

Barker Care Limited

Arbour Walk

Inspection report

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Ratings

Overall rating for this service	Insufficient evidence to rate
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Is the service safe?	Good ●
Is the service well-led?	Good ●



Summary of findings

Overall summary

Arbour Walk is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. There were 60 people living at the home on the day of our inspection.

There was a registered manager for the service. 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.

Relatives told us that they felt family members were safe and secure at the home and they confirmed for us that staff were kind and treated them in a respectful way. When risks to people were identified suitable actions were implemented to aim to keep people safe.

Relatives spoke positively about the registered manager and staff. However, some relatives told us they had found communication with the home sometimes a challenge. For example, when they rang the home out of office core hours it could take a very long time for the phone to be answered.

People's needs were met in a timely manner. This was because people were supported by enough staff to meet their needs.

Staff recruitment procedures were safe. There were systems in place to reduce the likelihood of unsafe and unsuitable staff being taken on at the home. There were effective quality checking systems being used to monitor the service and overall experiences for people who lived at the home. This helped ensure people received care that was personalised to their needs. Quality audits picked up where improvements were needed, and actions were then implemented to address the areas concerned.

Care plans showed what actions staff needed to do to meet people's range of care and nursing needs. Staff understood what was written in each person's care records and they knew how to provide care that was flexible to each individual and met their needs.

The provider worked to ensure the views of people and their families were sought. Suggestions and feedback were taken seriously and were acted upon. Changes were made to the service where possible.

Staff spoke positively of the registered manager. Staff felt they provided supportive, as well as effective, management and leadership. The staff team told us they were well supported by the registered manager who spoke positively about their role. Staff said they saw them often and they were always there when they needed support and advice.

Rating at last inspection

This was the first inspection of the service since it was registered with us in March 2020.

Why we inspected

The inspection was prompted in part due to concerns received about infection control and falls risks. A decision was made for us to inspect and examine those risks. Our visit gave us assurance that the provider had learnt from recent occurrences and clear actions had been taken.

You can see what action we have asked the provider to take at the end of this full report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Is the service well-led?

Good ●

The service was well led

Arbour Walk

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of two inspectors, an assistant inspector, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our Expert by Experience had direct experience of caring for a family member.

Notice of inspection: The inspection was announced, so the provider, acting manager and staff team knew we would be visiting. We gave the service 18 hours' notice of our visit.

Service and service type

The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement.

What we did before inspection

We reviewed information we had received about the service since the registering with us. Although the provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We sought feedback from the local authority and professionals who work with the service.

During the inspection-

We spoke with 11 relatives about their experience of the care provided to their family member. The relatives we spoke to were selected randomly by the lead inspector on the day of our visit.

We spoke with 12 members of staff including the provider, registered manager, and a senior manager.

We reviewed a range of records. This included four care records and nine medicine administration records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relative's felt the home was safe for their family members. One relative told us, "The home is safe, very much so." Another comment was "It's very nice, there's no two ways about it."
- Further relatives feedback included "I think the home is incredible, my relative moved from hospital, the location is not great for me but that doesn't matter. I've met the staff, I fought to keep her there. They immediately understood my relative's needs. They were over medicated when they went there from hospital. They were able to give them personal attention. They are flourishing there. "
- Other comments from relatives included, "I have no complaints; they have always been well looked after. Another relative went there recently and felt they were very well looked after." And "I have no complaints, my relative has always been well looked after."
- The registered manager ensured safeguarding concerns were recorded, investigated and shared with other agencies. From viewing the safeguarding records, we noted that all concerns or incidences had been shared, action taken where necessary and the concern resolved.
- If the registered manager and staff had concerns about the care or treatment given to people living in their home by outside agencies, they reported their concerns to the local authority safeguarding team.

Assessing risk, safety monitoring and management

- Risks were identified and managed appropriately to keep people safe.
- Relatives told us how they and family members were supported to stay safe. One relative said "The first impression of the visiting pod was good. Beautifully decorated and pleasant. My relative is glowing and the best I have seen her look and act in years.... The biggest joy was seeing her so happy. I know her well and her behaviour is the best indicator of her wellbeing." Another relative told us, "They are very very good. My relative is not eating, they have Covid and an infection at the moment."
- Risk assessments and risk management plans were in place. These included risks associated with falls.
- A senior member of staff told us they had good support from the mental health and other health care teams. They also told us of the 'COVID' related challenges they experienced with people who were unable to understand why they needed to socially distance from others or why they needed to isolate to their rooms.
- A senior member of staff told us that falls risks had increased for some people, specifically in one area of the home, and since people were being isolated in their rooms. They had increased the monitoring for people, using recognised tools that included the RESTORE2 tool, to recognise and identify when a person may be deteriorating. They also recorded hourly checks for people at high risk of falls, using a 'support and assistance' record sheet.
- Falls audits were completed every three months. In response to increased falls in one area of the home, more frequent checks had been completed, with the aim of reducing recurrence.

