Leicester City Council

Arbor House

Inspection report

High Street
Evington
Leicester
LE5 6SH
Tel: 0116 2739033

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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 and 20 January 2015 and was unannounced.

Arbor House is a care home that provides residential care for up to 40 people. The home specialises in caring for older people including those with physical and sensory disabilities and people living with dementia. At the time of our inspection there were 37 people in residence.

A registered manager was in post. 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.

The registered manager and staff were trained in the Mental Capacity Act 2005, which is the legislation that protects people who lack capacity to make decisions about their care. We found there was no procedure in place for staff to follow when they had concerns about a person's capacity to make a decision about their care. Although significant people such as family members and health care professionals had been consulted there were

Summary of findings

no records of those meetings and any best interest decisions made. Following our visit the provider sent us the guidance produced for the registered manager and staff and the forms to document the best interest meetings and decisions made.

People told us they felt safe with the staff that looked after them and protected them from harm and abuse. People who used the service gave us positive feedback about how their care and support needs were met. Staff had a good understanding of their role in meeting people's needs and the action they should take if they suspected somebody was being abused.

Staff were recruited in accordance with the provider's recruitment procedures that ensured staff were qualified and suitable to work at the home. We saw staff supporting people and offering reassurance when they became anxious or distressed. People were supported by staff in a timely and sensitive manner, which meant people's needs were met because there were sufficient numbers of staff on duty that worked in a co-ordinated manner.

People received their medicines as prescribed and their medicines were stored safely.

People lived in a comfortable, clean and a homely environment that promoted their safety, privacy and wellbeing. All areas of the home could be accessed safely including the outdoor space.

People were supported by staff who had a good understanding of their needs and had received training to carry out their role effectively. Risks associated with people's care needs had been assessed and plans of care detailed how those risks should be managed. Where appropriate expert advice was sought from health care professionals.

Staff were knowledgeable about people's needs and things that were important to them. Staff had access to people's care records and were trained to ensure people safety and wellbeing was maintained. Communication between all the staff was good. Staff told us they had access to people's care records and were supported by the registered manager, which meant all staff were kept up to date as to the needs of people.

People told us there was always a choice of meals provided, which they enjoyed. The meals presented were nutritious and looked appetising. Drinks and snacks were readily available. We saw staff supported people who needed help to eat and drink in a sensitive manner. The catering staff were provided with up to date information about people's dietary needs and requirements.

People's health and wellbeing was monitored and staff sought appropriate medical advice and support form health care professionals when people's health needs changed. Records showed people were referred to the appropriate health care professionals when necessary and that their advice was acted upon. This meant people were supported to maintain good health.

People told us that staff treated them with care and compassion. People who used the service and relatives visiting their family members were complimentary about the staff and the care. They told us that the attitude and approach of staff was caring, respectful and positively promoted their sense of wellbeing. Throughout our inspection we saw people's dignity and privacy was respected, which promoted their wellbeing.

People were supported by staff and their visitors to take part in hobbies and activities that were of interest to them, including observing their religious beliefs. Visitors were welcome without undue restrictions. This protected people from social isolation.

People were confident to speak with staff if they had any concerns or were unhappy with any aspect of their care. People had access to advocacy services if they needed support to make comments or a complaint. There was a clear management structure and procedures in place to ensure concerns were addressed.

Staff were supported and trained for their job roles to ensure their knowledge, skills and practice in the delivery of care was kept up to date. Staff, including agency staff, were encouraged to make comments or raise concerns about any aspect of the service provision and make suggestions on how the service could be improved for the people who lived there and knew it would be acted on.

The registered manager understood their responsibilities and demonstrated a commitment to provide quality care. They had an 'open door' policy to encourage feedback from people who used the service, relatives of people who used the service, health and social care professionals and staff.

Summary of findings

There were effective systems in place for the maintenance of the building and equipment which ensured people lived in an environment which was well maintained and safe. Internal audits and checks were used to ensure people's safety and their needs were being met. The quality of the service provided was monitored and action was taken to address any deficiencies found. The registered manager reported the service's performance to the provider who also monitored the quality of care provided.

