

Parkcare Homes Limited

Arthur House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 19 January 2015 and was unannounced. At the last inspection on 15 August 2013 we found the service was meeting the regulations we looked at.

Arthur House is a small home which provides care for older people who need help with their personal care and support, some of who are living with dementia. The home is registered to care for up to 15 older people. At the time of our inspection there were 10 people living at the home.

The service is required to have a registered manager in post. 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 persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. Although the home did not have a registered manager a new manager had been appointed in September 2014 and had made the appropriate registered manager application to CQC.

People and their relatives told us people were safe at Arthur House. Staff knew what action they needed to take to ensure people were protected if they suspected they were at risk of abuse or harm. Risks to people's health,

Summary of findings

safety and welfare had been assessed by staff and the service had appropriate plans in place to ensure identified risks were minimised to keep people safe from harm or injury in the home.

The home, and the equipment within it, was checked and maintained to ensure it was safe. Staff kept the home free from clutter to enable people to move around safely. There were enough staff and the provider had carried out appropriate checks to ensure they were suitable to care for and support people using the service.

People received their medicines as prescribed and these were stored safely in the home.

People's needs were met by staff who received appropriate training and support. The manager monitored training to ensure staff skills and knowledge were kept up to date. Staff felt well supported by the manager and other senior staff. They had a good understanding of people's needs and how these should be met.

Staff encouraged people to stay healthy and well. People were supported to eat and drink sufficient amounts to reduce the risk to them of malnutrition and dehydration. Staff regularly monitored people's general health and wellbeing. Where there were any issues or concerns about a person's health, staff ensured they received prompt care and attention from appropriate healthcare professionals such as the GP or dietician. Relatives told us they were kept regularly informed and updated about any changes to their family member's health and wellbeing.

Care plans were in place which reflected people's needs and their individual choices and preferences for how they received care. People's relatives and other healthcare professionals were involved in supporting them to make decisions about their care needs. Where people were unable to make complex decisions about their care and support, staff ensured appropriate procedures were followed to ensure decisions were made in their best interests.

The provider had procedures in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty

Safeguards (DoLS). The manager had sufficient training to understand when an application should be made and how to submit one. This helped to ensure people were safeguarded as required by the legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

The home was welcoming to relatives who told us there were no restrictions on them visiting their family members. People were encouraged and supported to maintain relationships that were important to them. People and their relatives felt comfortable raising any concerns they had with staff and knew how to make a complaint if needed. People said concerns raised in the past had been listened to and dealt with by the manager.

People and their relatives said staff looked after people in a way which was kind, caring and respectful. They told us staff ensured their privacy and dignity was maintained.

People and their relatives told us they were happy with the appointment of the new manager, in September 2014. They told us they were approachable, listened and were proactive in getting things done. People said their views were sought in developing and improving the service. The manager was committed to improving the quality of care and service people experienced. They carried out regular checks of the service to ensure care was being provided to an acceptable standard. They also demonstrated clear leadership and support. Staff had a good understanding and awareness of their roles and duties in relation to delivering good quality care at the home.

The provider was committed to improving the experiences of people living at the home, especially for people living with dementia. They had developed strategies and a training programme aimed at improving and supporting people to live rewarding and meaningful lives. They had also allocated resources to undertake a major refurbishment of the home aimed at improving the lives of people living here.

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 and their relatives told us people were safe at Arthur House.

Plans were in place to minimise known risks to people to help keep them safe from injury and harm. Staff kept the home free from clutter so that it was safe to move around. Regular checks of the environment and equipment were carried out to ensure these did not pose a risk to people's health and safety.

There were enough staff to support people. The provider carried out appropriate checks to ensure prospective staff were suitable to work in the home. Staff knew how to recognise if people may be at risk of abuse and harm and how to report any concerns they had to protect them.

People received their prescribed medicines when they needed them and all medicines were stored safely in the home.

Good



Is the service effective?

The service was effective. Staff had the knowledge and skills to care for people who used the service. They received regular training to keep these updated.

