to them.

People were treated with kindness, compassion and respect. The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking to the staff in the home. Observations showed staff had a caring attitude towards people and a commitment to providing a good standard of care.

Staff were knowledgeable and understood people’s needs. We observed staff supporting people in the communal areas of the home and they interacted well with people. Staff explained what they were doing and gave people time to decide if they wanted staff involvement or support. This approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs. When speaking to people staff got down to the same level as them and maintained eye contact. Staff

spoke clearly and repeated things so people understood what was being said to them. Staff said they enjoyed supporting people and always ensured people’s privacy and dignity was respected

All staff, including those with domestic and catering roles had a caring attitude. We saw the cook and cleaner took time to chat with people and treated them with dignity and respect. There was a good rapport between staff and people and they got on well. The atmosphere in the home throughout our visit was warm and friendly. Staff knocked on people’s doors and waited for a response before entering.

Staff understood the need to respect people’s confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in a staff communication book which was a confidential document or discussed at staff handovers which were conducted in private.

People had regular meetings to discuss any issues they had and these gave people the opportunity to be involved in how their care was delivered. Minutes of these meetings showed people were involved and put their views forward and were listened and responded to.

People were supported to dress in their personal style. We saw that everyone was well groomed and dressed appropriately for the time of year. A relative told us there were always lots of smiles and laughter whenever they visited. They said “The staff are very good, they provide a good standard of care and go out of their way to help people.” Another relative confirmed they were involved in their relative’s care and said “If I need to speak with the manager or staff, they always make themselves available to speak with you”.

An outside professional who was in the home at the time of the visit said, “I have been coming here regularly for three years and have always seen the staff to be kind and caring. I have never seen or heard of any concerns regarding people’s care”.

All the staff we spoke with said they that people were well cared for in this home. They said that they worked as a team and they enjoyed supporting people.

Is the service responsive?

Our findings

People said staff were good and met their needs. Relatives knew a care plan had been prepared and said they were included in developing the care plans for their relations. One relative told us the home responded quickly to resolve any issues they raised, they said “if I ask them to do anything for my relative they do it, no problem”.

There was a programme of activities in place. Activities were carried out in the main lounge area by staff. On the day of our visit there was a hairdresser attending to people. The activities board in the lounge indicated that there were regular activities on offer. This included hand massage, films and puzzles, arts and crafts, music therapy, games and cognitive therapy. However, during our visit we observed very little stimulation and activities of interest for people during the day apart from watching the television or listening to music. The registered manager told us staff organised activities in the main lounge after lunch, however we did not observe this taking place on the day of our visit. Staff were kind and caring but always busy and ‘task oriented.’ We saw very little social engagement between staff and people.

Each person had an activities file in their care plan but in the files we looked at very few activities were recorded except for hairdresser, chiropodist or if people had a visitor. The registered manager said that only the visits by outside entertainers were recorded in people’s activity logs. We saw an activities record provided by an outside provider who provided musical exercise once per week. This record showed who had taken part and been involved in the activity. A number of people, (four on the day of the visit) had chosen to stay in their rooms, we were told that two people did not come out at all. There was no record of how often staff went into the rooms and provided interaction and stimulation for these people. We explained to the registered manager the need to show what activities and interactions were offered to people each day in order to ensure that people were not at risk of social isolation. The registered manager told us they intended to start an activities book to record all activities that took place and to record who had been involved in each activity. This would help staff to monitor those people who do not take part in activities.

Staff were given appropriate information to enable them to respond positively to people. Each person had an

individual care plan and these had good information on the support people needed together with information on what the person could do for themselves. For example in the care plan for one person it explained that the person was able to wash independently but needed staff support when shaving. The plan detailed how staff should support this person using a battery operated shaver. Care plans also contained information on people’s medical history, mobility, communication, and essential care needs including: sleep routines, continence, care in the mornings, care at night, diet and nutrition and socialisation. These plans provided staff with information so they could respond positively, and provide the person with the support they needed in the way they preferred.

Care plans were reviewed every month to help ensure they were kept up to date and reflected each individual’s current needs. The registered manager told us when any changes had been identified this was recorded in the care plan. This was confirmed in one of the care plans we saw. However in three of the four care plans we looked at the recording was only a one line comment of ‘no changes’. Reviews did not contain an evaluation of how the plan was working for the person concerned. Any progress or lack of it was not recorded or monitored and the reviews did not show if the person or any relatives had been involved in the review process.

Staff recorded the support that had been given to people in care notes to document people’s progress and whether the care was meeting their needs. There was a daytime log where staff recorded information regarding daily care tasks, including the support that had been provided and personal care tasks that had been carried out. The records were timed and provided evidence of care delivery. There was also a night time log and this recorded when people went to bed, any care that had been provided throughout the night and it recorded any monitoring or checks that had been carried out.

We observed how staff responded to people’s needs. Staff spent time with people and responded quickly if people needed any support. Staff always spoke to people and asked them if they wanted any assistance. When staff were giving people drinks they ensured people had enough time to have their drink but moved empty cups promptly so they were not a hazard. People told us that the staff in the home knew the support they needed and provided this as they required it.

Is the service responsive?