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?

Good

The service was safe.

People received the care and support they needed. People told us they felt safe with the staff that supported them.

People's safety was promoted because safe staff recruitment procedures were followed when staff were appointed. Staff had undertaken training to recognise, respond and protect people from avoidable harm or potential abuse. There were enough suitably experienced staff on duty to meet people's care and support needs safely.

People received their medicines at the right time and their medicines were stored safely.

Is the service effective?

Good

The service was effective.

People's capacity to make decisions about their care needs had been assessed. The provider had produced guidance and information for staff to ensure the principles of Mental Capacity Act and the Deprivation of Liberty Safeguard were followed. Therefore, any best interest decisions made for the person's safety could be recorded to ensure people's human and legal rights were respected.

Staff were trained for their job role and in the delivery of effective and individualised care and were supported by the management team.

People told us they were satisfied with the choice of meals and drinks provided and that their dietary needs were met. Plans of care were in place and followed to ensure people at risk of poor nutrition were supported to promote their wellbeing.

People's health care needs were met and they had access to regular support from health care professionals to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

People told they were satisfied with the care and support provided and that the staff were kind and caring. We saw positive interactions and relationships between people using the service and staff. Staff were attentive and helped to maintain people's privacy and dignity.

Relatives told us that staff and the management team treated their family member with respect.

People's wishes were listened to and respected by the staff who promoted and respected their privacy and dignity.

People were encouraged to be involved in decisions about their care and felt they were listened to.

Is the service responsive?

Good

The service was responsive.

Summary of findings

Staff were knowledgeable about the care and support people needed, and their individual preferences in the delivery of care.

People were encouraged to pursue their interests and hobbies. A range of activities that were of interest to people were offered, which included observing religious beliefs. People were able to see their visitors at any time and were supported to maintain contact with family and friends which helped to prevent them from social isolation.

People had the opportunity to put forward suggestions to improve the service and were encouraged to express their views about the service with the management team.

People were confident that concerns raised would be listened to and acted upon. Procedures were in place to ensure complaints were addressed quickly.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post and a clear management structure. The registered manager and staff had a consistent view about the delivery of quality care that was tailored and provided in a safe and homely environment.

Staff told us they were supported by the management team, received relevant training and information to maintain their knowledge in delivery of a quality care service.

People spoke positively about the management team and the day to day management of the service. People were encouraged to be involved in developing the service and to make suggestions and comments about the improvements planned.

There were effective systems in place to assess and monitor the quality of care provided and ensure lessons were learnt from significant events.

Arbor 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 was planned to check 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 and 20 January 2015 and was unannounced.

The inspection was carried out by an inspector.

Before our inspection we looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about. We also looked other information received from people who used the service or their relatives and health and social care professionals.

We contacted commissioners for health and social care, responsible for funding some of the people that live at the home and asked them for their views about the service.

During the inspection visit we spoke with nine people who used the service. We spoke with four relatives who were visiting their family member. We also spoke with the health care professional providing health care support at the time of our inspection.

We contacted the general practitioner that provided health support to people using the service after the inspection visit and asked them for their views about the service.

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 spoke with the registered manager, seven staff responsible for the delivery of care, the chef and maintenance staff.

We pathway tracked the care and support of four people, which included looking at their plans of care. We looked at staff recruitment and training records. We looked at records in relation to the maintenance of the environment, equipment and records relating to quality monitoring audits and the management of the service.

Good

Is the service safe?

Our findings

People who used the service told us that they felt safe at the home. One person said, "I'm quite happy here and feel very safe with the staff here." Another person said, "I feel much safer here than the last place, I couldn't ask for more."

Relatives we spoke with said they were confident that their family member was safe and well cared for. One relative said, "As soon as I walked in I knew my [person using the service] would be safe here." A similar comment received from another relative added, "I've never seen anything that would concern me."

