John Luke and George D Luke

Arboretum Nursing Home

Inspection report

Forest Lane
Walsall
WS2 7AF
Tel: 01922746940

Date of inspection visit: 21 January 2016
Date of publication: 20/04/2016

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

This unannounced inspection took place on 21 January 2016. At our last inspection visit on 26 November 2013, the provider was meeting the regulations we looked at. Arboretum Nursing Home provides accommodation for persons who require nursing or personal care for up to 54 people. At the time of our inspection there were 47 people living at the home.

The home did not have a registered manager in post. However the provider was in the home on a daily basis managing the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People said they felt safe within the home and were happy with the care they received. Staff were aware of the need to report concerns. Staff were aware of people's risks and equipment was available for staff to use.

There was sufficient staff on duty to meet the care and support needs of people. The provider ensured that staff

Summary of findings

were recruited and trained to meet the nursing and care needs of people. People received their medicines as prescribed and appropriate records were kept when medicines were administered.

People were supported to eat and drink sufficiently. People's health and care needs were assessed and care was planned and delivered to meet those needs. People were supported to access other healthcare professionals to ensure that their healthcare needs were met.

People told us staff asked for their consent before providing care. Staff understood people's choices and decisions when supporting them. People and relatives felt staff were kind, caring and respected their dignity and privacy when providing care. People were supported to maintain their interests as far as possible.

People and relatives were confident if they had any concerns or complaints, they would be listened to and the matter resolved. However the provider did not have an adequate process in place to monitor and investigate complaints. Relatives we spoke with said they were made to feel welcome when they visited the home.

People told us the staff; provider and manager were knowledgeable and approachable. The provider had audit systems to record incidents and accidents. However, we found that there were no processes in place to identify and monitor trends that would improve the quality of care people received. The provider has not submitted any notifications to CQC as they are required to by law.

During the inspection we found breaches of the CQC (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the 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 told us they felt safe at the home. Staff understood their responsibilities to protect people from the risk of harm or abuse. Risks to people were assessed and managed appropriately. There were systems in place to ensure people received their medicines in a safe way.

Good

Is the service effective?
The service was effective.

People received their care from staff that were knowledgeable and had the skills to meet people's needs. People's rights and choices were protected. People were supported to have enough to eat and drink when and how they wanted it and staff had the knowledge of people's individual nutritional needs. People had access to healthcare professionals as required to meet their needs.

Good

Is the service caring?
The service was caring.

People told us staff were kind and caring and their views and preferences were respected by staff. People were involved in decisions about their care and supported to maintain relationships with people who were important to them.

Good

Is the service responsive?
The service was responsive.

People's changing needs were recognised by staff. People received care when they needed it and care plans were updated as people's needs changed. People and relatives knew how to make a complaint and felt their concerns would be listened and responded to.

Good

Is the service well-led?
The service was not consistently well-led.

The provider and manager had failed to notify CQC of matters which they are required to do so by law. The provider carried out audits however these were not effective in identifying issues or trends.

People and their relatives were complimentary about the provider and manager and felt the home was well managed. Staff felt involved in what happened at the home and found the management approachable.

Requires improvement

Arboretum Nursing 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.

The inspection took place on 21 January 2016 and was unannounced. The inspection team consisted of one inspector, a specialist advisor and an expert by experience. The specialist advisor was a qualified nurse who had experience of working in end of life care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we looked at information we held about the home. This included statutory notifications which are notifications the provider must sent to inform us about certain events. We also contacted the local authority and clinical commissioning group for information they held about the home. Before the inspection, the provider completed a Provider Information Return (PIR). 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 spoke with eight people who lived at the home and seven visitors. We spoke with fourteen members of staff, the manager and provider. We also spoke with one external healthcare professional. We looked at six people's care records, records relating to medicines, four staff files and records relating to the management of the home. We also carried out observations across the home regarding the quality of care people received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe and if they were concerned about anything they would speak with staff members or the provider. One person said, "Yes I feel very safe here." A relative said, "They're in here every hour, monitoring [person's name] intake and output. Oh yes, [person's name] is safe." Another relative told us, "Yes, it's safe here you have to sign in and staff will check if they don't know who you are. I have no concerns about safety." Staff told us they had received training in safeguarding and the staff we spoke with were knowledgeable in recognising signs of potential abuse. One member of staff said, "If someone was shouted at I would remove the person [perpetrator] and make sure the person was safe and I would report what I saw to the proprietor." Staff knew how to escalate concerns about people's safety to the provider and external agencies such as the local authority. We saw actions had been taken by staff or the provider to keep people safe such as contacting tissue viability nurses.