- General and individual health and safety risk assessments were in place to ensure staff worked in as safe a way as possible. Each person's care and support plan had an assessment of any risks due to the health and support needs of the person. The assessments detailed what the activity was and the associated risk, and guidance for staff to take to minimise the risk.
- There were also extra risk assessments to meet people's individual needs; for example around the risk of them experiencing a fall.
- Staff took action following accidents and incidents to ensure people's safety. One staff member told us how they supported people who may experience falls. They said "We assist them in to the communal areas if they can and if they're in their room they have a sensor which is on all the time, we can hear their call bell and we make sure staff are always there when they are in the communal area."
- Another staff member told us what they did to support people at risk of falls, "We keep them under observation, try to make sure no obstacles in their path, keep sensors on, sensor mat, side rails for the people that need it." A further comment from a staff member about supporting people at risk of falls was "We have falls risk assessments, if it's happening repeatedly, we inform GP and falls team."
- Another person had fallen in their room. The PIR (passive infra-red) alarm which alerts staff to movement in the room had not been activated. The importance of activating it for this person was discussed at a group staff supervision meeting and lessons were learnt.
- Information was recorded in the accident and incident books which also recorded near misses. This contained specific details and any follow up action to prevent a reoccurrence.
- The registered manager analysed information for any trends which could then be further investigated. This was to learn from them and drive up improvements in the service and overall safety.

Staffing and recruitment

- There were enough suitably trained and competent staff to meet the needs of people living at the home and minimise risks to their safety. During our visit we saw staff responding swiftly when people needed support.
- Relatives feedback was varied about staffing levels, although relatives did point out they had not been able to visit for a while due to Covid 19 at the home. One relative said, "There's always sufficient staff when I'm there but I'm not calling in at present." Another relative commented "They are out on the floor. The phone keeps ringing and ringing. I'm not sure how many staff are on the floor."
- Further relatives feedback around staffing levels included, "Yes from what I've seen" and "No possibly not".
- Staff feedback was positive about the numbers of staff at the home. One staff member said, "Generally there's enough staff. There's two people on for hospitality. It's very rare for there to be just the one person. I would say it's really good."
- Further staff feedback included, "There's enough people working on my floor. There are eight staff rostered." Another comment was, "Generally there's enough staff. There's two people on for hospitality. It's very rare for there to be just the one person. I would say it's good."
- We saw staff provide swift one to one support to people who needed extra assistance with eating and drinking and with other care and support. Staff were also readily available when people needed two staff to help them with their mobility needs.
- Staffing levels were reviewed weekly, or when the needs of people changed to ensure people's safety. The clinical lead and other staff met regularly to assess the dependency of people in the home and staff numbers changes depending on needs.
- We noted that the number of staff who worked in the home were the same as the numbers on the duty rota. Additional members of staff worked when needed for appointments or other specific activities.

Using medicines safely

- People were supported to receive their medicines safely.
- We saw medicines being given to people by a member of staff who had good rapport with people. The registered nurse was sensitive and caring. They knocked on people's doors before entering. We heard the staff member check how the person was.
- We saw that one person's medicines was given to them at 12 o'clock, prior to the general medicine round. This was because the person was prescribed time critical medicines.
- The registered nurse told us the actions they would take if they identified any gaps or errors in recording or medicine administration.
- Medicine charts contained information of people's allergies and how they wanted to take their medicine. All medicines had been administered and recorded.
- Medicines were stored appropriately and securely and as required by legal requirements. We checked that medicines were ordered well in advance, and medicines which were out of date or no longer needed were disposed of safely.

Preventing and controlling infection

- The provider had systems, processes and procedures aimed at preventing and controlling infection
- Relatives told us they were supported to practice safe infection control procedures in the home .
- One relative told us, "They are up with PPE, we had lateral flow tests in the Pod. They wear masks, gloves, aprons and shoe covers. We put all that on and they took us up to his room. They keep us updated, he is having his Covid jab tomorrow. We've all been twice since he's been there."
- Another relative told us, "The Pod is fantastic; I've not been in the home, but I've done a Zoom call. The home looks beautiful all the rooms are lovely and spacious. I can't fault them. The only thing that concerns me is how Covid got into the home."
- Staff told us how senior staff made sure they were wearing suitable personal protective equipment (PPE). One staff member said, " The nurses are always on the floor with us so always checking. At the beginning and end of a shift they check we have enough PPE. I start by washing my hands, put on apron, put on or change face mask, visors if using, wash hands and put gloves on , wash hands, and then apron, mask and visor and wash hands again."
- There was signage and guidance displayed at the front entrance to the care home, so that any visitors to the home knew what was expected to keep everyone as safe as possible. All visitors were met at reception and screened for symptoms of respiratory infection, asked to complete a health declaration and provide details to support the 'test and trace' system. Personal protective equipment (PPE) was offered, that included gloves, facemasks and aprons.
- All rooms had en-suite toilet and shower facilities. The communal areas were not being routinely used. There were exceptions, and people unable to understand why they needed to stay in their rooms, walked in and out of communal areas. Staff observed discretely and provided guidance for people when needed to ensure social distancing.
- Staff were wearing PPE, and staff told us they had received training. They told us they knew what was expected of them.
- Staff told us the provider's management team and the care home management team completed spot checks at night, evenings and weekends to ensure staff were compliant with infection prevention and control policies. Noted from a spot check stated the actions taken in response to one member of staff who had allegedly not been compliant.
- Staff socially distanced from others when taking their breaks.
- The care home was located over three floors. Each floor had a designated COVID area which people had been moved to following positive COVID tests.
- End of life visits were being supported. A visiting pod had been created and had been used successfully