People were supported by staff to stay healthy and well. They were encouraged to eat and drink sufficient amounts. When people needed support from other healthcare professionals, staff ensured they received this promptly.

We found the location to be meeting the requirements of the DoLS. The manager had received appropriate training, and had a good understanding of the MCA and DoLS.

Good



Is the service caring?

The service was caring. People and their relatives said they were supported by staff that were caring, kind and respectful. Staff ensured that people's dignity and right to privacy was always maintained, particularly when receiving care.

People's diverse needs and lifestyle choices were considered and respected by staff in a caring way. Relatives told us the home placed no restrictions on them when visiting the home so that they could be with their family members.

Good



Is the service responsive?

The service was responsive. People's needs were assessed and care plans were developed which set out how these should be met by staff. Plans reflected people's individual choices and preferences.

People were encouraged to maintain relationships with the people that were important to them. People were supported and encouraged to take part in social activities in the home

People and relatives told us concerns and complaints had been dealt with appropriately by the manager.

Good



Summary of findings

Is the service well-led?

The service was well-led. People and their relatives spoke positively about the new manager. People said they were asked for their views on how the service could be improved. Staff said they felt well supported and clear about their roles and responsibilities towards people living in the home.

The manager carried out regular checks and audits to assess the quality of care people experienced. They took action to remedy any issues they identified through these checks.

The provider demonstrated a clear commitment to improving the quality of care that people experienced. They had introduced specific strategies and training for all staff to ensure people were supported to live rewarding lives, especially people living with dementia. They had also committed resources into refurbishing the home to improve the quality of life for people living at Arthur House.

Good



Arthur House

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 19 January 2015 and was unannounced. It was carried out by a single inspector. Before the inspection we asked the provider to complete 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 also reviewed other information about the service such as notifications they are required to submit to CQC.

During our inspection we spoke with six people who lived at the home, two relatives, a senior care worker, a healthcare assistant, the manager and a senior manager from within the provider's organisation. We observed care and support in communal areas. We looked at records which included three people's care records, four staff files and other records relating to the management of the service.

Is the service safe?

Our findings

People told us they were safe at Arthur House. One person said, “yes, I feel quite safe in the home.” A relative told us they felt their family member was safe in the home. They said, “I would know if [my relative] wasn’t safe. I could tell if [my relative] wasn’t happy.” The provider had taken appropriate steps to protect people from abuse, neglect or harm. Staff had received training in safeguarding adults at risk. They told us what signs they would look for to indicate that someone may be at risk of abuse or harm and the actions they would take to protect them. Staff said they would tell a senior member of staff immediately if they had any concerns. There were policies and procedures, accessible to all staff, which set out their responsibilities for reporting their concerns and how they should do this. Staff had signed these to say these had been read and understood. The provider had also provided staff with key chains and information cards encouraging them to report anything they thought was “wrong, abusive or illegal.” Staff were told they could do this anonymously and provided with a 24 hour telephone hotline number to report their concerns. Records showed there had been no reported allegations of harm or abuse at the home.

Risks to people's health, safety and welfare had been assessed by staff. These assessments were comprehensive and identified risks to people within the home, based on their current health care conditions, their care and support needs and their individual choices for how they wished to be cared for. Where risks had been identified there was appropriate guidance for staff on what actions they must take to minimise these risks, to keep people safe from harm or injury. For example, where a person was at particular risk of malnutrition and dehydration there were appropriate plans in place to support them to eat and drink enough to stay well. These assessments also covered risks to people in case of emergencies within the home. Each person had their own individualised plan for how they would be evacuated in the event of an emergency such as a fire within the home. Staff responded quickly to changes in people's circumstances that resulted in new risks that could affect their health, safety and welfare. For example one person had recently been discharged from hospital and needed extra help with moving and transferring. In this

case, the risks to them resulting from their reduced mobility had been assessed and appropriate steps were taken, such as using a hoist when this was needed, to enable them to be moved and transferred in safe way.