Staff knew what action to take to keep people safe from the risk of harm. One member of staff said, "Everyone here has risk assessments in place for daily living, and these are updated regularly." We saw that risks to people had been appropriately assessed for example, bed rail and skin care assessments. One relative we spoke with told us, "I think [person's name] is safe ….they had a pressure sore when they came in but it's cleared up now." Staff we spoke with were able to explain the different risks people had who lived at the home and how they tried to minimise these risks by following guidance from external healthcare professionals such as doctors and the palliative care team. We looked at the ways in which staff supported people to manage known risks such as mobility. For example, we observed staff assisted people safely using hoisting equipment when required. We found that where incidents had occurred which had impacted on a person's safety staff had taken appropriate action to reduce the risk of it happening again. For example, increased monitoring following falls.

People told us they thought there were enough staff and that they were not kept waiting when they needed support. One person said, "They're always busy here but there's enough [staff]. I wouldn't have to wait more than a couple of minutes if I press the buzzer." A relative told us, "I think there is enough staff on the whole but they can be very busy at times so you might have to wait a short while." Staff we spoke with said generally there were enough staff available in the home to assist people. However some members of staff said people might have to wait longer for care when staff numbers were reduced such as with sickness. They told us they covered absences with existing staff to maintain continuity of care. We observed that people were not kept waiting when they needed support, alarm bells were answered in a reasonable length of time and we saw there were sufficient numbers of staff on duty to support people.

Staff told us they had completed a range of different pre-employment checks before working unsupervised in the home. We saw from four staff files we looked at all pre-employment checks had been completed. This included Disclosure and Barring checks (DBS) and references. DBS checks help employers reduce the risk of employing unsuitable staff. We saw evidence that demonstrated nurses had up to date registration with the Nursing and Midwifery Council which ensured that staff were suitably qualified, fit and able to do their job.

People told us they received their medicines as it had been prescribed. We looked at people's Medicine Administration Records (MAR) and checked the stock of medicines for people; particularly those who were receiving end of life care. We saw medicines for these people were all recorded properly and the staff we spoke with knew how to give people their medicines correctly for example via a syringe driver. A syringe driver is a mechanical pump which administers the person's dose of medicine under the skin. This will ensure the person receives the correct dose of medicine even though they are deteriorating and may be semi- conscious or unconscious. Staff we spoke with were confident in providing people with their medicines. All nursing staff we spoke with said that they had received training and felt confident in giving medicines to people. One member of staff said, "The pharmacist has recently been in and completed checks I feel well trained and confident to administer people's medicines." All of the medicines were stored securely in locked cabinets and in line with the manufacturer's instructions for storage of medicines.

Good

Is the service effective?

Our findings

People and relatives spoken with told us they felt the staff were trained and had the skills to meet people's needs. One person told us, "They know what they're doing. They've done their training," Another person said, "They [staff] know what they're doing." A member of staff said, "Training is on-going, we complete a lot of training both internally within the home or external. We have a training manager here who makes sure we are all up to date with our training." Staff we spoke with were knowledgeable about people living at the home and were able to tell us how they cared for them and met their needs. All staff we spoke with said that the provider ensured they had the skills and knowledge to support people living at the home. Nursing staff confirmed they were supported by the provider to keep up to date with current nursing practice in relation to caring for people who were at their end of life.

We saw there were some staff who had worked at the home for a number of years. This had helped people build stable and consistent relationships with staff members. One person said, "I know they have to qualify before they can do anything. If they're new, they come with other staff and watch." We spoke with a new member of staff; they described their induction including shadowing more experienced members of staff. They said they felt fully supported by their colleagues and when they had finished their induction they felt confident to take on their new role. Staff told us they had one-to-one meetings and appraisals. All staff spoken with said if they had any concerns they would speak with either the manager or provider and felt very well supported in their role.

