

Bupa Care Homes (CFHCare) Limited

Arncliffe Court Nursing and Residential Home

Inspection report

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Halewood
Liverpool
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Website:

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This was an unannounced inspection which took place on the 12 and 15 January 2015.

Arncliffe Court is registered to provide care for 150 individuals. The service is situated in Halewood, Merseyside. The property is a large purpose built residence that has five separate houses for people with varying needs. Arncliffe Court is close to all local

amenities and has good public transport links. There are local shops nearby and a main shopping area can be reached by bus or car. At the time of our inspection there were 101 people living at Arncliffe Court.

A registered manager was in post and had been in this role since September 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

During the two previous inspections of Arncliffe Court carried out in April 2014 and August 2014 we found that the service was not meeting all the regulations that were assessed. We took action against the provider and set a timescale to make improvements. At this visit we found that improvements had been made.

Procedures and records in place did not contain all of the information required in order for people's capacity and ability to make decisions to be clearly recorded as required under the Mental Capacity Act (MCA) 2005.

People and their relatives told us that they felt the home was safe. Policies and procedures were in place to safeguard people. Staff were aware of what actions they needed to take in the event of a safeguarding concern being raised.

Medicines were managed appropriately and clear systems were in place for staff to administer medicines safely.

People and their relatives told us that they had received the care and support they needed and that staff knew them well. People told us that staff treated them with respect and cared for them in a manner that protected their privacy and dignity. People had regular access to local health care professionals.

People told us that they could make their own decisions and maintain their independence and that staff supported this. They told us that they were able to move around the home freely and could access their bedrooms whenever they wished.

Quality assurance systems were in place to monitor the service provided to people. The system included regular checks on the quality and management of the home and this helped the provider to understand and improve the service that people received.

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?

This service was safe.

People and their relatives told us they felt the home was safe.

Staff knew how to recognise abuse and what actions they needed to take if abuse was suspected.

Recruitment procedures in place helped ensure that only people suitable to work in a care home were employed.

Medicines were stored and managed appropriately.

Good



Is the service effective?

The service was not effective.

Records and procedures failed to demonstrate that people's rights had been fully considered when implementing the Mental Capacity Act 2005.

Staff had a good knowledge of the needs and wishes of the people they supported.

People liked the meals that were served within the home. Staff were knowledgeable of people specific dietary needs.

Requires Improvement



Is the service caring?

The service was caring.

People told us they received good care and that the staff were respectful and polite.

People were treated with respect and their privacy was maintained.

We saw that staff spoke with people in a respectful manner and it was evident that positive relationships between people and the staff supporting them had been made.

Good



Is the service responsive?

The service was responsive.

People told us that they could make their own decisions and maintain their independence and that staff supported this.

There was a complaints system in place and information about how to make a complaint was accessible to all.

In order to gather people's views on the service delivered at the home regular resident and relatives meetings had taken place.

Good



Summary of findings

Is the service well-led?

The service was well-led.

The service had a manager that was registered with the CQC.

Systems were in place to assess and monitor the quality of service that people received.

Staff spoken with were clear about their role and they felt well supported.

Good



Arncliffe Court Nursing and Residential Home

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 the 12 and 15 January 2015. The visit on the 12 January 2015 was unannounced. The second visit on the 15 January 2015 was announced.

The inspection team on the 12 January 2015 consisted of three adult social care inspectors and a specialist advisor (SPA). The specialist advisor had experience of working with people who were living with dementia and working within the legislative framework of the Mental Capacity Act 2005.

We spent time observing the support and interactions people received whilst in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with 21 people living at the home and 16 visiting relatives. In addition, we spoke with the registered manager, 14 members of staff and a visiting health care professional.

We looked at the areas throughout the building and the immediate outside grounds. We spent time looking at records relating to people's care needs and the records of 10 people in detail. We also looked at records relating to the management of the home which included duty rotas; policies and procedures and staff recruitment files of five recently recruited staff.

Before our inspection we reviewed all the information we held about the service. This included any notifications received from the registered manager, safeguarding referrals, complaints about the service and any other information from members of the public. We contacted the local authority who commissions the service. They told us that they are continuing to monitor the service that people receive at the home.

Is the service safe?

Our findings

At our inspection in April 2014 we asked the provider to take action to make improvements to ensure that sufficient numbers of staff were on duty to meet all of the needs of people. The provider sent us an updated action plan on a regular basis telling us what action they had taken, and this action has been completed.

