Arbour Lodge Limited

Arbour Lodge

Inspection report

92 Richmond Road
Compton
Wolverhampton
WV3 9JJ
Tel: 01902 771136
Website: Not applicable

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The visit was unannounced, which meant the provider and staff did not know we were coming.

At our previous inspection of 12 July 2013 the provider was not meeting the requirements of the law in relation to care and welfare of people who use services and safeguarding people who use services from abuse. Following this inspection the provider sent us an action plan to tell us the improvements they were going to make. During this inspection we looked to see if these improvements had been made.

Arbour Lodge is registered to provide accommodation and support for 29 older people. At the time of our visit there were 28 people living at the home.

Summary of findings

On arrival at the home, we found that the registered manager had moved to work at another location and was no longer employed at the home. We had not been informed of this as is required under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. We met and were assisted by a recently recruited care manager.

We found that people's safety was sometimes compromised. This was due to a lack of appropriate side tables for people to use and equipment for assisting people to move not being consistently maintained. We found that medications were not consistently secured. We also found that people's cash amounts were not always accurately recorded.

Staff were aware of how to support the rights of people who lacked the capacity to make their own decisions or whose activities had been restricted in some way in order to keep them safe. However, some people's care records lacked robust documentation to show their rights were being protected in line with legislation. The management team were unaware of the latest developments surrounding Deprivation of Liberty Safeguards.

Staff demonstrated an awareness of what could constitute abuse and that matters of abuse should be reported in order to keep people safe. Staff were aware of how to report issues to the provider and to outside agencies.

Staff sought the views of people and their representatives to understand people's needs. Although no recent surveys had been carried out to gain people's views on the service, people attended residents' meetings to share their opinions and suggest changes. People's health and well-being was supported by staff arranging appointments with external healthcare professionals when required, such as a GPs and district nurses.

We found that the provider carried out a number of audits to identify areas for improvement in respect of general maintenance of the home. Regular audits were carried out by the provider and the new care manager was undertaking a full audit of records in order to identify any issues. However, we found that not all accidents and incidents were analysed so that the provider could identify and prevent any recurring issues.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This means that the law about how people should be cared for was not met. You can see what action we told the provider to take at the back of the full version of this report.

People and their representatives were complimentary about the service and its staff, describing them as caring. Our own observations of how staff delivered care supported this positive view. Staff were patient and unhurried when assisting people. We saw staff delivering skilled care and observing best practice, supported by accurate care records. Staff maintained people's dignity and privacy.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The home was not always safe. Medicines were not always appropriately secured.

Some people's cash records were not accurately noted.

Staff were aware of how to support people's rights.

Requires Improvement

Is the service effective?
The home was effective. Staff provided effective assistance such as supporting people to eat in the way they required.

Records accurately reflected people's needs and were adequately detailed to assist staff to support people.

When required, appointments with external healthcare professionals were arranged in order to support people's health and wellbeing.

Good

Is the service caring?
The service was caring. Staff interactions with people were positive and unhurried.

Staff spoke with people and their relatives in order to understand their care needs.

People were treated with dignity and respect by staff members.

Good

Is the service responsive?
The service was responsive to people's needs. People were involved in assessments of their care and staff responded to their day to day needs.

Staff communicated with people in the most effective ways.

People felt confident in raising issues with staff.

Good

Is the service well-led?
The home was not consistently well-led. The registered person had failed to inform us of changes to the management of regulated activities.

The provider carried out general audits and addressed issues of maintenance as they arose.

The provider did not carry out analyses of accident and incidents to identify trends, although they did monitor incidents of falls.

Requires Improvement

Arbour Lodge

Detailed findings

Background to this inspection

The visit was undertaken by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of our inspection process we asked the provider to complete a Provider Information Return (PIR). This is a document in which the provider tells us how they are meeting standards and improving their service. The provider did not return the PIR to us by the deadline set, due to issues with computer access. Before our inspection, we reviewed the information we held about the home, such as notifications received from the provider. Providers are required to send us notifications to inform us of certain events and incidents, such as serious injuries sustained by people living at a service. We also contacted the local authority and the local Clinical Commissioning Group to gain their views of the service.

We observed how staff interacted with the people who used the service. We observed people having their lunch and during individual interactions.

We spoke with 17 people who used the service and five visitors. We also spoke with the manager and three care staff.

We looked at four people's care records to see if their records were accurate and up to date. We looked at two staff files and records relating to the management of the service, including quality audits.

Requires Improvement

Is the service safe?