The provider ensured the home and the equipment used within it were safe and did not pose any unnecessary risks to people's health and safety. At the time of the inspection the provider had just started a major refurbishment programme of the home. Precautions and measures had been taken to isolate areas being refurbished and we noted no obvious noise and disruption to people in the home because of these works. Communal areas around the home were clear and free of clutter. This was important as this enabled people, especially people who needed extra help and used walking aids to move around the home, to do this safely. There was a programme of service and maintenance checks in place. Records showed checks had been made of fire equipment, alarms, emergency lighting, call bells, water hygiene and temperatures, portable appliances, the heating system, hoists and slings.

There were enough staff to care for and support people. People and their relatives told us if they needed help and support, staff came quickly. One person said, “If I need something I can quite easily get someone to help.” Another person said, “There is always someone here if I wanted something.” We saw call bells were placed within easy reach of people in their rooms so they could call for staff if they needed to. Staff were present in the home throughout the day particularly in communal areas. When people needed help or assistance they responded promptly. We checked the staff rota and noted the number of staff on duty had been planned which took account of the level of care and support each person required in the home and community. The manager used information about people to analyse monthly whether there were enough staff with the appropriate skills to meet their needs. They said if they needed to bring in additional staff they had support and access to resources to enable them to do this. This was confirmed by a senior manager from the provider's organisation visiting the home on the day of our inspection.

Staff records showed the provider had robust recruitment procedures in place and had carried out appropriate employment checks of staff regarding their suitability to work in the home. These included obtaining evidence of

Is the service safe?

relevant training and experience, character and work references from former employers and security checks to ensure prospective staff were suitable to work with people, whose circumstances made them vulnerable.

People were supported by staff to take their prescribed medicines when they needed them. Each person had their own medicines administration record (MAR sheet) and staff signed these records each time medicines had been given. There was appropriate guidance about the medicines prescribed to people, and in cases where this had been prescribed 'as required' (PRN) there was information for staff about why, when and how this should be administered. We found no recording errors on any of the

MAR sheets we looked at. Our own checks of the medicines in stock confirmed people were receiving their medicines as prescribed. Staff understood about the safe storage, administration and management of medicines and medicines were kept safely in the home. They were stored in a locked cupboard. Medicines that required cold storage were kept secure in a locked fridge. The temperature of this fridge was recorded and monitored daily to ensure medicines were being stored at the appropriate temperature. During our inspection we observed the cupboard and fridge were kept locked and only accessed by staff when required and appropriate.

Is the service effective?

Our findings

People said staff knew how to meet their specific care and support needs. One person told us they felt staff “had the right skills to do the job.” Another told us, “I feel quite confident they know how to look after us.” A relative said staff knew how to care for and support people, especially people living with dementia. Another relative told us, “The care is excellent. [My relative’s] needs are always met.” The provider had an accredited in-house dementia training programme for all staff. The purpose of this training was to broaden staff awareness and understanding of the impact of dementia on people and how staff could positively support, enable and encourage people living with dementia, in a meaningful way. Staff who had received this training spoke positively about how this had helped them in their roles to support people in an effective way. We saw for ourselves during the inspection when people became disorientated or confused staff engaged with people in a positive and supportive way which respected their dignity.

The provider also had a training programme in place for staff to attend other training in topics and subjects relevant to their roles. This was monitored at both provider and manager level to identify when staff were due to attend refresher training to update their skills and knowledge. Staff confirmed they received training which they felt was relevant to their roles and helped them to understand the needs of people they cared for. They said they had one to one meetings with their line manager and attended staff team meetings which provided them with opportunities to talk about workplace issues, practice and concerns. All the staff told us they felt well supported by senior staff.

Staff working in the home had received training in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This helped to ensure people were safeguarded as required by the legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The manager had a good understanding and awareness of their role and responsibilities in respect of the MCA and DoLS and knew when an application should be made and how to submit one.

