

Coate Water Care (Arbory) Limited

Arbory Residential Home

Inspection report

London Road
Andover Down
Andover
Hampshire
SP11 6LR

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Arbory is a care home, without nursing, accommodating up to 60 people. The accommodation is arranged over two separate units. The Lodge is a converted manor house and supports people living with dementia and mental health needs. The Court is a purpose-built extension focusing on supporting people living with dementia. People have their own rooms and access to communal areas such as lounges and dining areas. There is a garden and a central patio. The Arbory is owned by Coate Water Care who, throughout this report, are referred to as the provider. Coate Water Care took over the management of the Arbory in April 2019 and since that time have been undertaking a programme of improvement and refurbishment which is ongoing. At the time of our inspection there were 46 people using the service.

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

We identified some concerns regarding the systems in place relating to the administration and documentation of medicines. The registered managers are acting to address these concerns.

During the inspection we observed that there were sufficient staff available to meet people's needs in a patient and non-hurried manner. Staff provided mixed feedback about staffing levels, but we did not identify evidence to suggest safety was compromised. Some staff also expressed a lack of confidence with managing behaviours which might challenge and felt this was an area where further training would be helpful.

Improvements were needed to ensure that all of risks relating to the premises were managed effectively. We have made a recommendation that the provider review their legionella risk assessment in line with relevant guidance. Risks relating to people's health and wellbeing were assessed and planned for.

The provider had invested in developing the environment, for example, they had installed a new laundry and specialist bathing facilities. Work was underway to redecorate and refresh communal areas and 50% of bedrooms had so far been completed. The provider had an ongoing refurbishment plan to continue to address the areas which were worn or in need of updating.

We saw a number of areas of good practice in relation to infection control and with regards to the management of risks relating to COVID 19.

Records were kept of incident and accidents that had occurred within the service. The managers monthly report did include an analysis of incidents and accidents and provided some evidence of learning from incidents and actions taken in response.

Staff displayed a commitment to protect people from harm and the registered managers had developed a safeguarding tracker to effectively monitor the progress of safeguarding alerts and the outcomes of these in terms of learning.

Where there was doubt about people's ability to make significant decisions about their care, mental capacity assessments had been completed to check whether people could consent to the care and support being provided.

A range of audits, checks and meetings took place on a regular basis. These helped to ensure that the registered managers and provider maintained oversight of care quality indicators and emerging risks within the service. Despite these systems, there had been missed opportunities to utilise these governance arrangements to their full potential in terms of driving improvements.

The feedback about the registered managers was consistently positive and demonstrated that people, their relatives and health care professionals had faith and confidence in their ability to ensure the delivery of person-centred care. Staff told us they felt valued, that morale and team work was generally good. Staff were confident that they could raise concerns with the registered managers and that these would be addressed.

The registered managers told us they worked effectively together and shared ideas which helped them to perform well and achieve their best. Both felt well supported by the provider who they said had brought a range of improvements to service since they took it over in April 2019.

The leadership team were well supported by the provider who proactively sought opportunities to develop the skills and knowledge of the leadership team and of staff. A future leader's course was offered by the provider to develop staff who displayed potential and ambition to progress within the organisation.

The service worked in partnership with other organisations to meet people's needs and develop its staff.

Rating at last inspection (and update)

The last rating for this service was good (Published April 2018).

Why we inspected

We carried out this unannounced, focussed, inspection of this service on 11 November 2020 as we had received a number of concerns and complaints about the service. We needed to assure ourselves that the service was safe and well led.

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 coronavirus and other infection outbreaks effectively.

This report only covers our findings in relation to the key questions safe and well-led. We reviewed all the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

The ratings from the previous comprehensive inspection for those key questions were not looked at on this occasion and were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for the Arbory on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service and we will continue to work with partner agencies. We will return to visit in line with our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

The service was well led

Details are in our safe findings below.

Good ●

Arbory Residential 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 three inspectors.

Service and service type

The Arbory 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.

The service had two managers registered with the Care Quality Commission. A registered manager, along with the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority, clinical commissioning group and community mental health providers. This information helps support our inspections. We used all of this information to plan our inspection.

The provider had not been asked to complete a Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make.

During the inspection

We spoke with three people who used the service, one member of staff, the nominated individual, operations manager and the two registered managers. The nominated individual [NI] is responsible for supervising the management of the service on behalf of the provider.

We reviewed five people's care records. The electronic medicines administration records, three staff files and a variety of records relating to the management of the service.