We spoke with members of staff and asked them how they would respond if they believed someone using the service was being abused or reported abuse to them. Staff had a good understanding of what abuse was; their role and responsibility in reporting concerns and the action they should take. Records showed that the service had identified two safeguarding concerns in the last 12 months, which had been referred to the relevant authorities and were substantiated. The registered manager told us that steps were taken to prevent similar incidents from happening again that helped to ensure people using the service were protected.

People told us that the home was clean and well maintained which contributed to their safety. We observed people moved around the service including the outdoor space safely. All the bedrooms were lockable and had secure storage to keep people's valuables and money safe. We noted that the temperature in all areas of the service was warm except the dining room. During two meal times we saw people wore an extra cardigan or held onto a warm drink to keep their hands warm. People also told us they felt the cold in the dining room. This was raised with the registered manager who assured us they would take action. Following our inspection the registered manager confirmed that additional heating equipment would be installed to ensure that appropriate temperatures were maintained in the dining room and throughout the service.

People's plans of care were supported with individual assessments of risk associated with their care needs. We found measures to reduce the risk were put into place that promoted their safety and welfare. Records showed that advice was sought from health care professionals and guidance had been provided to staff to help them manage those risks safely.

The registered manager and staff we spoke with had a comprehensive understanding as to the needs of people and how to manage risks that were identified, which included provision of suitable equipment. For example, a staff member told us that an air mattress was provided for a person at risk of developing pressure sores and regular checks were done to ensure their wellbeing. People had variable levels of mobility. People at risk of falls had been referred to relevant health care professionals and were assessed and provided with suitable equipment to keep them safe with their mobility needs. This showed that people could be confident that staff knew how to keep them safe and maintain their well-being.

We looked at staff recruitment records and found that relevant checks had been completed before staff worked unsupervised at the service. We spoke with staff who had recently transferred from the provider's other service and a regular agency staff had all completed their induction training, One staff member said, "My induction training helped me get to know people. It's different here, busy and a lot more fun" and another said, "Even though I'm from an agency I've had the same induction and I always work with one of the permanent staff." That meant people's safety was supported by the provider's recruitment practices and induction.

People told us that there were enough staff available and that their care and support needs were met reliably by the staff on duty. One person said, "It's usually the same staff and I'm quite happy with all of them." Another person said, "Staff are wonderful and always got time for you."

Relatives visiting their family members' told us that there were enough staff on duty. The comments received included, "There's always plenty of staff around" and "They [staff] all know how to help keep her safe". Their comments and our observations showed that there were enough staff available to meet people's needs and support them when required.

We found there were sufficient numbers of staff on duty to meet people's needs. The registered manager told us that the staffing levels were flexible in order to meet people's needs and to keep them safe. The staffing numbers were

Good

Is the service safe?

determined by taking account of people's dependency levels matched against the skills, experience and number of staff required. The staff on duty reflected the staff rota. The service used regular agency staff that were familiar with the home and the people living there. The registered manager told us that agency staff were used to maintain the staffing levels required until they could employ a full staff team.

Health care professionals told us that staff were available and supported people when they visited.

People told us they received their medicines at the right time. One person said, "You get your meals and medicines with a smile" and another said, "I've always taken my pills on time."

A relative whose family member is living with dementia said, "We've got no concerns about [person using the service] medicines, she's seen by the GP and had her medicines reviewed recently."

We observed staff administer medicines to people at lunch time and most staff only completed the medication administration records when taken. However, not all staff followed this practice consistently. We raised this with the registered manager who confirmed that staff should only sign to confirm that medicines have been taken, which was consistent with the procedures. They assured us the medication procedure would be reiterated to all staff responsible for administering medicines.

Medicines were stored safely; at the correct temperatures and managed by the trained staff. Staff understood the importance of supporting people with their medicines including the use of prn medication (prn medication is administered as and when needed to manage pain). People medication records contained relevant information such as any allergies to medicines and their doctor's contact details. Medication administration records including controlled drugs were completed accurately and monitored by the management team. (A controlled drug is one whose use and distribution is tightly controlled because of the potential for it to be abused). This meant people's health was supported by the safe administration of medication.