People told us that they felt safe living at the home. Their comments included “Absolutely safe here”; “Couldn’t wish for better” and “They answer my calls quickly.” Another person told us “I would tell someone if I was badly treated, I know how to make a complaint.”

Visiting relatives told us that they felt people were safe living at the home. Their comments included “They check on her [their mother] all the time”; “Mum is safe, if I had any worries I would tell the manager”; “No worries at all” and “Mum is very safe”.

Policies and procedures were available to staff in relation to safeguarding people from abuse. Staff spoken with had a good knowledge and understanding of safeguarding procedures and they knew where to find the policy, procedures and other guidance for reporting concerns. They provided us with examples of incidents which they would report in order to protect people. Training records demonstrated that all staff had completed training in safeguarding or adult support and protection. This showed that people were protected from harm as the staff supporting them knew what constituted abuse and how to report it.

The registered manager had a clear understanding of both organisational and local authority procedures in relation to safeguarding people. Since the previous inspection in August 2014 the number of safeguarding concerns reported by the registered manager to CQC had declined and records showed this was because the number of concerns and incidents which occurred within the service had reduced. This demonstrated that appropriate systems were in place to safeguarding people from harm.

Systems were in place to enable people to receive their medicines safely. We saw that appropriate storage facilities were available. Policies, procedures and guidance were available to staff to support the safe administration of medicines. All staff involved in the administration of medicines had been assessed as being competent to do so.

We saw that medication administration records (MARs) were in use for recording when a person had been offered or administered their medicines. These records also contained information about people to ensure that they received their medicines safely. For example, we saw that people’s known allergies were recorded and signs and indicators as to when to administer medicines used on an as and when required basis were recorded.

A system was in place for the ordering and disposal of medicines. We saw that a record of all medicines which arrived at the service were checked and any unused medicines were disposed of appropriately. Senior staff carried out regular audits of people’s medicines and their MARs, and when a discrepancy was found during the auditing process this was dealt with appropriately. For example, an audit had identified an error in which one person had received an injection late. When realised this situation had been referred to the local authority under safeguarding procedures for investigation.

We saw that risks to people’s health, safety and welfare had been assessed and risk management plans were in place when required. We saw risk assessments had been completed in relation to falls; nutrition and skin pressure areas. Risks identified to individuals’ were recorded along with information as to how to minimise the risk from happening. This information formed part of people’s care planning documents. The majority of these records seen contained sufficient details.

We saw that a number of people were seated in large chairs with the use of a foot stool. The registered manager told us that because some people were unable to get out of the chairs independently, the use of them was monitored to ensure that people were not left sitting in them for excessive periods.

A staff recruitment policy and procedure was in place. We viewed the recruitment records of five recently recruited staff and found that all of the checks required by law had been completed. For example, we saw that the provider had obtained references and a Disclosure and Barring Service (DBS) check prior to staff commencing employment. These checks helped ensure that staff employed were suitable to work within a care setting.

We saw that sufficient staff were on duty at the times of our visits. We did not observe people having to wait long for care and support. We saw that nurse call bells were

Is the service safe?

answered quickly and when a person required one to one support during mealtimes they received it. A team of care staff were on duty in each house to meet the needs of people. In addition, nursing staff were also on duty meet people's nursing needs. A team of hostesses; catering and ancillary staff were on duty throughout the home to meet people's needs. Throughout our inspection no staff raised any concerns about the staffing levels throughout the home.

All five houses within the home were in the process of being refurbished. This work included re-decoration, new floor coverings and furnishings. Work was taking place during our inspection and one person told us "My room is lovely, its just been decorated, it looks very fresh and clean."

We saw that the immediate outside grounds that people had access to, were tidy and free from debris that may cause a risk to individuals. Daily checks were carried out by senior staff to help ensure that people's environment was well maintained and safe.

First aid and fire fighting equipment was available around the houses. Staff were able to tell us where this equipment was kept and they were confident about dealing with emergency situations. We saw that regular cleaning took place throughout the day to maintain the environment. Liquid soap and paper towels, disposable gloves and aprons were available for use when required to promote good hygiene practices and to prevent the risk of cross infection.

Following the most recent food hygiene inspection in July 2014 the home had been awarded the maximum award of five stars for high standards of food hygiene. This demonstrated that good practice was implemented in the planning, preparation and cooking of people's meals.

Is the service effective?