People were asked for their consent before staff provided care and support. People and their relatives confirmed to us that staff offered people choice. One person said, "They always check with me first before they do anything and do as you tell them." Staff we spoke with were able to describe to us how they sought a person's consent if they had capacity to make decisions. However they were not always clear on the requirements of the Mental Capacity Act if they felt a person lacked capacity to make decisions. We discussed this with the provider and manager who said they would arrange additional training for staff.

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

We checked whether the home was working within the principles of the MCA. The provider informed us one person had an authorisation in place to deprive them of their liberty. Staff we spoke with were aware of the restriction in place to keep the person safe and were complying with it. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the provider had an understanding of the procedures to follow to ensure people's rights were protected.

People told us they enjoyed the food and drink provided to them. One person said, "I have porridge for breakfast. You just tell them what you want and they do it." A relative told us, "I've eaten here a couple of times. The food is good. There's plenty to eat and drink and good choice." People told us they received drinks regularly and we saw that there were plenty of drinks available in both the communal areas and in people's bedrooms. We observed people being offered drinks throughout the day. We saw that people were offered a choice of food at meal times, one relative said, "There are three or four options but [person's name] can have what they want." Where people had special dietary needs, such as they required soft food or were living with diabetes we saw these needs were met. One relative told us, "[Person's name] is on a PEG feed but is a vegan. They've [staff] adhered to their preferences. They only give vegetable purees." PEG feeding means supporting people to receive a nutritious diet using a PEG tube. A PEG tub is passed into a person's stomach through the abdominal wall to provide a means of feeding when oral intake is not adequate.

One relative whose partner was on an end of life care plan told us, "They've taken [person name] off most of the medications. We thought [person's name] only had a little while but it's been five months now. [Person's name] is very comfortable." Another relative said, "They arranged a hearing assessment and [person name] sees the optician every six months. [Person's name] goes to the dentist; they arrange transport and an escort goes with them." One

Good

Is the service effective?

person told us, “I’ve had the doctor in one or two times but I haven’t had the optician.” We saw where appropriate, referrals had been made to healthcare professionals such as speech and language teams (SALT) and the palliative care team. We saw people’s health care records had been updated with guidance provided by external healthcare professionals for staff to refer to so that people’s health care needs were met.

Good

Is the service caring?

Our findings

People and relatives told us the staff were kind, caring and respectful. One person told us, "It's lovely. All the staff are lovely." One relative said, "The carers are lovely and kind." Another relative said, "We're absolutely very happy with everything. The care, the food everything. This has been the most helpful place. If [person's name] was to give it a score out of ten, [they] would give it twenty." We saw staff interactions were friendly and respectful. For example, we heard one person who was in distress calling out for help. We saw a member of staff respond immediately to this person and sit with them stroking their hand and talking with them calmly. We observed the person relax and talk to the staff member about what was wrong. The staff member stayed with the person until they were happy for them to leave. Staff we spoke with knew the people they supported well and spoke about them in a caring way. One member of staff told us, "We are like a family here and treat people how you would like to be treated, that's why I have worked here so long. Staff are very caring."

People and relatives told us that staff explained to them what was happening on a day to day basis so they felt involved as much as possible in their care. People told us they liked the staff that cared for them and that staff knew them well and provided the care they needed. Staff we spoke with were able to tell us about people's likes and dislikes and how they preferred to be supported. One person said, "I've never had any trouble with staff not knowing what I like and what I don't." People were supported to make day to day choices and decisions. One person told us, " I make my own mind up what I want to do and the staff go along with it as much as they can" A relative said, "Its routine now but its [person's name] choice to have a wash in their room rather than a shower." Another relative said, "Staff explain very slowly what they are going to do for example giving [person's name] a wash. If she doesn't want a wash they [staff] respect their view and leave it. They record it and let me know." All the people we spoke with told us that they felt staff listened to them. We saw staff sitting and talking with people. One relative told us, "Sometimes staff come and sit with [person's name] and read poetry they are very kind like that."

