

Arboretum Nursing Home Ltd

Arboretum Nursing Home

Inspection report

Forest Lane
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Arboretum Nursing Home is a care home providing personal and nursing care to up to 54 people. The service provides support to younger adults and older people who have dementia, sensory impairment and physical disabilities. At the time of our inspection there were 46 people using the service.

People's experience of using this service and what we found

Improvements were required in relation to the recording and responding to people's concerns and how the provider used information from people and their relatives to drive improvements. Furthermore, improvements were required in relation to communicating in timely manner with health and social care professionals linked to the service.

Risks to people's health and well-being had been assessed and monitored to ensure they were kept safe. The provider had safeguarding systems and processes in place to keep people safe. Staff knew about the risks to people and followed the assessments to ensure they met people's needs.

People felt safe and were supported by staff who knew how to protect them from avoidable harm. Staff were recruited safely and there were enough staff to meet people's needs. People lived in an environment that was clean and well maintained.

Staff observed and followed infection control procedures in line with national guidance for reducing the spread of Covid-19. Staff followed the infection control procedures the provider had in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way and in their best interests: the policies and systems in the service supported this practice. People's individual communication needs were considered to support them to be involved in their care.

Audits took place to ensure the quality of the service was maintained.

People were assessed before they used the service to ensure their needs and preferences could be met.

Staff spoke positively about working for the provider. They felt well supported and that they could talk to the management team at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their role.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for the service under the previous provider was requires improvement, (published on 16

November 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about care delivery. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well Led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our well-led findings below.

Requires Improvement ●

Arboretum Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, a specialist advisor who was a nurse and one 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.

Service and service type

Arboretum Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our

inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and eight relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, clinical lead, nursing staff and care workers.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found, including information about the provider's staff training programme.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At the last inspection the provider had failed to ensure sufficient systems were in place to do all that is reasonably practical to mitigate the risks to people. Information to aid staff in administering medicines that had been prescribed on a when required basis (PRN) was not in place. Staff did not have the information they needed on how to prepare and administer medicines given via a feeding tube safely. Staff did not always ensure that pain patches were applied to people's skin in accordance with manufacturers guidance. Staff did not ensure some medicines including insulin and eye drops had recorded opening dates to ensure they were safe to use. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12.

- People told us they received their medicines when they needed them. One person told us, "No issues with my medication, I always get it on time."
- People's care plans detailed how they preferred to take their medicines including clear protocols for medicines given 'as and when' required.
- The provider had procedures to ensure medicines were stored and managed safely.
- Staff who administered medicines had been specifically trained to do so and the management team completed regular competency checks to ensure procedures were followed.
- Medicine Administration Records (MAR) noted all medicines were administered correctly and medicine count records accurately recorded the total of each medicine in stock.

Learning lessons when things go wrong

- Accident and incident records were completed and monitored by the registered manager to reduce the likelihood of reoccurrence.
- Records viewed during our visit demonstrated complaints were not always managed in line with the providers policy. As, not all complainants received a written response, this was confirmed by the registered manager. Also, the records did not clearly document action taken or lessons learnt.

Assessing risk, safety monitoring and management

- The provider assessed risk for both people and the environment, we found risk assessments contained information to keep people safe. For example, we saw assessments to manage the risk from people's

behaviour and clear instructions for staff to follow. One person's care plan detailed instruction for staff to follow to reassure them when displaying distressed behaviour.

- Risk to people had been appropriately managed. There were robust risk assessments in place to guide staff to how they should support people safely.
- Staff demonstrated a good understanding of potential risks and how to keep people safe.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives explained how staff promoted people's safety. One person told us, "I feel very safe, the [staff] are lovely. Always checking up on me."
- People were protected from potential abuse by staff who had regular safeguarding training and knew about the different types of abuse. One staff member told us, "There are different types of abuse such as physical, verbal, emotional, financial and institutional."
- The provider had safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse. One staff member told us, "If I observed or became aware any kind of abuse, I would inform the management. If I was unhappy with how the matter had been dealt with, I would contact CQC, the local authority or the police."

Staffing and recruitment

- There were sufficient numbers of staff on duty to meet people's needs. The provider ensured people had a consistent staff team. One relative said, "When I visit there are always enough staff."
- Each person's needs were assessed on an individual basis, which were reviewed and updated regularly as people's individual needs changed.
- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance. The registered manager confirmed if the home experienced an infection outbreak, relatives could still visit via a telephone booking system and have temperature checks undertaken upon arrival. The registered manager acknowledged there had been some confusion around visiting arrangements and confirmed a letter would be issued via email and post confirming the process to book visits during an outbreak. One relative we spoke to told us they were able to still visit their relative during an outbreak, they said "I was able to book a slot and see [name of relative], it was really important because I was concerned they [name of relative] would be isolated".