Our findings

At our inspection in April 2014 we asked the provider to take action to make improvements to ensure that people were cared for by staff who were supported to deliver care and support to an appropriate standard. The provider sent us an updated action plan on a regular basis telling us what action they had taken, and this action has been completed.

People told us that they had received the care and support they needed and that staff knew them well. People's comments included "All amenities, I couldn't ask for more"; "The staff are great"; "They meet my needs and more"; "They really helped me settle in" and "The staff know me well and what I like."

Relatives spoke positively about the care people received. Their comments included "They carry out all the care she [their relative] needs and they know what they are doing"; "The staff work really hard" and "Happy with the care for both mum and dad."

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguarding (DoLS) and to report on what we find. The MCA and its associated Code of Practice provides a statutory framework to empower and protect people who are not able to make their own decisions. In situations where the MCA is not implemented people may be denied rights to which they are legally entitled. The provider had produced a number of policies in relation to the MCA requirements which offered instruction and guidance to staff as to how the Act should be implemented. Many of the requirements of the MCA were seen in practice. However, we found that the policies and procedures in place did not contain all of the information required. For example, the policies flow chart failed to demonstrate or record the four stages of the mental capacity assessment process. The MCA clearly states that before care and treatment is carried out it must be established whether or not the person has the capacity to consent to the care and treatment. If the person does not have the capacity to consent, any care or treatment decisions must be made in their best interests. Both the assessment of capacity and the process of working out best interest decisions should be recorded.

People's care planning documents failed to demonstrate people's consent; ability to make specific decisions and decisions made in their best interests when required. The registered manager explained to us that he was in the process of discussing with the provider how people's capacity to make decisions could be included in the admission process, so that they could assess people's ability to consent to their care and support. We recommend that the provider improves the procedures, documentation and recording systems in place to ensure that the Mental Capacity Act 2005 is fully implemented.

The registered manager demonstrated that applications had been made to the local authority on behalf of people in relation to Deprivation of Liberty Safeguard (DoLS) authorisations. We saw that one person was already subject to a DoLS authorisation which made it conditional that if their condition improved the DoLS should be reviewed. We spoke with this person at length and it was evident that their situation had changed and that a review was needed of their DoLS. We raised this with the registered manager who told us that he had recognised this and was addressing the situation.

Staff spoken with demonstrated that they knew the needs, likes and dislikes of the people they supported. They were able to explain how they supported individual's with specific tasks throughout the day. We saw that positive relationships had been built between the people who used the service and the staff team.

We saw that people's dietary requirements were met. We spent time with people during lunch and saw that choices were given in respect of what people wished to eat. The majority of people chose to eat their meals in the dining rooms where dining tables were set with cutlery; condiments and flower arrangements. The role of the hostess was to provide social interaction whilst ensuring the people received the food and drinks of their choice throughout the day. We saw that mealtimes were calm, unrushed and people, where needed were given support and encouragement to eat their meal. We saw people asked for more portions of food which were made immediately available. Pictorial menus were available to help people identify what they wanted to eat and also to remind them later in the day of their choice of menu. Staff told us that snacks were ordered from the main kitchen daily to ensure that food was available in each house at all times. These snacks included bread, cheese, baked beans,

Is the service effective?

cereals, biscuits and rice pudding. Fresh fruit and jugs of juice were also seen to be available in each house. We saw people being regularly offered and served drinks and snacks throughout the day.

We spoke to catering staff who demonstrated a good knowledge of people's specific dietary needs. For example, they told us that when a person was lactose intolerant they ensured that only soya milk was used and individual deserts were made. They told us that they worked closely with the care and nursing staff from each house to ensure they were kept up to date with people's dietary needs and wishes. This also included preparing food to different consistencies and of different calorie content. For example, soft diets, low sugar diets and fortified diets.

People told us positive things about the food at the home. Their comments included "I enjoy the food, it never stops coming" and "I get a good choice of food and can eat in my room if I want".

We saw that people had regular access to local health care professionals and GP services. Regular visits were made to the service by a GP three days a week to meet with anyone requiring health support. Outside of these times staff contacted the out of hours GP service in the event of a person requiring medical support. This was confirmed by

relatives. One relative told us "They contact her [mother] GP when they notice she is not herself". We spoke with a visiting health care professional during our inspection. They told us that they felt that people's health care planning was largely complete and correct; that they had open communication with the staff and management and that they had seen mass improvement within the service over recent months.