Our findings

During our inspection of 12 July 2013 we found that the records of the money people had access to and the cash available in the home did not tally. We also found that receipts were inconsistent with financial records. During this inspection we found that two out of the three people's available cash did not tally with records. We saw that appropriate receipts were available so we could be assured the matters were minor errors of recording only. The new care manager showed us a new system on the home's computer which was being implemented in the near future. All financial transactions were to be recorded in the system and the care manager told us they were going to use this system to audit financial records more effectively.

We saw that a plastic medicines pot had been left in the main lounge with medication still in it. It was not clear who this medication was intended for. There were no staff in the lounge when we found this medication. We spoke to the member of staff who was carrying out the medications round. They told us that it was intended for a person who sometimes refused medication and this is why it was left where we had found it. Staff told us they would go back to this person with the medication later at which point the person would usually accept the medication. This meant that there was a risk another person could have taken the medication as it was not appropriately secured. We also saw found that the medications cabinet had not been secured by the person undertaking the medications round when they moved away from it into another room.

This demonstrated a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People we asked told us they felt safe living at the service. One relative told us, "I feel my father is safe here, they care for his every need" and "I have never had any doubts that this is the right place for him, he is very happy here".

During our last inspection we had found that there were insufficient call bells and staff available to people in communal areas which meant that people with mobility difficulties were not able to call staff when they required assistance. During this visit we again found a lack of accessible call bells and, although there was an improved level of staff presence in communal areas, there were times when people were left unattended. This meant that there was a continued risk that people would not be able to call for support when they required it. At our last inspection we saw that, when activated, call bells were not always answered quickly. During this inspection call bells were answered promptly so that people were assisted quickly.

We saw that there were very few side tables available for people to rest drinks on. We observed people having to either hold hot drinks or they placed them on the floor next to their chairs. This meant that there was a risk drinks could be kicked over or cause a trip hazard to people. We saw that some people walked with an unsteady gait, which could increase the risk of them knocking a drink over and potentially being scalded. We spoke to staff who told us there were only three side tables available for people to use at the home.

We asked the management team if they were aware of a recent judgement concerning Deprivation of Liberty Safeguards (DoLS) which strengthens and widens the definition of the use of DoLS. DoLS are safeguards used to protect people where their liberty to undertake specific activities is restricted. The management team were unaware of this recent judgement or its potential effects on people living in care homes. This meant that there was a risk that appropriate applications would not be made in respect of DoLS in order to protect people's rights. We discussed the status of people living at the home and it was apparent that no one at the time of our inspection would have been affected by the recent changes.

We spoke with staff about their understanding of the Mental Capacity Act 2005 (MCA) and DoLS. The MCA sets out how to act to support people who do not have capacity to make a specific decision. Staff we spoke with demonstrated that they knew how to support people's rights and that people were able to refuse elements of care if they wished to. The manager told us that some people living at the home did not have capacity to make some decisions for themselves. We looked at the care records of these people. We found that records relating to the assessment of people's capacity to make decisions and how decisions had been made in their 'best interests' were not always robust in demonstrating how decisions had been reached.

We observed staff assisting people to move about the home using walking aids. We saw that staff ensured people had the correct walking aid and that they were supported in a safe manner. We saw that people were wearing

Requires Improvement

Is the service safe?

suitable, comfortable and safe footwear. We observed staff ensuring people took their time, moved in a safe way and were patient in assisting people. This meant that people were at a reduced risk of being injured when moving.

We asked staff about different types of abuse and what they would do if they suspected abuse was happening at the home. Staff were aware of the need to report suspected abuse and said they would report the issue to a member of the management team. Staff also knew how to report abuse to external agencies. This meant that staff were aware of what action to take in order to safeguard people from abuse.

We saw from records that the provider dealt with issues of staff performance, where necessary, to ensure staff remained competent and appropriate to care for vulnerable people. We found that the manager had begun to audit staff recruitment files and had found some issues, which they were addressing. This included addressing incomplete historical recruitment procedures including risk assessments for staff who had previous criminal convictions. This meant that incomplete recruitment practices were being resolved so that people could be assured staff were of an appropriate character to care for them.

Good

Is the service effective?

Our findings

People we spoke with were positive about the effectiveness of the service at the home. One visitor told us, "I can speak from the heart, it felt right from the very first visit. I am more than happy I am content, it has exceeded expectations". Other visitors we spoke with expressed their relief at having found a home they could trust.