Appropriate arrangements were in place to ensure the provider had people’s consent to the care and support they received. Records showed people’s capacity to make day to

day decisions about their care and support had been assessed by staff. Where people lacked capacity to make specific decisions about aspects of their care and support, there was evidence staff involved other people such as relatives and healthcare professionals to make decisions that were in people’s best interests. Staff told us how they supported people to make decisions about their day to day care and support and had a good understanding of how to do this in an appropriate way.

People told us they enjoyed the food they ate at the home. One person said, “I’m quite happy with the food.” Another person told us, “The food is quite good. The meals are varied.” We spoke with another person just after lunchtime who told us their meal had been “lovely”. A relative told us, “They are closely monitoring [my relative] all the time to make sure [my relative] is eating and drinking enough.” People were supported to eat and drink sufficient amounts to meet their needs. The day’s menu was displayed in the lounge and was well balanced and nutritious. Alternatives to the main meal of the day were offered and took account of people’s particular preferences for example vegetarian options were available if people wanted this. We observed the lunchtime meal. Although the home had a dining area, people were able to choose where they took their meal. Some preferred to eat at the dining table. Others ate their lunch in their rooms or seated in the lounge. We observed where people needed help to eat their lunch, this was done in a supportive way by staff. Meals were served promptly so that people did not wait long to receive their food. Food was well presented and served at the appropriate temperature. Staff told people what was on offer and listened to what people wanted. People were offered a choice of drinks with their meal. In individual rooms, there were jugs of water placed in easy reach of people so they were able to help themselves. People at risk of malnutrition and dehydration had their food and fluid intake closely monitored by staff to ensure they had eaten and drank enough.

Staff reacted quickly when there were changes in people’s health and wellbeing. One person told us “If I didn’t feel well, someone would come immediately.” A relative said, “They don’t miss much. They make sure the doctor is always called if anything was need.” Another relative told us when their family member had come to live in the home they had not been in a good way. They felt the care their family member had received from staff had helped to improve and prolong the quality of their family member’s

Is the service effective?

life well beyond their initial expectations. Daily records of the care and support people received were kept by staff. This included information about outcomes from medical and health care visits and staff's observations about people's general health and wellbeing. Regular health checks were made by staff and documented in people's individual records. For example, people's weights were monitored by staff to ensure people were not losing or gaining weight that could be detrimental to their overall health and wellbeing.

Staff took appropriate action to ensure people received care and support they needed from other healthcare professionals. Staff documented any concerns they had about people's current health and the action they had taken as a result such as contacting the GP, or a dietician for further advice and assistance. Staff told us information about people was shared with all care staff in handover and team meetings so that they had up to date information about people's general health and wellbeing, and how they needed to be supported by staff to maintain this.

Is the service caring?

Our findings

People and their relatives were supported by caring staff. One person said, “I feel it’s a caring home and the staff are caring.” Another told us, “The staff are kind and caring.” A relative said, “I have to say it’s very personalised and there is genuine warmth there from staff.” Another relative told us, “I’ve seen the way they talk to people and it’s always, kind, respectful and helpful.”

We saw interactions between people and staff was kind and caring. Staff took their time to listen to what people had to say. It was clear that staff knew people well and could tell quickly what people needed or wanted. Conversations between people and staff were warm and friendly. When people became anxious staff acted appropriately to ease people’s distress or discomfort. During discussions with staff we noted they always talked about people in a warm, caring and respectful way.

People’s views and preferences for how their needs should be met were listened to and respected. One person told us staff made sure they could have breakfast in bed each day as they didn’t like to rush in the morning and wanted to get ready in their own time. Another person wanted to have soothing music played or the radio on in their room which they had said was important to them. During the inspection we saw for ourselves, their radio was on for them to listen to. Relatives told us staff had provided them and their family member with information about the care and support available to them and how this would be provided. Records showed meetings between staff, people and their relatives took place to enable people to give their views and it was clear that the care and support available to

people was discussed. Staff used the information from these discussions to plan how people’s care and support would be provided so that this reflected people’s specific wishes.

