

John Luke and George D Luke

Arboretum Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Arboretum Nursing Home is a residential care home providing personal and nursing care to 46 people aged 65 and over at the time of the inspection. The service can support up to 54 people.

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

The provider's audits in place to monitor the quality of the service were not effective and had not identified the areas of improvement needed which we found during our inspection and as detailed in the report.

The provider had failed to ensure people had personal emergency evacuation plans in place. Medicines were administered safely however there were no protocols in place to guide staff for medicines administered as and when required. Staff could explain the actions they would take to keep people safe from harm. The provider had a recruitment process to ensure they employed suitable staff to support people safely. Staff followed infection control guidance and had access to personal protective equipment.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. The service was not working within the guidelines of the Mental Capacity Act.

People were supported to eat a healthy diet and staff knew people's specific dietary requirements. The service worked closely with health professionals to ensure people received the support they needed.

People were supported by kind and caring staff who knew them well. People were treated with dignity and respect and people's religious and cultural beliefs were respected.

People's support needs were assessed regularly and planned to ensure they received the support they needed. The provider had a complaints process which people were aware of to share any concerns.

Rating at last inspection

The last rating for this service was requires improvement (published 07 March 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to regulation 11 (need for consent) and regulation 17 (good governance) at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per 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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Arboretum Nursing Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector, a specialist professional advisor 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.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

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

During the inspection

We spoke with four people who used the service and nine relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, nursing staff, care workers and the chef. We spoke with four health professionals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

After the inspection

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

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessment documentation provided guidance to staff and showed the actions taken to manage and reduce risks to people. However, some risk assessments were not sufficiently detailed and required more information, for example, how to support someone to re-position safely.
- Some people's risk assessments lacked detail of peoples' specific individual needs. For example, when checking someone's blood sugar level with diabetes, what their normal blood sugar range should be.
- The provider had a risk assessment in place in the event of an emergency evacuation of the home. However, people did not have personal emergency evacuation plans (PEEPS) in place to guide staff and emergency services on how to safely evacuate people who may need additional support in the event of an emergency.
- People using the service had the same regular staff who knew their individual support needs and knew how to mitigate their risks.
- Accidents and incidents were recorded and investigated to try and prevent them from happening in the future.

Using medicines safely

- Supporting information to aid staff in administering medicines that had been prescribed on a when required basis (PRN) was not in place, however, staff were able to tell us when people needed their PRN medicines.
- The provider's medication policy was out of date and referred to old legislation. The registered manager told us they would arrange for this to be updated immediately.
- The provider carried out regular audits of medication, however, these did not clearly record stock checks of medication to provide assurance to the provider that medication was being administered correctly.
- Medication competency checks were carried out on staff to check they had the knowledge and understanding to administer medication safely. Competency checks we saw were not detailed and specifically related to medication, to enable the provider to effectively check staff knowledge.
- People and relatives we spoke with told us people received their medication safely and on time.
- Medicines administration records we checked showed people received their medicines as prescribed.
- All medicines were stored securely and daily temperature checks were carried out to ensure medicines were stored at the correct temperature.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe at Arboretum Nursing Home. One person said, "I feel safe

because there is 24-hour care and attention and I feel secure."

- Staff knew how to recognise potential abuse and protect people from it. Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.
- Safeguarding referrals had been made to the relevant authorities where incidents of concern had taken place so they could be investigated.

Staffing and recruitment

- There were recruitment processes in place and we saw evidence of recruitment checks taking place before staff were appointed.
- People we spoke with told us there was enough staff. One person said, "Yes I think there is enough staff. They are always busy but they are caring staff."
- We saw there were enough staff to support people and people did not have to wait long for assistance when needed. We observed staff taking the time to talk and interact with people.