Staff told us that they had received regular training for their role to enable them to offer care and support to people in a safe and informed manner. We spoke with the training manager for the home and looked at training records. We saw that staff had completed training in relation to infection control; fire safety; nutrition and hydration; health and safety; behaviour that challenges and safeguarding. In addition, the majority of the staff team had completed training in relation to dementia and dignity and respect.

Records showed that regular staff meetings had taken place. In addition, staff had access to regular opportunities to meet with their line manager and discuss their role. Staff told us "We have regular staff meetings, appraisals and supervisions, and refresher training is on-going, I'm up to date with my training" and "We do lots of training and I had an induction [into their role]."

Is the service caring?

Our findings

People told us they received good care and that the staff were respectful and polite. People's comments included "The staff are extremely pleasant" and "They [the staff] are marvellous and very patient".

Visiting relatives also told us positive things about how people are cared for. Their comments included "The staff seem to care a lot"; "I visit different times and the staff are always friendly and the place is clean"; "It's relaxing and staff spend time with people, they are really good at reassuring people"; "The staff are caring and patient" and "Staff are attentive and caring." One relative told us "Staff know family well which I think is important." Another relative told us of their experiences when their relative was receiving end of life care. Their comments included "The care [relative] has received has been fantastic". They told us that staff had supported them by giving the family the use of two unused bedrooms so they could stay overnight to be close to their relative and in addition, they had been provided with facilities to make drinks.

We saw that staff supported people in a caring manner. For example, we saw people being supported to mobilise around the building in an unrushed manner with staff offering reassurance when needed. In addition, we saw that tables in the dining room were positioned to allow staff to sit directly next to the person they were supporting and encouraging with their meal. This helped ensure that people received the support they required in a dignified manner.

We saw that people were able to freely move around the home without any restrictions. We saw that people had the choice of where they sat, who they spent time with and what they wanted to eat and drink and where they wanted to take their meals.

Throughout our visit we observed staff supporting people in a dignified and respectful manner. For example, staff were seen to transfer people by using a hoist in a manner that protected their dignity by ensuring their clothing was appropriately placed. We saw that these transfers were carried out discreetly by staff who offered continued reassurance whilst explaining to the person what they were doing. Staff told us what actions they took to help ensure that people's dignity. These actions included keeping people's clothing in place; keeping people's curtains and doors closed when delivering personal care; always ensuring that people receive appropriate mouth care and offering clothing protection during mealtimes. One staff member told us "But they have the choice, they have what's best for them."

We saw that staff spoke with people in a respectful manner and it was evident that positive relationships between people and the staff supporting them had been made. Staff chatted with people for long periods and people appeared to enjoy the contact and conversation.

A leaflet was available in relation to advocacy services for people to access. An advocate is a person who represents and works with a person or group of people who may need support and encouragement to exercise their rights, in order to ensure that their rights are upheld. The policy on advocacy stated that the organisation will always provide an advocate for important decisions. This showed that people had access to support and advice they may want, as well as help in their decision making if required.

Is the service responsive?

Our findings

At our inspections in April 2014 and August 2014 we asked the provider to take action to make improvements to ensure that people received care, treatment and support that met their needs. The provider sent us an updated action plan on a regular basis telling us what action they had taken, and this action has been completed.

Each person had their own individual care plan that detailed the care and support they required. We looked at the care plans of 10 people in detail. We saw people's day to day support needs in relation to their care were planned for. For example, we saw care plans relating to personal care; sleeping; eating and drinking; mental state and cognition had been developed. The provider was in the process of introducing a new care planning recording system into the home. The registered manager told us that the new documentation had been developed to offer more person centred planning for people's care and support. We saw a copy of the new documents and the registered manager also provided us with the timescales in which the new documentation would be implemented. In addition, all staff were scheduled to receive training in planning people's care in a person centred way. Person centred care means providing individuals' with the support they require to give them the best opportunity to lead the life they want.

People told us that they could make their own decisions and maintain their independence and that staff supported this. People told us "I go to my room when I want, I like to watch my own TV in my room"; "I can get up when I want and I go to bed after supper"; "I like to get up early, they know that and they know I like an early night" and "Nobody tells me what to do, I decide and they [the staff] help me if I need them."