People’s right to privacy and dignity was respected. One person told us they preferred the peace and quiet of their room and staff respected this and did not make them do anything they didn’t want to do. People’s individualised care plans set out how their right to privacy and dignity should be upheld by staff. For example, when people received personal care staff were instructed to ensure this was always done in the privacy of people’s rooms and in a dignified way. During the inspection we observed staff knocked on people’s doors and waited for permission before entering. A member of staff told us, “I make sure I knock on people’s doors and not just walk in, I call people by their preferred name and I make sure I look after people in a dignified way.”

People’s personal records were kept securely within the home. Staff signed data protection and confidentiality agreements when they started working at the home agreeing to protect people’s confidential and sensitive information. We observed staff did not openly discuss information about people in the home. For example, during staff handover’s this was done in a way that staff could not be overheard.

Relatives told us there were no restrictions on them visiting their family members at the home. One relative said, “There are no restrictions. I can pop in at all sorts of times and I’ll be offered a cup of tea and biscuit if staff aren’t too busy.” We saw staff were welcoming towards visitors and took time to say hello and speak with them.

Is the service responsive?

Our findings

People and their relatives were actively encouraged to share information about themselves, such as their life history and their likes and dislikes, to enable staff to provide them with more personalised care. One person told us that since moving to the home, “they [staff] have gotten to know me and they know what I like and don’t like.” A relative told us, “We’ve been given a questionnaire about [my relative] to fill in about their past so it will help them build a picture about who they are and what’s important.” The information from these questionnaires had been used to create an individual profile for each person, which was displayed in their room, and which gave information to staff about what was important to each person and how they wished to be supported.

Each person using the service had a detailed care plan which set out how their care needs would be met by staff. There were instructions for staff on how to provide this care and support which included guidance on how to ensure people were encouraged to maintain as much independence as possible when receiving this support. For example, when providing personal care staff were prompted to ensure people were allowed to do as much as they were able to do for themselves to enable them to retain independence and control. Care plans reflected people’s preferences for how support should be provided. For example one person wanted help with losing weight and agreed with staff on how they could respect their wishes to do this by, for example, not offering them biscuits with their tea. We noted as part of the planning of care, staff discussed with people and their relatives how their specific lifestyle choices and beliefs could be met and supported by staff. For example, people were asked how staff could meet and support their specific cultural or religious beliefs. Staff demonstrated a good understanding of people’s individual care and support needs as it was clear from speaking with them, they knew people well and how to care for and support them. They told us they kept up to date and informed about people’s care and support needs by reading people’s care plans and through sharing information with other staff in daily shift handovers and team meetings.

People’s care and support needs were reviewed regularly by staff. People and their relatives told us they were involved in an annual review of their care and support

needs in which they could discuss if the care and support provided continued to meet their needs. Staff also carried out a monthly review to ensure care and support provided continued to appropriately meet people’s needs. Where people’s health care needs had changed their care plans were updated promptly to reflect this. For example, one person had recently been diagnosed with an infection and their care plan was updated to reflect how staff should care for and support them appropriately.

People were supported to maintain relationships with those that mattered to them. One person said, “I get a lot of visitors and they come quite often.” Relatives told us they visited with family members regularly and they were given privacy to spend time together. People’s records included information about friends and family that were important to them in the home and community. There was guidance for staff on how people should be encouraged and supported to maintain these relationships.

People were encouraged to take part in social activities that took place in the home. Holidays and festivals such as Christmas were celebrated with different events and people and their family members were encouraged to attend and take part. The home had regular visitors who undertook activities with people such as aromatherapy and music therapy. A hairdresser also visited the home weekly. The home was building links within the local community to help people to maintain important social links. For example volunteers from a local school visited the home weekly to engage people in activities and to take time to talk with people about their life histories and social interests. The manager told us the home were waiting to appoint a new activities co-ordinator who would be increasing the range of activities available to people within the home. To facilitate this the provider had recently purchased a reminiscence and activity tool that provided news articles, quizzes, gossip, puzzles and sing-alongs aimed at stimulating people’s minds and improving memory.