We saw that staff treated people with dignity and ensured people's privacy was maintained when providing them with personal care. One person said, "They draw the curtains, they understand dignity." A relative said, "They [staff] respect [person's name] privacy and ask me to leave the room when they are doing personal care." All the staff we spoke with were able to explain to us how they promoted people's dignity. One member of staff said, "As I provide personal care I make sure I cover people's private areas up and make sure they are happy with the way I am supporting them." We observed one person being hoisted wearing a dress we saw a member of staff cover the person's legs with a blanket to protect their dignity. However, we saw people's dignity was not always considered in relation to their care and treatment. We observed one person receive medicine whilst sitting at the dining room table for lunch with other people; they were not given a choice when or where they wanted to receive their medicine. We saw a sign on a person's wardrobe door displaying a person's nutrition requirements. The person wanted their door to remain open which meant that visitors to the home would see this information and we saw staff entering people's rooms without knocking to record the person's fluid intake. We discussed this with the manager who said that they would address the issues.

People's family and friends were able to visit at any time. One relative told us, "You can visit anytime and always made to feel welcome." We observed family members visiting throughout the day and they were welcomed by staff warmly.

Good

Is the service responsive?

Our findings

No one we spoke with had any concerns or needed to make a complaint. People told us if they had any concerns they would speak with the staff or provider. One person said, "Concerns, if I had any I'd go to the desk downstairs and ask them to investigate, and of course they would straight away." Another person told us, "I'd speak to a member of staff and if I wasn't satisfied, I'd speak to the manager." One relative said, "I don't have any concerns but if I did I would speak with the manager or nursing staff, they are all very helpful." We discussed the complaints procedure with the provider and manager. We asked about complaints they had received and actions they had taken since our last inspection. There had been one written complaint, which the provider told us had been dealt with at the time. However there was no system to demonstrate how the home would respond and investigate concerns raised with them. There was a risk that complaints were not dealt with effectively and in line with the providers own complaints procedure.

People told us staff involved them in planning how they wanted their care to be provided so that it was personalised to meet their needs. We observed staff responding to people in a timely manner, supporting people in a personalised way based on people's individual care needs. For example, caring for people who were nearing the end of their life in a way which respected their views and choices. However people and relatives said they had not been involved in developing their care plan record. One person said, "No, I haven't see a care plan and I haven't been involved in a care plan review, I don't know what it is." People and relatives we spoke with told us staff spoke with them about their care and support but did not think this was recorded in the care plans. However, people said care provided by staff reflected what had been discussed with staff at the home. One relative said, "Daily records are kept in people's rooms so you can have a look if you want." We looked at care records and saw that people's changing needs were kept under regular review and changes to people's needs had been updated in the care plan. Information recorded in the care records was not personalised; people's like, dislikes and preferences was not recorded nor was people's life histories. Care records were specific to people's health and nursing needs. Staff we spoke with were knowledgeable about people's needs and preferences. They said they spent time talking to people and their relatives about how their care was to be delivered. Staff said that they shared their knowledge with each other which enabled them to support people in the way they preferred. Staff we spoke with told us information was shared at daily handover but not all staff attended these. Information was cascaded down to staff from the team leaders. Information was also recorded in a communication book for staff to refer to. Some staff felt it would be beneficial for all staff to attend the handover so that everyone was aware of people's changing needs. Although staff said this may not always be possible due to people's needs within the home.

The home had a separate day centre on site; where those people who chose to or were well enough went to take part in a variety of activities. People and relatives we spoke with said, "The day centre provides lots of different activities and visits from entertainers. A meal is also provided over there it is good." One person told us, "I enjoy the day centre they have bingo and different people coming in it makes a change." Another person said, "There's just telly [in the home]. That's all I do really. I go to the lounge if there is a singer on but I can't sit for long." Other people we spoke with said there was not "So many activities in the home but staff did take time to chat." Other people said that they enjoyed looking through "Magazines and having their hair done." We saw that people who did not attend the day centre were mostly sat around in the lounge areas or their bedrooms watching television. We saw very few items to interest people such as books, craft items or games which could be used to reduce people's isolation.

Requires improvement

Is the service well-led?