Good

Is the service effective?

Our findings

Relatives we spoke with told us that they had supported their family member at meetings to review their care needs so that they were confident that staff would meet any new needs identified. One relative told us that their family member was not always able to make an informed decision. This relative had the appropriate authorisation known as the lasting power of attorney for care and welfare, which allowed them to make decisions on their behalf and therefore the staff consulted them and the doctor.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We talked with the registered manager and staff about the MCA 2005 and the DoLS and what that meant in practice for the service. They were knowledgeable about how to protect the rights of people who were not always able to make or communicate their own decisions. Staff gave examples of how they supported people to make decisions about their daily life such as choice of meal and how they wanted to spend their time.

At the time of our visit three people were subject to an authorised DoLS and their care records showed that the provider was complying with the conditions. However, one person's care records showed their capacity to make decisions had not been assessed. A sensor mat was placed by their bed to alert staff when the person got up but there was no evidence that the use of this was the least restrictive option. The relative told us they had been consulted but there was no record of this or any consultation with health care professionals about the best interest decisions made. We found that the provider did not have a procedure in place about the arrangements and action staff should take where they have concerns about a person's mental capacity to make a decision about their care.

Following our inspection the provider sent us the guidance and information about assessing people's mental capacity and best interest decisions to ensure that the principles of the MCA Code of Practice were followed.

People told us that staff always sought their consent before being assisted. One person said, "They [staff] always ask if they can help you" and another said." People we spoke with told us the staff understood their needs and how to help them with their daily living and personal care tasks. Throughout our inspection we observed staff offered assistance and sought consent before helping people.

Relative said they were confident that staff were trained for their job role and to support people. One relative said, "All staff are trained to care and move people safely" and another said "Very good staff and they have a good understanding of how to care and to look after people with dementia and Alzheimer's."

We spoke with staff had all completed their induction training, which included the provider's policies and procedures, practical training in the safe use of equipment and had worked alongside an experienced member of staff. One staff member said, "My induction training helped me get to know people. It's different here, busy and a lot more fun" and another said, "Even though I'm from an agency I've had the same induction and I always work with one of the permanent staff." That meant peoples were assured that staff were trained in the delivery of care.

Staff we spoke with had a good awareness of people's individual needs and how they liked to be supported. Staff had undertaken induction training and was followed by additional training, which included training in dementia awareness and moving people safely. Staff were confident that they were suitably trained to provide the care and support people needed. One person said, "I've done training for medicines, safeguarding and how to support people with dementia and challenging behaviour" and gave examples of how they had put the learning into practice when supporting people living with dementia.

Staff told us they received updates and information about any changes to people's care needs at the daily 'handovers'. Staff also attended regular staff meetings and had individual meetings with their line manager where they could discuss matters relating to their work and their professional development. The staff training matrix we looked at showed that staff had received training for their job role in delivering effective care. This included first aid, health and safety, dignity in care and person centred care. Records also showed that staff had achieved or were working towards a professional qualification in health and social care.

We saw staff supported people with their mobility needs. We saw staff used equipment such as the hoist and the

Good

Is the service effective?

rotunda correctly on three separate occasions. Staff spoke clearly and ensured that the person's safety, dignity and comfort was maintained. That showed that staff had put learning from the training into practice.

We asked people for their views about the meals provided and they told us, "There's always a cup of tea and biscuits coming around", "Food is very nice, a good choice and plenty of it" and "I quite like having my favourite tipple [drink] with my dinner." Drinks and snacks such as biscuits, cakes and fruit were served regularly throughout the day. One person told a staff member, "I feel a little hungry - can I have something to eat." That staff member brought them a cup of tea and a plate of biscuits. Staff were seen supporting people into the dining room and when they were settled, staff asked what they wished to eat from the menu. The lunchtime meals served were well presented, nutritious and looked appetising. We saw people being encouraged and assisted to eat where necessary. That helped to ensure people ate sufficiently to maintain their health.

Relatives we spoke told us that their family member received a balanced meal which they enjoyed. One relative said, "We've stayed for a family dinner. It was like being at home having a Sunday roast."