The manager and staff responded positively to people. For example we saw in the minutes of a residents meeting that one person did not want staff to check on them throughout the night as this disturbed their sleep. The person's care plan was amended to reflect this and staff did not check on the person during the night unless there was a specific reason such as a decline in the person's health. Another person told staff that they wanted to put their own clothes away after they had come back from the laundry. Staff were now taking the clean laundry up to the person and supporting them to put their clean clothes away.

People were supported to maintain relationships with their family. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual's life were kept in their care plan file. A relative told us they were in regular contact with the home and were kept informed of any issues regarding their relative. They said whenever they visited they could talk to the registered manager or staff and they would inform them of how their relative was progressing. Families we spoke with

told us that they were able to visit their relatives whenever they wanted. They said that there were no restrictions on the times they could visit the home. One person said, "We come at funny times because I work shifts, it's never a problem though".

The provider had a complaints procedure in place and copies of the complaints procedure were given to people and relatives when they moved into the home. A copy was also on display on the notice board in the home. We saw that complaints and concerns were responded to in a timely manner. There were also cards and letters of thanks and compliments about the home and staff. All relatives we spoke with knew how to raise a complaint and said they were confident that any concerns would be responded to appropriately. The policy and procedure helped ensure comments and complaints were responded to appropriately. However due to the nature of people's dementia there were not always fully aware of the complaints procedure but said if they had any concerns they would speak to a member of staff.

Is the service well-led?

Our findings

At our last visit we found that the provider did not have a quality assurance system in place. No audits were undertaken to assess the quality of the service provided. Care plans were not audited and there were no systems in place to learn from incidents or accidents to improve the service.

At this visit we found the registered manager had introduced a new quality audit process that had been in operation since December 2014. This process included weekly reports on areas such as occupancy levels, resident issues and dependency needs. Monthly audits of care plans, staff training, health and safety, and the environment were also in place. The registered manager told us they produced a monthly report for the provider to keep them informed of any issues that needed to be addressed and to keep them informed of progress made. However the provider had not responded to the report sent to them in December 2014 which asked for their comments and an action plan. We were also told that the provider had not visited the home since 15 December 2014. As December 2014 was the first time this quality audit process had been used we could not ascertain responsibility and accountability was understood at all levels or that effective quality assurance and continual improvement issues had been embedded in practice.

Questionnaires had been sent to families in July 2013 and July 2014, outcomes had been collated but had not been actioned and there was no plan in place to identify trends or improvements or learning needed. Comments seen from relatives in questionnaires included, 'Very happy with the care and consideration my mum receives but the decor looks tired', and 'Always feel welcome and the staff are always there to answer any questions you have'. The registered manager told us that she was developing the quality assurance systems and recognised that further improvements were needed.

Regular staff meetings took place and minutes of these meetings were kept. Staff said the meetings enabled them to discuss issues openly with the manager and the rest of the staff team. Minutes of the staff meetings showed who had attended and gave information about the issues discussed. However there was no information about any agreed actions to take forward. The minutes did not review the previous minutes so did not show if any learning had

taken place or if the issues raised had been addressed. There was no feedback from management to staff in a constructive and motivating way. The registered manager acknowledged that this was an area where improvements were needed and told us she would review how the minutes of staff meetings were presented. She also told us the new quality assurance system would help to ensure that any shortfalls would be quickly identified so that improvements could be put in place. However it was not clear how the provider and registered manager would identify any staff learning that needed to take place to improve the service provided for people.

The provider did not regularly assess and monitor the quality of the service provided in the carrying out of the regulated activity this was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us the registered manager and staff were very approachable and they could talk with them at any time. One person told us "It's quite a small home and very relaxed" Another said "You can talk to the staff or manager about anything". Relatives told us they could visit at any time. If they were not able to visit they could telephone and speak to the manager or their family member. There was an atmosphere of openness. One relative described Arborough House as "Homely".

A health and social care professional said the manager and staff worked well with them and were helpful and supportive. They said they were open to new ideas and wanted to move the service forward and this enabled them to work together to ensure individuals were well supported.

The provider's philosophy of care was to ensure, privacy, independence, dignity, respect rights and choice and to provide security. Observations of staff practice showed that this philosophy was being upheld.

The registered manager told us they held an open forum three or four times a year. People, relatives and staff were invited to attend and these meetings were used to discuss issues in the home and to enable people, relatives and staff to make comments and influence the running of the home.

Communication between people, families and staff was encouraged in an open way. The registered manager told us they operated an open door policy and welcomed

Is the service well-led?

feedback on any aspect of the service. The registered manager said they had a good stable staff team and felt confident staff would talk with them if they had any concerns.

Staff said the registered manager was good and they could speak with them at any time. Staff confirmed they received

regular one to one supervision and had an annual appraisal. This enabled the registered manager to identify any training issues or areas that may need to be improved. The registered manager said they regularly worked alongside staff so were able to observe their practice and monitor their attitudes, values and behaviour.

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 provision</p> <p>How the regulation was not being met: The provider did not regularly assess and monitor the quality of the service provided in the carrying out of the regulated activity this was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.</p> <p>Regulation 10 (1)(a)</p>