During our inspection of 12 July 2013 we had found that there was inadequate space in the dining room for people to move about easily and safely. Lack of space also affected staff's ability to assist people to eat in the correct way. We saw staff standing up to assist people to eat, or having to stand in places where the person they were assisting could not see them. During this inspection we noted that the dining room tables had been rearranged. There was enough space for the people using the dining area to be seated comfortably and for people who required support to eat to be appropriately assisted by staff. Some people were away from the home during lunch, and one person was eating in a lounge area. This person told us they had wanted to eat in the dining area although staff told us they had expressed a wish to eat in the lounge when asked. It was difficult to establish whether there would have been adequate space had everyone wished to eat in the dining area.

During our last inspection we found that care records sometimes showed inconsistent information about how people should be supported. This meant that staff did not always have the correct and latest written guidance on how people should be assisted in order to meet their needs. During this inspection we found that records were accurate, updated and provided the right information for staff in order to inform them of people's needs. Staff were able to accurately reflect people's needs.

We observed that people who required support to eat were supported with patience, care and following best practice. People were appropriately encouraged to eat their meals by staff with gentle verbal encouragement. This meant that people were supported to receive adequate nutrition.

People we spoke with were positive about the food the home offered. However, one person told us they were not always provided with fruit. They said, "My daughter brings me fruit each week. We have very little fruit". We observed people being offered biscuits to eat, but did not find that fruit was offered or available as a healthy snack. We found that people were offered beverages throughout our visit. Staff were careful to check what type of drink people wanted and how they would like it, for example, whether they wanted sugar in hot drinks. This meant that some choice was offered, but did not include choices which met every one's needs.

One person's care records contained a good level of detail concerning their risk of falls and what provision had been put in place to reduce the risk to this person. We observed that this person was being cared for by staff in the way their records described. This meant that staff were following the guidance provided by their care plan. It was noted in records that this person's instances of falls had decreased. This meant that staff had correctly followed guidance in order to support this person's wellbeing.

We saw from some people's records that they had diabetes. We checked to see if people with diabetes had received support for their eye and foot health, as they could be vulnerable to certain conditions resulting from diabetes. We saw that people received regular foot care and also saw evidence of appointments for eye screening. We also saw that people received other appropriate appointments in order to support their health and wellbeing from external professionals such as GPs and district nurses.

We looked at staff records and saw that new members of staff had to complete induction training. Staff we spoke with confirmed they had received induction training and periods of 'shadowing' experienced members of staff. This meant that new staff knew what was expected of them and were assessed as having the necessary skills to carry out their role.

Good

Is the service caring?

Our findings

People and visitors were positive about staff and described them as being caring. One person told us, “I am well cared for and well looked after”. A visitor said, “Overall this home provides very good care to its residents and family carers appreciate this”.

We observed staff caring for people. We saw that support was provided in an unhurried way. Staff were patient with people and assisted them at their preferred pace. Staff interacted with people in a compassionate way and provided people with verbal encouragement, for example, when helping people to move about the home. Staff checked with people that the support they were providing was what they wanted. For example, staff checked what drinks people wanted and did not make assumptions about what they might want.

We asked staff about what support people they cared for needed. Staff demonstrated knowledge of people’s health needs and of their day to day preferences, such as where they liked to be seated or that one person liked a certain beverage at a particular time of day.

One member of staff told us they always made sure they spoke with relatives when they visited, in addition to speaking to people who lived at the home, to understand people’s changing needs. They told us, “I speak to relatives and they tell me ‘mom would like to do this’ and I pass this onto the management”. Staff told us, and we saw from records, that people had a specified ‘key worker’ who was responsible for ensuring they had what they needed, in terms of toiletries and other day to day needs. People told us and records confirmed, that they or their representatives were involved in decisions about their care.

We observed staff assisting people in a way which supported their dignity. We observed staff knocking on people’s bedroom doors and waiting for a response before they entered. People were appropriately dressed and well presented. We saw that staff ensured that one person, who was going out for part of the day, was appropriately dressed. Support was offered to people in a discrete and respectful way. We spoke with staff who gave good examples of how they promoted people’s dignity and privacy during personal care, such as ensuring curtains were closed and speaking to people to ensure they were comfortable with what assistance was being provided.

Good

Is the service responsive?

Our findings

We asked people how responsive staff were. One person told us, "It took some getting used to but we are settled now and are being well looked after, nothing is too much trouble".

Care records contained information about how staff should support people. These included people's likes, dislikes and personal preferences. Care plans were personalised and showed the preferred routines of people. We saw staff responding to people's needs appropriately throughout the day and worked in a flexible way to accommodate people.

Records confirmed that people, their relatives and representatives were involved in assessments of their care. We heard visitors discussing people's day to day needs with staff and staff responding positively to these requests. Where possible, people had signed important records relating to their care to show their involvement.