After the inspection

We received feedback from 11 relatives about the care provided and spoke with a further ten care staff. We continued to seek clarification from the provider to validate evidence found.

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 this key question was rated as Good. At this inspection this key question has deteriorated to 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

- During the inspection, we identified some concerns relating to the number of medicines which had not been administered. In a number of cases, medicines were not administered as the person was noted to be sleeping. It was not evident in these cases whether staff had considered that some of the medicines, particularly where these might be once a day medicines, could be administered later for example. Some of these medicines were high risk medicines and whilst we have not identified any impact upon the person's wellbeing due to the missed doses, this was an area of concern for us.
- We saw some examples where medicines had not been administered as the member of staff had reported that these were not in stock. This has been investigated by one of the registered managers, who provided evidence that the medicine was in stock, but staff had been unable to locate these.
- In some cases, the code 'Other' was recorded as the reason for the non-administration but no further information was provided. This can make it difficult for senior staff to assess whether there are any themes or trends which may need reviewing by the prescriber.
- The registered managers took immediate action to address these issues. They made contact with the prescriber and made arrangements where possible for the timing of medicine administration to be adjusted to try and reduce the risk that the person might be sleeping.
- The registered managers also arranged for staff to have refresher training and competency assessments. A meeting with the all medicines trained staff was held and expectations around the documentation of medicines records discussed. The management team immediately commenced additional checks on a daily basis to ensure these risks were managed.
- Topical cream administration records (TMARs) lacked information about the frequency with which the topical medicine should be applied and all four peoples' TMARS viewed, simply stated 'apply as directed'.
- Protocols were in place for the use of 'as required' or 'PRN' medicines. Staff did all confirm, that where these were used to help manage behaviours which might challenge, they were only used as a last resort and other interventions would be used first.
- People had an individual electronic medicines administration record (eMAR) which included their photograph, date of birth and information about any allergies they might have.
- The registered manager told us that staff had an annual review of their skills and competency to administer medicines safely.
- Medicines were stored securely, and the use of covert medicines was taking place within the context of legal and good practice frameworks including the Mental Capacity Act 2005.
- Relatives were positive about how the service managed their family members' medicines.

Staffing and recruitment

- People were positive about the availability of staff to manage their needs. For example, one person said, "They [Staff] are always there to help".
- Relatives did not express any significant concerns around staffing.
- We received mixed feedback from staff regarding the staffing levels. For example, one day time care worker said, "Yeah definitely - we always come together as a team and get through everything" and another said, "Sometimes, we are a bit short, but we move staff around to try and manage, it's always safe".
- Four staff did raise concerns about staffing levels at night and in particular on the top floor of the Court unit where staff told us people were more dependent and had higher care needs that it was difficult for one staff member to meet. The registered managers were confident that staff levels were safe and we did not identify evidence to suggest safety was compromised.
- Throughout the inspection, we observed that there were sufficient staff available to meet people's needs in a patient and non-hurried manner.
- The provider used a dependency tool which provided a useful framework for determining staffing levels. To ensure that planned staffing levels took the layout of the building into account, the hours recommended by the dependency tool had been increased by a further 30%.
- A review of four weeks of rotas showed that these planned staffing levels had been maintained at all times.

- An allocations sheet was used to identify the member of staff with responsibility for first aid and fire safety on each shift. At night if no night senior was on duty, the provider assured us that a 'night shift leader' was appointed who was fully competent in managing safety related procedures such as fire alarms and administering medicines. The registered manager told us that where a medicine trained night staff member was not available, one of the senior team would 'sleep in' to ensure PRN medicines were able to be given.
- The provider was recruiting to vacant posts and in the interim agency staff were required each day to fill gaps in the rotas. Regular agency workers were used to help ensure consistency of care and a recruitment programme remained ongoing.
- The number of agency staff required was reducing and it was positive that these agency workers were included in the homes COVID 19 testing programme.
- Records showed staff undertook a range of both mandatory and additional training, relevant to their role. The provider had arranged for one of the registered managers to undertake 'Train the trainer' qualifications in moving and handling, first aid and in fire safety so that this training could be delivered for new staff in a timely way and refreshed on an annual basis.
- Overall staff were positive about the training provided and told us they felt well supported. Some staff told us they were not confident in responding to and preventing behaviours which might challenge and would benefit from additional training. We discussed this feedback with a registered manager and provider. They told us that they had a lot of newer staff who had not worked in a care environment before and so needed ongoing nurturing through training and mentorship to develop their confidence in managing behaviours that might challenge. They told us, due to the infrequency of incidents staff were not required to put their training into practice on a regular basis and that this also, in part, accounted for their lack of confidence. They assured us that daily flash meetings were used to reflect as a team on which approaches were working effectively and that this was shared with staff through handovers and supervisions.