The chef showed us the information they had about people who required specialist diets, which included a 'soft' and 'pureed' diet where people had difficulty swallowing or were at risk of choking. All the meals were home-cooked and included special diets to meet people's health care needs such as diabetes. People with a poor or small appetite had been assessed and were provided with meals which were fortified with rich ingredients such as full fat milk and cream. The registered manager and chef ensured the food stocks were plentiful.

People's care records showed that a nutritional risk assessment had been undertaken and identified their food and drinks preferences. Where concerns about people's intake of food and drink had been identified, they had been referred to the doctor, dietician and the Speech and Language Therapist (SALT) for a further assessment. Recommendations from the SALT team were included in the plan of care, which the care and catering staff were made aware of. People's weight was monitored in accordance with their assessed need and staff knew how to help those who needed extra support. That showed people's health and wellbeing was maintained.

People told us that they were able to maintain their health and had access to health care support as and when required. One person said, "You only need to say if you're not well and they'll [staff] call the doctor." People's care records also confirmed that they received health care support from a range of health care professionals, which included the doctors, specialist nurses, optician and chiropodist.

Relatives told us that their family member had good access to health care services. One relative said, "[Person using the service] eyesight wasn't right and when I mentioned it they got the optician out and her glasses were sorted."

We spoke with health care professionals and asked them for their views about the care provided. They told us that the staff had good knowledge of the needs of people they looked after, followed instructions and sought advice if people's health was of concern.

Good

Is the service caring?

Our findings

We spoke with people and asked them for their views about the care and service provided. The comments received included, "Wonderful staff in a word", "Very caring staff" and "The staff are all very kind and good to me" "They never rush you. I've had a few accidents at night and you're never made to feel bad, they just help to change you and the sheets without a fuss."

We spoke with visiting relatives and asked them for their views about the staff and the quality of care provided. One relative said, "Everyone from the carer to the manager are compassionate kind, and caring." Another said, "We're very happy with the care provided" and "We've seen [person using the service] display affection which we've never seen and she seems happy here."

Throughout our inspection we noted there was a positive and relaxed atmosphere. Staff spoke with people in a caring manner and addressed people by their preferred name. Staff encouraged and prompted conversation about things that were of interest to the person. People were confident to approach staff. For instance, one person told a member of staff that they wanted to sit at the same dining table as their friend, and the member of staff obliged. We saw the person had a sociable and enjoyable mealtime experience with their friend. We saw staff were vigilant and acted quickly when they saw one person becoming anxious. The member of staff used diversion techniques, sat with them and offered assurance to help reduce their anxiety. The person responded positively to the staff member, which showed that they were comfortable with them.

Health care professionals we spoke with told us that staff were caring and knew each person using the service and recognised when people were unwell.

People told us they had been asked to make decisions about their care needs and were aware of their plans of care. People told us that staff took account of their views about how they wanted to be supported, which helped to provide them with care that was tailored to their needs. People told us that staff explained things to them if they were unsure and gave them time to reply. People said they would not hesitate to tell staff if they felt unwell or wanted to change any aspect of their care and support that they received on a daily basis.

People's care records showed that people were involved in decisions made about their care and support. The plans of care took account of how the person wished to be supported and were reviewed regularly, which confirmed what people had told us.

People told us that staff treated them with respect. One person said, "They [staff] are very good with [person using the service] because she will only wear a skirt. They will put a blanket over her legs to cover her modesty, that's important to the both of us." We saw this to be the case several times when staff were using equipment to move people safely. We saw staff walked with people at a pace that suited them and adjusted their clothing to maintain their dignity when they returned from the toilet. This demonstrated that people's privacy and dignity was respected and promoted.

Staff understood the importance of respecting and promoting people's privacy and took care when they supported people. Staff had access to people's plans of care, which contained information about people's interests and what was important to them. Staff knew that some people preferred to spend time in private with their relative by choosing to sit in the 'garden' room. We saw people used the newly decorated 'seaside' lounge on the first floor, with a member of staff and were seen reminiscing about their holidays by the sea. This demonstrated that staff actively encouraged people to maintain their sense of wellbeing and respected their wishes.