Our findings

Prior to the inspection we reviewed information we had about the home this included statutory notifications which the provider has to notify CQC of by law. For example, allegations of abuse. We looked at records and saw that one person had a large skin tear from bed rails and another person had scalded their skin from an accident with a hot drink. Other records we looked at included people who had fallen within the home. We found the provider had taken action to address people's individual safety and contacted appropriate healthcare professionals as required. However, we found no incidents of serious injury or potential allegations of abuse had been reported to CQC from the provider for a period exceeding twelve months. We discussed this with the provider and manager during the inspection and informed the provider of their responsibilities to notify CQC of events within the home which may impact upon people's care and welfare. This meant that the provider and manager were not fully aware of their responsibilities with regard to notifying CQC of events in the home.

This was a breach of Care Quality Commission Regulation 18 (Registration) Regulations 2009.

Services that provide health and social care to people are required to notify CQC by law of any deaths. The home provides end of life care and a number of people had died while living at the home. We found no death notifications had been reported to CQC from the provider for a period exceeding twelve months. We discussed this with the provider during the inspection and informed them of their responsibility to notify CQC of any deaths that occurred in the home.

This was a breach of Care Quality Commission Regulation 16 (Registration) Regulations 2009.

The home does not have a registered manager in post. However the provider is in the home on a daily basis and provides continuity and leadership in the home. There is also a manager who provides day to day support to staff. We discussed the lack of a registered manager within the home with both the provider and manager. They advised us they would commence the process for one of them to become the registered manager of the home.

We looked at how the provider ensured the quality of the home was maintained. We found audit systems were in place however these were not always effective. We found little evidence of how information that was collected such as incidents and accidents was used to identify trends and improve the quality of care people received. We were made aware by the provider that one person living in the home had an authorisation in place to deprive them of their liberty. Although the provider had an understanding of MCA and DoLS they were not able to show us any paperwork to confirm the correct process had been followed. There was a risk that this person was having their liberty restricted without the correct process being followed. Staff were aware of how to keep people safe but there was no system in place to log any potential safeguarding concerns. We saw that although concerns were appropriately recorded by staff the provider had not escalated potential issues to the local authority or CQC. We spoke with the manager and provider about this and although they had received training there were inconsistencies in how this knowledge and training was applied and put into practice We found that although people were happy with the service they received at the home the provider did not have a robust complaints system in place. For example, where a complaint had been raised with the provider there were no records to demonstrate the issue was resolved satisfactorily.

People, relatives and staff told us they saw the provider and manager often throughout the day. One relative said, "They [provider and manager] are always about the home." People and their relatives said they were happy with the care that was provided. One person said, "It's like a family. It's a good relationship between me and them [staff]." People and relatives told us they thought the home was managed well and the provider and staff were supportive and helpful. We asked people and their relatives how the provider gathered feedback from them about the home. They said that they had not been involved in any meetings but felt that they were well informed by the staff of the home. They said staff kept them informed about "things going on in the home." Everyone said if they had any issues they would feel confident to approach the provider or manager. People and relatives told us that they had completed a number of different questionnaires for example, about the catering and food. We looked at completed questionnaires and found responses had not

Requires improvement

Is the service well-led?

been analysed to see if there were any areas for improvement. Although we saw the overall impression was that people were satisfied with the home and the care provided.

The management structure within the home was clear and all staff knew who to go to with issues. Staff told us the provider and manager were supportive. One member of staff said, "You can approach them [provider and manager] about anything, they are always available and very approachable. I would not work here if they were not." We saw that there was an open culture within the home and everyone felt able to raise any concerns or discuss issues with senior staff. Staff were aware of their roles and responsibilities and everyone felt that they received enough support to perform their roles. Staff said that they attended staff meetings which gave them an opportunity to share ideas or concerns. Staff demonstrated an awareness of the whistleblowing policy should they wish to raise concerns when they felt people were at risk of receiving unsafe care. Whistleblowing means raising a concern about a wrongdoing within an organisation.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **The provider failed to notify the Commission of events which they are required to do so by law.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 CQC (Registration) Regulations 2009 Notification of death of a person who uses services **The provider failed to notify the Commission of events which they are required to do so by law.**