Assessing risk, safety monitoring and management

- We identified some environmental risks that need to be managed more effectively.
- Whilst fire safety training took place, two staff expressed a lack of confidence to us with regards to responding to fire alarms. We have asked that the registered managers undertake further competency reviews with staff to provide assurances that all staff are suitably knowledgeable and confident with fire procedures.

- Hampshire Fire and Rescue Service (HFRS) have advised us that the provider's current fire risk assessment which was undertaken in November 2020 was not suitable for the premises and had not identified all the areas where fire safety was compromised. The provider is acting to source an appropriate revised assessment. HFRS have issued the service with an action plan and will follow up with the service to ensure this is completed.
- A legionella risk assessment was undertaken in May 2019. We were not assured that this was sufficiently robust, or that it had been completed in line with relevant guidance issued by the Health and Safety Executive.

We recommend that the provider review their legionella risk assessment to ensure it complies with Health and Safety Executive Approved Code of Practice and Guidance on the control of Legionella.

- The provider's legionella risk assessment stated that water sampling should be undertaken on an annual basis. It was last undertaken in May 2019. The registered managers told us this had been arranged to take place in December 2020.
- We found a decommissioned bathroom, being used for storage, was not locked. This same concern had been identified by the provider during their quality checks in September 2020.
- A wheelchair footplate was noted to be stored on top of a cupboard in a communal bathroom accessible to people. There had previously been an incident during which a person had used a wheelchair footplate to break a window. This person's care plan stated that due to a risk that they might pick up heavy objects and throw them, these should be 'put away out of reach for everyone's safety'.
- Each person had a personal emergency evacuation plan (PEEP) which detailed the assistance they would require for safe evacuation of the home.
- Maintenance staff undertook monthly health and safety checks which looked at a range of safety related issues such as whether window restrictors were working properly. They also undertook routine checks of the fire safety equipment, water and electrical systems.
- People told us they felt safe living at the Arbory. One person said, "I feel safe, I don't have to worry" and another said, "Oh gosh yes, they [The staff] are kind and caring, I feel safe".
- Relatives felt the service monitored the safety of their family member, provided them with effective care and supported them to stay safe. One relative said, "The staff have known [Person] for so long, they know immediately if he is unwell and take appropriate action". Another relative said, "They are keeping an eye on his weight, the difference in him in a short time is tremendous".
- People had a range of risk assessments, for example, to help reduce the risk of falls, and in relation to the use of bed rails and the maintenance of oral health.
- Nationally recognised tools were used to assess people's risk of poor nutrition or of developing skin damage. Repositioning charts showed that people were repositioned in line with guidance in their care plan.
- One person had a risk assessment and care plan to support the management of their seizures. This included a clear escalation plan which provided guidance for staff on what actions to take if for example, the seizure lasted more than a certain amount of time.
- Records showed that fluids were offered regularly. We were told that fortified drinks were used to promote good nutrition for those for whom eating a meal was difficult. The registered manager told us that they were embedding the use of the International Dysphagia Diet Standardisation Initiative (IDDSI). IDDSI is a global standard with terminology and definitions to describe the texture of food and thickness of liquids provided to people who require modified diets. It helps to ensure consistency in record keeping and improve safety.
- There was evidence that staff escalated concerns about challenging behaviours to external health care professionals for advice and support on how they might best prevent and de-escalate the behaviours, although not all staff felt confident in deploying these strategies and we have spoken further about this

elsewhere in this report.

- Staff had escalated concerns about urinary infections or blood glucose levels to the GP so that existing treatment plans might be reviewed, or new treatments started.
- Equipment such as alarm mats were used to alert staff that a person was mobilising and might need support. Staff spoke confidently about the checks they would make before attempting to move a person who had fallen. We did note that the service would benefit from developing a formal process for documenting people's wellbeing checks following a fall.
- Where appropriate, people were supported to continue to maintain their independence through a positive risk-taking approach. For example, the registered managers told us that it has been carefully assessed that two people remained safe to smoke with minimal support from staff to light their cigarette. Prior to the lock down, other people had continued to access the community. This helped to ensure that people could live the life they wanted whilst remaining safe.