People's bedrooms were respected as their own space and we saw that staff always knocked and did not enter until asked to do so. People told us their rooms were comfortable and personalised to reflect their individual tastes and interests. There were a number of private rooms available where people could see their relatives and receive medical treatment from health care professionals.

The health care professionals we spoke with told us that they were able to see people in the private. In some instances and if requested to do so, staff or the person's relative would be present during the consultation. They found staff had a good understanding of people's needs, were caring and offered assurance if people became upset.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to them moving into the service. The assessment process included the views of people who were considering using the service, their relative and relevant health and social care professionals, where appropriate.

We looked at people's care records and found that the plans of care were personalised. People's views about how they liked to be supported, preferences, their likes and dislikes and what was important to them, was taken into account. For example, one person had told us they took pride in their appearance and their plan of care provided staff with comprehensive information of how that was to be achieved.

Relatives we spoke with told us that they supported their family member during the assessment of their care needs to make sure that their care and support needs would be met. Relatives confirmed that they were invited to attend meetings to review their family members care periodically as and when there were any changes to their care needs, where appropriate.

People told us that their care needs were met. They found staff were responsive to their needs and respected their routines and preferences. People were supported to take part in activities that were of interest to them which included people observing their religious beliefs. Their comments included, "I enjoy sewing and never thought I'd be sewing again" "I like to read the newspaper and will play dominoes with [person using the service]" and "I asked to go to the library and [staff member] and I went and got some books for me to read."

The activities programmes on display showed that there was a range of activities planned for people each week which included film shows, dominoes, bingo, arts and crafts sessions and religious services. We saw people chose how they spent their time. The staff member responsible for social activities encouraged people to take part in individual and group activities. One person asked a member of staff to play their favourite song, which most people sang along to. Others watched the television, read the newspaper or played dominoes. We saw two people were doing jigsaw puzzles and a third doing a crossword in the small lounge. There was a relaxed atmosphere in the service and people seemed to enjoy the activity from their smiles and laughter. People had the option of having their hair done in the salon by the hairdresser.

People had visitors throughout the day without undue restrictions and were able to spend time with their family members in private. Staff were attentive and spent time with people having meaningful conversations that were of interest them. We saw staff responded to call bells and other indicators that people needed assistance in a timely manner.

Staff we spoke with described how they promoted people's rights and choices in practice with regards to how people wanted to be cared for and their choice of lifestyle. One member of staff told us that they sang with one person when they were being hoisted who would otherwise become anxious. We observed this in practice, which showed the care provided with tailored to that person whilst their safety was maintained.

We saw they also checked on people who required additional monitoring due to their health needs. Care records we looked at showed that people's plans of care were reviewed regularly and staff had signed to confirm that they were aware of any changes to people's needs and how those would be met. Staff monitored the health and wellbeing of people using the service and acted quickly to report any concerns about people's health. That meant people could be confident that staff were provided with information and were knowledgeable about people's needs and were responsive.

People told us that they knew who to speak with if they had any concerns but felt it was not necessary because they were satisfied with their care they were receiving. People said, "Any complaints just tell the boss lady [registered manager]" and "Nothing to complain about."

Relatives visiting their family member also confirmed that they had been informed of the procedure of making a complaint. They found the management team were "Approachable" and were confident that any concerns or issues raised would be acted on. One relative said, "Any problems I just tell one of the staff, Lisa [registered manager] or her deputy." Another said, "I know about the complaint procedure and haven't had to use it because the manager, deputy or the staff just deal with it."

Good

Is the service responsive?

Records we looked at showed the provider had received no complaints since our last inspection of the service. The registered manager told us that the complaints procedure was explained to people and their relatives, where appropriate. People were given a copy of the complaints procedure, which included the contact details for an independent advocacy service should they need support to make a complaint. They assured us that any lessons that could be learnt from complaints would be communicated with all staff to ensure the service continually provided a quality care service.