Preventing and controlling infection

- The home was clean. Staff used personal protective equipment and we saw this was readily available to them.
- Staff supported people and were using good practices to ensure they could protect against the spread of infection.
- Staff attended NHS infection control meetings every three months to keep themselves updated and to share good practice.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- We found people were subject to restrictions on their liberty without the legal safeguards in place. For example, where bed rails were being used there was no evidence of people consenting to the use of bedrails and where people lacked capacity to make this decision, no evidence of any best interests decision making being recorded in line with their rights under the MCA.
- There were no mental capacity assessments for people who lacked capacity for specific decisions and records of any best interest decisions were not clearly recorded. For example, where one person's religious support needs needed to be met.
- Although DoLS had been applied for and granted for people, it was not clear how the need to apply to deprive people of their liberty had been assessed and agreed by relevant parties.
- The provider did not have a policy to guide staff on the MCA.
- Staff had received training in the MCA and had some basic knowledge of the Act. However, further improvement was required to enable staff to fully understand how to work within the principles of the Act.

The provider had not acted in accordance with the requirements of the MCA and was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 need for

consent.

- We observed staff seek consent from people before supporting them. One person said, "They [staff] normally inform me of what they have come to do and I say yes."

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

- There were no oral health care assessments in place for people to give guidance to staff on how to support people with good oral health, however, staff had recently received training on the care of people's mouths.
- The service worked very closely with other agencies and health professionals in order to meet people's specific needs. We saw evidence of this during the inspection with plenty of visits from health professionals. One person told us, "I saw the doctor twice last week."

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

- The provider carried out a pre-admission assessment so they could be sure they could support people safely and how they wanted. People using the service and their family members were involved in the assessment.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to do so effectively. One person said, "They [staff] appear to be well trained. You only see so much, but everything I have seen, I approve of."
- Staff completed an induction programme and shadowed experienced staff before commencing work.
- Staff received training in line with the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.
- The provider had a training manager to ensure staff's on-going training needs were met.
- All staff were given opportunities to review their individual work and development needs.
- Staff received regular supervisions from the manager.

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

- People were supported to eat a healthy diet and staff knew people's dietary requirements.
- People were offered plenty of choice to eat and could choose what they liked. One person told us, "Excellent, its lovely food."
- There were plenty of snacks and drinks available throughout the day.

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

- The home was clean and tidy and adapted to meet the needs of people using the service.
- Some areas of the home needed re-decorating and the registered manager told us they were in the process of doing this.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were supported by kind and caring staff. One person said, "I couldn't wish for nicer people [staff]."
- We observed some kind and thoughtful interactions between staff and people and people told us how staff met their needs. One person told us, "The staff are excellent. You can spill something on the floor and they are there with a mop and bucket before you can say knife."
- All staff we spoke with were passionate about their roles. One staff member said, "It doesn't feel like a job to me; it feels more like family."
- People told us and we observed, that visitors were made welcome in the home. One relative said, "We can come anytime, 24 hours and you can bring pets."
- We found people's equality and diversity needs were respected and staff received training in equality and diversity to be able to meet people's needs. Staff told us how people's individual cultural and religious needs were met by providing specialised diets and religious leaders visiting the home.

Supporting people to express their views and be involved in making decisions about their care

- Although people's care was reviewed regularly, the registered manager told us, people were not routinely involved in reviews of their care unless there was a change in care needs. People's views on whether they were involved varied. One relative said, "We are not really involved but if we think anything should change, we say and it gets sorted. It's never been a problem." Another relative said, "Yes, I do participate, and my family. Mainly my husband attends because he comes every day." Where people had been involved in care reviews, this was not clearly recorded.
- There was a words of appreciation book for people to share their feedback, in one of the communal lounges. It included lots of compliments and thank you cards from people and their relatives. One thank-you card read, "Thank you, you are a brilliant team. I will never forget how well you cared for [person]. You are wonderful."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. A relative said, "It's the way they [staff] approach them [people]. They are sympathetic and very helpful."
- People's privacy was respected. One person said, "They [staff] shut the door and close the curtain."
- People were supported to maintain their independence. A staff member said, "Get them to walk if they can. It is not fair to take away their independence."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- A care plan and assessment were in place which showed the support people needed and these were reviewed regularly. These contained information on people's background, likes and preferences.
- A relative described how their family member had improved since they had arrived at Arboretum Nursing Home. They said, "[Person] has just started feeding themselves. [Person] has come on in bundles. I think it's very good, when [person] first came in they were not focused and interested in anything, [person] has improved a lot."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were documented in their care plans and staff knew how to communicate with people. One staff member told us how they had learnt words of another language in order to be able to communicate with someone whose first language was not English. They also described hand and facial gestures the person made which told staff how the person was feeling.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a day centre attached to the home which provided a variety of activities for people to participate in, including crafts and singers who came to perform. One person said, "I went over to the day centre and played Bingo; it was fun."
- There were people at the home who were cared for in bed and staff visited them in their rooms to help prevent social isolation. One staff member described how she would read to people, sing with them or just sit and chat. A relative said, "The girls have been coming in [person's room], talking to [person] and dancing or having a sing along with them. They are very caring and sometimes two or three of them pop in. You can't fault them; they are lovely, ever so pleasant even to us."