We saw that care records contained guidance on how people could be most effectively communicated with. For example, one record showed that the person sometimes found communications challenging and provided guidance on how staff should act in these instances. We saw staff communicating with people in the most effective way for the person. For example, we saw staff adjusting their tone for people who were hard of hearing or required slower speech to be able to understand what was being said to them. This meant that staff had guidance on how they could effectively interact with people.

We saw that people had 'hospital passports' in their care records which could accompany them if they were admitted to hospital. We saw that these contained information which allowed hospital staff to understand the needs of people. This information was personalised and reflected what was recorded in other parts of people's care records. These records reflected people's cultural requirements and what was important to them. This included any religious observances they might have, such as their wish to participate in worship. This meant that steps had been taken to assist external healthcare professionals to understand how best to support people and respect their wishes.

People told us they felt confident in raising issues with staff. No one we spoke with told us they had cause to raise a complaint. Staff told us how they would support people to make a complaint by ensuring the manager was aware so any matters could be dealt with appropriately and in line with the provider's complaints policy. One member of staff told us, "I would note the complaint using one of our forms and ask if they wanted the issue passed on [to the manager]. We talk holistically about issues". We saw that the full complaints policy was available in the home's office. We also found that details about the complaints procedure was contained in a service user guide, which people had available in their bedrooms.

We saw that there was no up to date information advertised within the home about advocacy services. These services allow people to speak to agencies independent of the provider, where they feel they need outside support or representation. Accessible, openly advertised information about these types of services allows people to be able to discreetly access them.

Requires Improvement

Is the service well-led?

Our findings

People and visitors we spoke with were positive about the way the home was run. One person told us, "The day I came to view I knew it was the right one and I haven't been proved wrong".

On arrival at the home we discovered that the registered manager had left a number of weeks before and was working at a different home. We had not been notified of this change by the provider as required.

We met the recently appointed care manager who had replaced the registered manager in June 2014. We saw that they were implementing new systems and were auditing all records in order to address any issues. We found that they had identified some of the same issues our inspection did and had firm plans to address areas in need of improvement.

We saw that a new computer package had been installed on the home's computer. This contained a number of auditing tools which were to be implemented in the near future. The care manager explained that staff would use a computer 'tablet' to enter all care records, including daily journals. This would allow the care manager to audit all records from their computer in a structured way.

We saw that the provider was carrying out other audits. These included infection control audits, in conjunction with the local infection prevention and control team. We also saw evidence of daily and monthly audits being carried out. These included the monitoring of health and safety aspects within the home and maintenance issues, although we found that not all equipment had been serviced within an appropriate period of time. We saw that the provider reacted to maintenance issues where required. During our inspection a maintenance officer was on site carrying out repairs. Records also confirmed that issues of maintenance were identified and resolved in a timely manner. This meant that the provider ensured audits were carried out and issues reacted to improve people's experience of living at the home.

However, we found that the provider did not carry out a formal analysis of accident and incidents which occurred in the home. This type of analysis allows for the identification of trends, such as recurrent risks. However, we did see that people were assessed following repeated incidents, such as falls. The manager kept a file relating specifically to instances of falls. We saw on one person's records that a falls diary had been created. As a result of the appropriate observations of this person, their rate of falls had been reduced.

There was a clear management structure in place and staff knew how to escalate matters as required. Staff we spoke with gave examples of how they would escalate matters to senior care workers or the manager, as appropriate. Staff told us they received regular supervision meetings. Staff said they could raise concerns during these meetings and that they found them useful.

We saw that residents' meetings had been held. The last recorded meeting was in April 2014. The minutes showed that people had discussed issues which were important to them, such as the food provided. We saw some examples of the provider reacting to suggestions made.

Staff told us that they were able to attend staff meetings to discuss matters which were important to people who lived at the home. We looked at the meeting minutes for staff. This showed that issues, such as how people should communicate with people in a respectful way, were discussed. This meant that improvements in the way staff supported people were discussed to improve practice.

We looked at staff training records and found a number of gaps in update training for staff. Update training is where staff receive training in a subject they have covered before in order to ensure their knowledge remains current. For example, out of 25 staff members; within the last 12 months, seven had completed training in the mental capacity act, 10 had received training in infection control and 14 had received training in fire safety. While the staff we observed delivered skilled care it is important that staff receive appropriate update training in order to maintain best practice. The manager had recognised the current gaps in training and demonstrated they were in the process of seeking to address this.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place for the safe administration of medicines.