Preventing and controlling infection

- The provider had recently increased the amount of hours available for housekeeping staff to ensure that staff were able to meet the enhanced cleaning demands due to COVID 19 alongside their routine tasks.
- The provider had invested in developing the environment, for example, they had installed a new laundry and specialist bathing facilities. Work was underway to redecorate and refresh communal areas and 50% of bedrooms had so far been completed. The provider had an ongoing refurbishment plan to continue to address the areas which were worn or in need of updating and continued to invest in the service to improve the facilities.
- We saw a number of areas of good practice in relation to infection control.
- Clear procedures were in place to prevent professionals, relatives and friends from spreading infection when visiting the premises.
- The service had an infection control lead and staff had undertaken a range of training to ensure they understood their role and responsibilities with regards to preventing and controlling infection. One care worker told us, "All staff follow guidance... we're here to protect them [people]".
- Staff confirmed that there was no shortage of personal protective equipment.
- People were admitted to the service safely and staff and people using the service were assessed twice daily for a raised temperature. This helped to ensure that action could be taken quickly to keep those who might be symptomatic of COVID 19 from those who were not.
- An isolation area had been created for people who were symptomatic, and plans were in place to ensure this would be staffed by dedicated or 'cohorted' staff to avoid the risk of cross infection.
- Staff, including agency staff, were taking part in the weekly national care home testing programme and people using the service were tested monthly. The results of these were monitored monthly by the provider.
- People's relatives had received regular communication throughout the pandemic via the service's social media account, as well as regular letters from the provider updating them on how the home was responding to the pandemic and changes in guidance.
- We did note that further action could be taken to review and improve the layout of furniture and seating to support social distancing.

Learning lessons when things go wrong

- Records were kept of incident and accidents that had occurred within the service. Some of those viewed had not been fully completed to show what remedial actions had been taken in response. However, the managers monthly report did include an analysis of incidents and accidents and provided some evidence of learning from incidents and actions taken in response. For example, one person had fallen from their bed and consideration was given as to whether bed rails would be appropriate to prevent this from happening

again. This was assessed as potentially creating a greater risk and so a crash mat was put in place and the bed moved to its lowest setting.

- We did note that the monthly managers' report for October had not fully captured all of the incidents that had occurred that month and this will limit its effectiveness as a tool for identifying any themes or trends in type or frequency of incidents.

Systems and processes to safeguard people from the risk of abuse

- Relatives were confident that the staff team treated their family members with kindness and respect and were committed to protecting them from harm.
- Staff demonstrated an understanding of what abuse might be and how it might manifest itself in a care environment. This included being aware of changes in mood or demeanour and unexplained injuries or bruising. One staff member said, "Abuse is even being told what clothes to have on".
- Where incidents of a safeguarding nature had occurred, these had been reported appropriately to external agencies.
- The registered managers had developed a safeguarding tracker to monitor the progress of safeguarding alerts and the outcomes of these in terms of learning. A social care professional told us staff responded appropriately to safeguarding concerns and were responsive in providing information and assurances about people's safety.
- The registered manager told us that when there was doubt about people's ability to make significant decisions about their care, mental capacity assessments had been completed to check whether people could consent to the care and support being provided. This helped to ensure that people's rights were protected.
- Applications for deprivation of liberty safeguards authorisations had been submitted where appropriate and there was a clear tracking system in place to monitor the dates these were authorised or needed to be reapplied for. This also recorded the nature of the restrictions that were in place, allowing these to be kept under review.
- People were supported to keep in touch with their family and friends through the use of technology such as video calls and two new tablets had been purchased by the provider to support this.
- Where a person was reaching the end of their life, visits by family members were supported. Plans were in place to develop further indoor visiting facilities for the winter months. This helped to ensure that people did not become isolated or suffer psychological harm.