People told us their views were sought about the quality of care and service provided. They were encouraged to give feedback, raise concerns or make suggestions about the service at the 'residents meetings'. People told us that their suggestions had been acted on as the service created a new garden room for people who liked to do gardening and a seaside lounge. Minutes from the recent meeting showed that issues raised at the previous meeting were addressed, for example the menu choices changed in response to people's feedback about the meals. The recent survey showed that people were satisfied with the care and support they received. The registered manager had acted on suggestions and altered the supper time to suit people.

Good

Is the service well-led?

Our findings

People who used the service, their visiting relatives and health care professional we spoke with said that the registered manager was visible and approachable. A relative said, "It's a good management team, [registered manager] seems to know about my [person using the service] and everyone." We saw the registered manager was visible around the service. They had a good rapport with everyone using the service, including visitors, health care professionals and staff.

The service had a registered manager in post and there was a clear management structure. The registered manager was supported by the deputy manager to manage the home's staff including the agency staff. They told us that they had an 'open door' policy and welcomed feedback and any concerns about the service. The registered manager felt supported by the provider and the provider representative who carried out regular internal audits on the service.

Staff we spoke with had differing job roles, which included agency staff. All said they were supported by the registered manager, the deputy manager and their colleagues who they worked with. Staff demonstrated a good understanding of their roles and responsibilities and how to access support. They told us they worked well as a team and they received good support from the management team. They found the management team encouraged them to be actively involved in how the service was run and to make suggestions as to how to continuously improve the service and people's quality of life.

We spoke with the registered manager and asked them what their understanding was as to the provider's vision and values and how they put these into practice. They told us it was important that people's care needs were met; they were valued and treated with respect. They felt the service had the right staff that were trained, knowledgeable and also possessed caring qualities towards the people who lived there. They knew how to access support and information to keep their knowledge up to date in health and social care. For instance, when we identified that people's mental capacity had not been assessed properly the registered manager sought advice from the provider and relevant health care professionals in order to produce guidance for staff to follow.

There was a system to support staff, through regular staff meetings where staff had the opportunity to discuss their roles and the development of the service and the care of people. The staff training matrix we looked at showed staff received training for their job roles as well as training on conditions that affect people using the service such as those living with dementia. Staff had access to people's plans of care and the daily staff handover meetings provided staff with information about any changes to people's wellbeing, concerns and any planned visitors or health appointments people needed to attend.

The registered manager reported to the provider about the performance of the service. They monitored how the service was run and were involved in multi-disciplinary meetings with health care professionals where people's wellbeing was of concern. They reviewed the complaints and notifications of any significant incident that were reported to us. Notifications are changes, events or incidents that affect the health, safety and wellbeing of people who use the service and others, which the provider must tell us about. The registered manager sent us the revised statement of purpose that sets out the aims and objectives of the service, including the range of care and support services provided at Arbor House.

There were systems in place for the maintenance of the building and equipment. This included maintenance of essential services, which included gas and electrical systems and appliances along with fire systems and equipment such as hoists. Staff were aware of the reporting procedure for faults and repairs. The maintenance staff worked closely with the management team and care staff to ensure issues raised were addressed promptly. The registered manager had access to external contractors for maintenance and to manage any emergency repairs.

Regular meetings were held for the people who used the service and their family or friends where they had the opportunity to share their views about the service; raise any issues that they may have and make suggestions as to how the service could be improved. For instance, people and relatives of people who used the service told us that they were aware of the provider's decision to sell the Arbor House and given opportunities to share their views and concerns. That meant people were informed of changes within the service, encouraged to be involved and influence how the service could be improved so that they and others received a quality service that was well-led.

Good

Is the service well-led?

Health care professional we spoke with told us that the service was well managed and staff were knowledgeable about the people they looked after. They found the registered manager was professional and promoted care that was person centred.

Following our inspection the health care professional we spoke with told us that the management team were responsive and that people received quality care. The commissioners who funded people's care packages told us that the service was meeting the quality standards set out in the contractual agreement.