prior to the current outbreak. Visitors entered from outside, directly into the room that had been converted into the visiting pod. There was a floor to ceiling Perspex screen, and an intercom between the visitor pod and the remainder of the room where people who used the service were supported to meet their loved ones. Visits were by appointment, and time allowed between visits for the areas to be cleaned.

Is the service well-led?

Our findings

This is the first inspection for this newly registered service. This key question has been rated Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- Quality monitoring systems were used effectively to make sure that improvements could be made to the overall quality of care and service. For example, the quality of service and overall experience of life at the home was being well monitored.
- The provider used an independent consultant to assess their service. The consultant was at the home when we visited. They told us their brief included turning up at services run by the provider unannounced. This showed the provider was committed to having dynamic systems in place to monitor and check quality.
- We saw the provider encouraged people to rate the home. There were freepost cards for an Independent online care home review site available in the home.
- Areas being regularly checked included the quality of care planning processes, management of medicines, staffing levels and training. When shortfalls were identified, we saw the managers had devised an action plan to address them.

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

- People and their family members and the staff team were encouraged to make their views known to the management. However, there was mixed feedback about how effective communication was. One relative said, "They could communicate better; I have spoken to my friends who receive emails and bulletins. This would be helpful for an update. I had a letter about Covid from head office to say the visits had stopped but nothing since. "

Further relative feedback included, " A family member has visited twice. Communication is very very difficult, to get hold of anyone for an update. Staff are very busy. The care is fine.... My relative seems quite happy there. They say it's a 5-star hotel.... Communication could be better." " I was trying to ring the office for 2 days once. I'm finding it hard to get through on the phone. They ring back and yes they reassure us."

- Relatives also had positive feedback about how the home was engaging with them. One relative said "They have been proactive in phoning us if there's anything to report. They rang us to arrange a visit, when it was possible as they knew Mum didn't understand the Pod. They were compassionate, they rang to say that the flow tests were available." Another relative told us, "They listened to me; I said my relative was overmedicated. They arranged for a full review by the GP and the dementia team. The medication was reduced which helped hugely. I didn't need to fight for this, they did listen." A further comment from another relative was "The staff are very very good, and the communication is excellent. I phone every day and ask how she is."

- There were posters in the home encouraging staff to speak up and talk to the manager about ideas for good practice and if they had any concerns.
- Staff felt supported and engaged with the registered manager. One said of the manager "Yes, he's really supportive. He's approachable. We have staff meetings. Another staff member told us " I'm happy about the

manager, he gives me positive feedback. And, I improved a lot since I joined the company. My colleagues are very supportive, and I feel happy in the company."

- Further staff feedback included, "I'm supported by the manager, he always comes around and says hello and we all have his number. We have handover meetings and since I've started, we've had four staff meetings. There's been one all staff meeting but more often we have meetings to minimise contact by having separate meetings for each floor."
- A professional commented "When I have visited the home, I have always been impressed by the care I've witnessed. Initially there were issues with getting through on the phone when the home first opened but this hasn't been a problem for a long time. I've found that the home manager has been extremely responsive during the times I've not been able to get through on the phone and has helped us set up regular times to call and speak to staff. I've also found him to be very quick to contact me with any concerns he has had regarding their residents."
- Staff team meetings were held on a regular basis. The staff said they were able to make their views known about the way the service was run or anything that they wanted to raise. A number of topics were raised at the meetings. These included the needs of people at the service, staffing levels, health and safety issues and staff training. We saw when needed actions were identified to follow up on.
- The staff told us they felt confident to report poor practice or any concerns, which they felt would be taken seriously by the management. There was an up to date reporting procedure in place to support them to do this.

Continuous learning and improving care

- The senior staff and registered manager ensured learning took place and when any trends and patterns were identified, action was taken to minimise the risk of re-occurrence.
- Accidents and incidents which involved people living at the home were properly analysed and learning took place. We saw guidance was in place from other health and social care professionals to offer the person specialist advice.

Working in partnership with others

- There were challenges around working in partnership with certain other health professionals. Specifically, the home was currently liaising with commissioners and the local safeguarding authority. This was around trying to ensure sufficient medical cover could be provided at the home for the most dependant people.
- After our visit we were sent positive feedback about the home from health care professionals who supported people there. The feedback showed staff worked effectively and positively with other professionals involved in people's care to improve outcomes for them.