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 this key question was rated as requires good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Overall the governance arrangements were good, but there had been some missed opportunities to utilise the audits systems in place to their full potential in terms of driving improvements. For example, whilst medicines audits took place, these had not been fully effective at identifying the concerns we identified with regards to medicines management. We did see evidence that the registered managers were responsive to feedback and were taking action to address issues regarding medicines management for example.
- Other audits were completed and were helpful in measuring the quality of care. These included monthly audits of care plans and quarterly health and safety audits. Observations were undertaken of the mealtime experience to ensure this was person centred.
- Night time spot visits were undertaken by the leadership team to ensure that standards and safety were being maintained at all times.
- The registered managers held daily flash meetings with a senior staff member from each department within the home. This provided an opportunity for staff to effectively share information relevant to their department, monitor any risks and check actions were being completed.
- The provider's electronic care planning system gave them remote access at all times, allowing them to have oversight of whether planned interventions were taking place on a daily basis. The registered managers produced a management report that included information about a range of areas, including any safeguarding concerns, complaints, staffing issues, clinical risks such as a weight loss and infection rates and incidents and accidents. This helped to ensure that the provider-maintained oversight of care quality indicators and emerging risks within the service, although as noted elsewhere in this report, we did see that the report for October had not fully captured all of the incidents that had occurred that month.
- The provider undertook intermittent comprehensive reviews of the service based upon the key lines of enquiry that the Care Quality Commission inspect against.
- Systems, such as 'Resident of the Day' were in place to ensure that records relating to people's care were regularly reviewed.
- Overall, we were assured that the provider had systems in place to keep records securely, although, we did on one occasion, see a lap top left unattended displaying one person's medicines administration record which included confidential personal information.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The feedback about the registered managers was consistently positive and demonstrated that people, their relatives and health care professionals had faith and confidence in their ability to ensure the delivery of person-centred care.
- Similar positive feedback was provided about the staff team. One person told us, "I am happy as can be, they [The staff] are good friends".
- Relatives told us that the strengths of the service included its friendliness, the welcome received and the relaxed and homely environment. Many relatives spoke of the person-centred care provided. One relative told us their family member received "Heartfelt compassion" and spoke of the "Sensitivity" of the staff. Another said the staff were "Wonderful, brilliant, really good" and a fourth said, "I can't fault them they [Staff] are wonderful people".
- A number of relatives commented on how well staff knew their family member which assured them that they were receiving individualised care. For example, one relative said, "The staff are friendly and very knowledgeable about mums' condition".
- It was evident that staff understood the importance of person-centred care. One staff member said, "The best part of my job is actually being with the residents. ... spending time with them trying to make their day that one little bit extra better" and another staff member said, "Everyone is really compassionate, very caring, love the job they do...we are one big team".
- To support person centred interactions between staff and people, the provider had introduced a specific type of assessment to determine how people living with dementia, and other cognitive difficulties, might best engage with activities in a meaningful way based on their individual abilities and life experience. The service employed a full-time activity coordinator who spoke passionately about how they utilised these assessments to provide tailored activities both in group and one to one settings. They told us how they tried to ensure that each activity had an objective, whether it be improving dexterity or communication.
- Staff told us they felt valued, that morale and team work was generally good. One staff member told us they loved the job they are doing and added, "We are one big team".
- Staff were confident that they could raise concerns with the registered managers and that these would be addressed. They told us the registered managers were approachable and maintained a visibility within the service. One staff member said, "[Registered manager] gets hands on". Another staff member said, "I really do feel supported, [Registered managers] are very visible, engaging, they really do care... they always thank us". A third staff member told us issues would be "Sorted" and that the registered managers were "Easy to talk to".
- Staff meetings were held regularly during which staff could discuss matters affecting people using the service or recruitment and staffing matters. Staff confirmed they were consulted and asked for their ideas about how the service might improve. For example, a suggestion had been made about how the presentation of the pureed meals could be improved and this was being acted upon.
- A system of supervision was in place and we saw evidence that the registered managers had promptly acted upon issues raised by staff.
- Staff surveys had taken place in August 2020. The responses were mostly positive.
- Prior to COVID 19, manager's surgeries were used as an opportunity for the leadership team to engage with relatives and staff.

Continuous learning and improving care; 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 managers told us they worked effectively together and shared ideas which helped them to perform well and achieve their best.
- Both felt well supported by the provider who they said had brought a range of improvements to the service since they took it over in April 2019. One of the registered managers told us that all staff were more accountable, roles were more structured, and this all helped to "Keep the home safe". They told us they had

"Learnt so much".

- The leadership team were well supported by the provider who proactively sought opportunities to develop the skills and knowledge of the leadership team. A future leader's course was offered by the provider to develop staff who displayed potential and ambition to progress within the organisation.
- In discussions with the registered managers it was clear that they demonstrated a good understanding of their responsibility to be open and honest with people.

Working in partnership with others

- The service worked in partnership with other organisations to meet people's needs and develop its staff.
- Staff had worked with community nurses, mental health nurses, pharmacists and the CCGs nurse facilitator for the benefit of people using the service.
- The nominated individual and registered managers responded in an open and transparent way to requests for information to support this inspection.