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection we rated this key question requires improvement. At this inspection the rating for this key question has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the last inspection the provider had not acted in accordance with the requirements of the Mental Capacity Act 2005 (MCA). Some people's Deprivation of Liberty Safeguards (DoLS) authorisation had expired and the provider had not sent a request for a new authorisation in a timely manner. In addition, some people had DoLS requests sent even though they were assessed as having full capacity. Furthermore, staff members we spoke with lacked an understanding of MCA and DoLS processes and procedures. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 need for consent.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- We found people's Deprivation of Liberty Safeguards (DoLS) authorisation renewals were sent in a timely manner. In addition, requests were sent only after a person had been assessed as lacking capacity.
- Staff had received training about the MCA and understood the importance of ensuring people's rights were protected.
- People were asked for their consent before they received any care and treatment. For example, before assisting people with personal care. Staff involved people in decisions about their care and acted in accordance with their wishes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked very closely with other agencies and health professionals in order to meet people's specific needs. We saw evidence of this during the inspection visits. One relative told us, "I think it's good the GP comes around and other health professionals."
- Staff monitored people's health care needs and informed relatives, senior staff members and healthcare professionals if there was any change in people's health needs.
- Care plans were reviewed and updated to reflect any changes or recommendations from healthcare professionals. Staff told us they were confident changes to people's health and well-being were communicated effectively.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed before they used the service to ensure their needs and preferences could be met.
- Assessments of people's diverse needs were discussed prior to using the service. These included religion and sexuality.
- Assessments were used to formulate a plan of care. This provided staff with the information they needed to meet the person's needs and preferences.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by staff to maintain nutrition and hydration.
- People had choice and access to sufficient food and drink throughout the day, food was well presented, and people told us they enjoyed it.
- People's feedback about the food was sought regularly by staff asking people and making observations. One person told us, "I love the food, I like to eat meals in my room and they assist me."

Staff support: induction, training, skills and experience

- Relatives were confident staff had the skills and knowledge to meet people's needs. One relative told us, "The staff have the skills and knowledge to care for [Name of person]."
- Staff were positive about amendments the provider had made to the training programme. A member of staff said, "The training is good, you can ask or put forward topics you have interest in or believe it will be beneficial."
- New staff had completed a comprehensive induction, were well supported and either had health care qualifications or were completing training that covered all the areas considered mandatory for care staff.

Adapting service, design, and decoration to meet people's needs

- The home was clean and tidy and adapted to meet the needs of people using the service.
- The premises provided people with choices about where they spent their time.
- People's bedrooms were decorated and furnished to meet their personal tastes and preferences, for example having family photographs and artwork.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection the provider failed to ensure that governance and managerial oversight were effective at monitoring the quality of the service. Audits of medication had failed to identify PRN protocols were not in place for as and when required medication. Audits had not identified issues identified during the inspection with the storage of medication. This was a breach of a Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Good governance.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since our last inspection managerial oversight of the service had improved. For example, risks in relation to medicines were being safely managed to ensure people received safe care and support. Audits of Deprivation of Liberty Safeguards (DoLS) authorisations had ensured new and renewal requests were sent in a timely manner.
- Some records required improvement, as they failed to include the actions taken to resolve issues raised by people. For example, one person raised concerns about the call bell system in their bedroom not working. We could not find a response to this concern, after the inspection the registered manager sent us evidence a response had been made and checks conducted on all call bell alarms within the home, confirming all were in working order.
- People were supported by staff who were motivated to carry out their role.
- Staff received regular supervisions where they had the opportunity to discuss their role and performance.
- Staff were aware how to raise a concern and told us they would do if the need arose.
- In accordance with their legal responsibilities, the provider had informed us about significant events which occurred at the service within required timescales.

Working in partnership with others

- Professionals linked with the service told us they found the provider was not consistently engaged with them. One professional told us, "They don't come back to you, they don't respond to emails. When we ask for information, we don't receive it in a timely manner, you are constantly chasing. However, when we visit, they are engaging and welcoming". We raised these concerns with the registered manager, they acknowledged improvements were required regarding communication and stated he would raise this at the

next team meeting and implement improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives spoke positively about the care they received and of the way the service was run.
- One relative said, "The manager is approachable, in fact all the staff are. It's a good atmosphere and I think that comes from the management."
- All staff were committed to providing people with a high standard of care which was tailored to their needs and preferences.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour and was open and honest about where the service needed to improve.
- The provider promoted an ethos of openness and transparency which had been adopted by all staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager confirmed an annual satisfaction survey is issued to provide people with the opportunity to express their views about the quality of the service provided.
- People's views were sought daily when receiving support.
- We found there were regular meetings for staff and their views were encouraged. Staff told us they felt valued and their views were respected. One staff member told us, "The team meetings are an opportunity to raise or concerns or ideas for improvement. I do feel listen to."
- People and their relatives knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this such as regular phone calls with the management.

Continuous learning and improving care

- During the inspection we saw evidence confirming the provider was a member of the Gold Standard Framework (GSF). This is a system that enables good practice and optimises care for all people approaching end of life. We spoke with the lead member of staff involved with GSF and they told us the service had received a Platinum award for their work in this area.