The provider responded appropriately to people’s concerns and complaints. One person said, “I feel I could speak out if I wasn’t happy. I’d soon tell them if I wasn’t happy.” Another person told us they felt confident raising any issues if they had any. A relative said, “The home have been very responsive in dealing with issues.” Another told us, “They are quick to resolve things if there are issues.” The provider had a formal complaints procedure which was displayed in

Is the service responsive?

the home. This detailed, in an easy to read way, how people could make a complaint about the service. We saw a process was in place for the manager to log any complaint received and the actions taken by them to

resolve these. There was also detailed information about what people could do and how they could take their complaint further if they remained dissatisfied with the way the home had dealt with their complaint.

Is the service well-led?

Our findings

People and their relatives were actively involved in developing the service. The manager, through residents and relatives meetings, asked for people's views about how the service could be improved for people living in the home. Minutes from the most recent meeting in January 2015 showed people's ideas and suggestions were sought for new activities and meals which could be introduced to the home that people might enjoy. The refurbishment of the home had also been discussed and people were asked for their individual choices and preferences for their preferred colour scheme and flooring in their own rooms.

People spoke positively about the care and support provided at Arthur House. One relative described it as "brilliant". Another relative said it was "excellent". The provider had clear values and objectives about what good care and support looked like and how this should be provided. These were underpinned by strategies focussed on improving the quality of care people experienced. For example, they had developed and implemented a dementia strategy and academically accredited training programme. This provided staff with the information and knowledge they needed to support, enable and encourage people living with dementia so that they could live their lives in a positive and meaningful way. Training was provided to all new staff to the organisation and being rolled out to all existing staff. Staff who had received this training spoke positively and passionately about how this had improved their engagement with people using the service so that people were supported in a much more meaningful way. The provider was shortlisted for a Positive Practice Mental Health Award in October 2014 for their strategy and training programme.

The home did not currently have a registered manager. A new manager had been appointed in September 2014 and they had made the appropriate registered manager application to the CQC. From our discussions with them they had a good understanding and awareness of their role and responsibilities and how they would meet CQC registration requirements, particularly in relation to the submission of statutory notifications and other legal obligations.

The manager encouraged an open and inclusive environment in which people could speak openly and honestly. Relatives told us the manager was approachable

and willing to listen. One told us, "I think she's very good." Another said about the manager, "She's caring, approachable and proactive." Staff also told us the manager was approachable and they felt able to express their views about how the service could be improved. Staff had a good understanding and awareness of their roles and duties in relation to delivering good quality care at the home. Minutes from the recent staff meeting in January 2015 showed the manager ensured all staff were aware of their roles and responsibilities within the home and given opportunities to discuss work place issues and practices. Records of supervisions meetings showed staff were asked to consider and discuss how their current work practices met our five questions we always ask at inspection and what the service could do to ensure it was continuously improving.

The manager carried out various checks and audits within the home to monitor the quality of care and support people experienced. The manager was well informed about issues and concerns identified from these checks and had taken action to address these. For example, they had carried out a care plan audit the week prior to our inspection and identified how documentation and information could be improved to improve the overall quality of information accessible to staff. The outcomes of audits and checks were discussed with staff at the home and also at senior management level so that all were aware of what needed to be done to ensure people experienced good quality care through continuous improvement.

The provider demonstrated a clear commitment to delivering high quality care at the home. A major refurbishment programme was underway at the home. People's rooms were being updated and redecorated and communal areas were being improved. The gardens of the home were also being redeveloped and consideration had clearly been given to how the environment could be improved for people, especially for people living with dementia. The manager told us they were well supported and able to access the resources they needed from the provider to help them manage the service and bring changes and improvements that were needed. In 2014 the provider's organisation won 'The Most Outstanding Residential Care Service in the UK' at the Global over 50s Housing Awards. This award is presented annually by UK Over 50's Housing Weekly News to recognise excellence in the health and social sector.