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place and people knew who to speak to if they had any concerns. One person said, "If there was anything wrong, the manager would sort it out straight away. They are very good."

End of life care and support

- People who were on end of life care had an end of life care plan in place so that their wishes and beliefs would be respected at the end of their life. One health professional we spoke with said, "The home is very good at caring for people who are end of life; we always get good information from the nurses and I feel they are very competent."

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

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

- The provider's audits in place to monitor the quality of the service were not consistently effective in driving forward improvements. For example, audits of care plans had not identified where best interest decisions had not been recorded in line with best practice and where there was insufficient detail in risk assessments to guide staff on how to mitigate risks to people.
- Audits of the service had failed to identify where people did not have personal emergency evacuation plans in place. There was a lack of oversight from the provider as the registered manager told us they were not aware they should have these in place.
- The provider's oversight had not identified where there was no MCA policy in place to guide staff on how to work within the principles and guidelines of the Act.
- Audits of medication had failed to identify where there were not any PRN protocols in place for as and when required medication and where the provider's medication policy needed updating. Audits had not identified where stock checks of medication were not being recorded or where competency checks for staff were not detailed enough to assure the provider that staff were competent to administer medication safely.
- The provider's system to record accidents and incidents was not effective as we identified two accidents which had not been recorded correctly and because of this, were not included in the provider's overall analysis.
- Paperwork was difficult to follow and to retrieve and audits of the service had failed to identify this.

The provider's failure to ensure that effective systems were in place was a breach of a Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Good governance.

- Organisations registered with the Care Quality Commission (CQC) have a legal responsibility to notify us about certain events and incidents that have taken place. A statutory notification is a notice informing CQC of significant events and is required by law. The registered manager had sent in statutory notifications as required by law.

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

- People and relatives spoke positively about the service and all said how approachable the management team were. One relative told us, "I would definitely recommend the home. You look around for homes; you

think am I doing the right thing because you hear that many stories but this has been brilliant. It couldn't be better. I would recommend it to anybody. I would even consider coming here myself."

- Staff had all worked at the home for some time and told us how much they enjoyed working there. They all told us how approachable the managers were and how they felt supported. One staff member said, "Management are great. If you have any problems you can talk to them."

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

- The registered manager understood the duty of candour and was open and honest about where the service needed to improve.

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

- Questionnaires were used for people and relatives to obtain their views of the service and an action plan formulated to address any issues raised.

Continuous learning and improving care

- The provider told us in information they had shared with us prior to inspection, that they were a member of the Gold Standard Framework (GSF). This is a system that enables good practice and optimises care for all people approaching end of life. We spoke with the lead member of staff involved with GSF and they told us how they had received a Platinum award for their work in this area.
- Staff received on-going training to ensure they had the skills to support people's specific needs.

Working in partnership with others

- The service worked in partnership with social workers, health professionals and relatives to ensure the service supported people's needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent |
| Treatment of disease, disorder or injury | They systems and processes in place were not effective and the service had not acted in accordance with the requirements of the MCA and associated code of practice. |

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance |
| Treatment of disease, disorder or injury | The provider's governance and auditing systems were not effective and further improvement was needed to ensure that they were consistently effective in ensuring people consistently received safe care and treatment. |