People who used the service told us that they received the care and support they required and that activities were available for them. One person told us "I never get bored I always find something to do." A relative told us "The activities I've seen are good, tea parties, board games, bingo and armchair exercises, Mum loves bingo". A number of activities co-ordinators were employed at the home to

arrange, support and deliver activities to people. Each unit had an activities schedule clearly displayed to inform people of what activities were available around the site. Throughout our visit we saw people being supported with physical activities and a music session.

Garden areas were available for people to be actively involved in planting or to sit and enjoy the outdoors. We saw that a number of pets which included a dog and birds were in residence to offer comfort and stimulation to their owners.

In order to gather people's views on the service delivered at the home regular resident and relatives meeting had taken place. In addition we saw that each house had a customer feedback box for people, their relatives and visitors to post their comments on the service.

The registered manager demonstrated a commitment to providing a service in which people and their relatives were encouraged to be included in all aspects. For example, dementia clinics had been arranged for people and their relatives and staff to drop in and ask questions about dementia care. Relatives told us that they felt involved in their relatives care and support. One relative told us "They involve us and communication is good."

A complaints procedure was available in all areas of the building informing people of how to raise a concern or complaint. People told us that they would speak to the staff team if they were not happy about something. Relatives told us "We had raised concerns in the past because things were not good but they are so much better now"; "I would definitely complain if I needed to" and "I know who the unit manager is and think she would deal with any concerns straight away."

We saw that a system was in place for the registered manager to manage all concerns and complaints. We saw that details of all complaints were recorded and copies of all investigations and response letters were kept as a record. In addition, the registered manager maintained a complaints log that was updated on a regular basis as to the outcomes and any further actions taken following a complaint which was made.

Is the service well-led?

Our findings

At our inspections in April 2014 we asked the provider to take action to make improvements to the systems in place to assess and monitor the quality of service that people received. The provider sent us an updated action plan on a regular basis telling us what action they had taken, and this action has been completed.

The service was managed by a person registered with CQC as the 'registered manager.' The registered manager had been in post since June 2014. People and their relatives told us positive things about the registered manager. Their comments included "The manager is amazing" and "We know who the manager is and he is always around."

Following the last two inspections of the home the provider and registered manager had implemented changes as part of an on-going action plan. The action plan that had been devised followed areas of improvement that had been identified. Relatives spoken with told us that they had seen improvements within the home over the last few months. Their comments included "Much improved"; "I've noticed improvements lately" and "Issues are dealt with professionally."

Staff spoken with were clear about their role and knew what the management structure was above them and they told us they felt well supported. We saw that procedures were in place for the event of emergencies and an out of hour on-call rota was available so that staff could seek advice from a senior manager at all times.

Staff told us positive things about the recent changes to the service. Their comments included "I enjoy my work. The manager is brilliant, always around"; "Love my job and get a lot of satisfaction out of it"; "There's more stability, better leadership which is focused" and "The manager is approachable, professional and supportive." One member of staff who had returned to work following a period of absence told us that on their return they found lots of improvements and they said staff were much happier, morale was good and the service is a lot more stable."

When required CQC had been appropriately informed of incidents. These are incidents that the provider has to

report which includes the death or a person who used the service and injuries. Records of accidents and incidents were maintained within the home and reviewed on a regular basis by the registered manager.

The registered manager told us he visited each house on the days he was on duty. The purpose of these visits was to ensure that he was available to people, visitors and staff if they required and observed and monitored the quality of the service being delivered to people. We observed the registered manager in the different houses throughout our visit.

We saw that a meeting was held each morning in which all the senior staff met with the registered manager and discussed the plans for the service for the day and any issues that had become apparent. Staff described these meetings as "Short and effective" with staff having the opportunity to discuss staffing and any extra support needed to meet people's care and support needs. Late in the day senior staff on duty again met with the manager and reviewed the day. These meetings gave staff the opportunity for issues to be discussed and appropriately addressed .

Systems were in place to regularly assess and monitor the quality of service and risks to people's health, safety and welfare. We saw that regular checks and audits were carried out around the environment; health and safety, medicines and care planning documents. In addition, the home operated a 'resident of the day' system in which one person care documentation was reviewed and updated in each house. We saw that this review considered people's falls and accidents; nutrition, skin care and support, safeguarding, end of life care plans and day to day care needs review.

Representatives on behalf of the provider visited the service on a regular basis to assess and monitor the care and support people received. Following these visits the registered manager received a report which highlighted any actions that were needed to improve the service.

During our inspection the registered manager and a representative of the provider told us that their plans for the immediate future were to continue to work on improvements to help ensure that people received person centred care.