

Archers Point Residential Home

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Inspection report

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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 ●

Summary of findings

Overall summary

About the service

Archers Point Residential Home is a residential care home that provides accommodation and care for up to 33 older people some of whom may have dementia. There were 29 people using the service at the time of our inspection.

People's experience of using this service

People said they felt safe and that their needs were met in a timely manner. Risks were assessed, identified, and risk management plans were in place to manage these safely. Medicines were safely managed, and people were protected against the risk of infection. Accidents and incidents were appropriately managed and learning from this was disseminated to staff. Sufficient numbers of suitably skilled staff were deployed to meet people's needs.

Assessments were carried out prior to people joining the service to ensure their needs could be met. Staff were supported through induction, training and supervisions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were encouraged and supported to eat a healthy and well-balanced diet. People had access to healthcare services when required to maintain good health.

People told us staff were kind, caring and attentive to their needs. They also said that staff respected their privacy, dignity and always asked for their consent before supporting them. People's independence was promoted whenever possible. Information was available to people in a range of formats to meet their individual communication needs if required. There was an effective system in place to respond to complaints in a timely manner. Staff understood the Equality Act and supported people without discrimination.

People were supported to maintain relationships with those that were important to them and participated in activities that interested or stimulated them. The service was not currently supporting people who were considered end of life, but if they did relevant information would be recorded in their care plans. There were effective systems in place to assess and monitor the quality of the service provided. The provider worked in partnership with key organisations to ensure people's individual needs were planned and met.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last rating of the service was good (published on 31 January 2017)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Archers Point Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Inspection team: One inspector carried out this inspection and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a registered manager in post. This means that they, when registered and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection site visit took place on 23 July 2019 and was unannounced.

What we did before the inspection

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

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people and one relative to seek their views about the service. We spoke with three members of care staff, the registered manager and the care manager. We reviewed records, including the care records of four people using the service, recruitment files and training records for six staff members. We also looked at records related to the management of the service such as quality audits, accident and incident, and policies and procedures. 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.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe living at the home. One person said, "I feel safe here, there is no danger". A relative said, "She is safe here."
- There were appropriate systems in place to safeguard people from the risk of abuse. Staff had completed safeguarding training, knew the types of abuse, what to look for and who to report concerns of abuse to. This was to the registered manager and they were confident that appropriate action would be taken.
- Where there were concerns of abuse the manager had notified the local authority, CQC and the police (where necessary).

Assessing risk, safety monitoring and management

- Risks to people had been assessed in areas including medicines, nutrition, skin integrity, moving and handling, falls and communication. Where risks were identified, risk management plans were in place to provide detailed guidance for staff to manage these risks safely.
- Procedures were in place to ensure staff could deal with emergencies such as fire. People had personal emergency evacuation plans (PEEP's) in place and staff demonstrated they were familiar with how to assist people in the event of an evacuation.

Staffing and recruitment

- There were sufficient numbers of staff deployed to meet people's needs in a timely manner.
- The numbers of staff on duty matched the numbers planned for on the rota. Staff told us there were enough staff to meet people's needs. One person said, "There is enough staff at all times."
- Appropriate recruitment checks took place before staff started work. Staff files contained completed application forms which included details of their employment history and qualifications. Each file also contained evidence confirming references had been sought, proof of identity reviewed, and criminal record checks undertaken for each staff member.

Using medicines safely

- Medicines were managed safely. Medicine Administration Records were completed in full.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- Staff had completed medicines training and their competencies had been assessed regularly to ensure they had the knowledge and skills to support people safely.

- Health professionals reviewed people's medicines regularly, to ensure they still needed them.

Preventing and controlling infection

- There were systems in place to manage and prevent infection. There were policies and procedures in place which provided staff with guidance.
- Staff had completed infection control and food hygiene training and followed safe infection control practices. Staff were observed wearing personal protective equipment such as aprons and gloves and washing their hands when supporting people.

Learning lessons when things go wrong

- Accidents and incidents were appropriately recorded and investigated in a timely manner.
- There was guidance for staff in place to minimise future incidents. For example, when one person suffered a fall, the person was immediately checked, the person suffered no injuries. The registered manager reviewed the person's falls risk assessment and communicated how to minimise the risk of falls with this person and staff.
- When things went wrong, the manager responded appropriately and used this as a learning opportunity and learning was disseminated to staff during staff meetings.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant that people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were carried out prior to them moving into the home to ensure that their care and support needs could be met appropriately.
- During these assessments, people, their relatives, care coordinators or social workers were involved to ensure appropriate information was acquired to develop appropriate care and risk management plans.
- These assessments, along with information from the local authority were used to produce individual support plans so that staff had the appropriate information and guidance to meet people's individual needs effectively.

Staff support: induction, training, skills and experience

- People told us staff had the skills and knowledge to support them with their individual needs. One person said, "I am pleased, they know me here. My care workers are good and helpful."
- Records confirmed that staff had completed an induction and shadowed more experienced staff when they started work.
- Staff told us, and records confirmed they were up to date with their mandatory training which included medicines, safeguarding, first aid, manual handling, managing behaviour and health and safety. One member of staff told us, "My training is all done, the training here is very good."
- Records also confirmed that staff were supported through regular supervisions and annual appraisals in line with the provider's policy. One staff member told us, "I have supervisions regularly and discuss any issues, training and get feedback from my manager."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked and saw the service was working within the principles of the MCA

- The manager and staff had a good understanding of the MCA and when it should be applied. People were encouraged to make all decisions for themselves and were provided with information to enable this in a format that met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible, including considering the best time for them to do so.
- Care plans were developed with people or in their best interests following an assessment of their mental capacity for specific decisions, such as personal care and use of bedrails.
- People's rights were protected because staff sought their consent before supporting them. One person said, "They always ask, their polite."

Supporting people to eat and drink enough with choice in a balanced diet

- People were involved in choosing what they wanted to eat and drink. If they did not want the meals on offer, alternatives were always available.
- There was no-one at risk of malnutrition, however, staff knew the signs to look out for and actions to take if this occurred. They told us that they would provide additional support such as referring people to healthcare professionals if required.
- People's care files included assessments of their dietary needs, preferences, their likes and dislikes and staff knew what people's eating preferences well. One person said, "They have an assorted menu. I choose and get what I want." One staff member said, "One person just loves sausages"

Supporting people to live healthier lives, access healthcare services and support: Staff providing consistent, effective, timely care within and across organisations

- People had access to a range of healthcare services and professionals which included GPs, opticians, chiropodists and dentists. One person said, "The chiropodist comes every four weeks and the optician comes here to." Another person said. "Staff ring the doctor and he comes, and I go out to the opticians or dentist."

Is the service caring?

Our findings

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

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

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

- People told us that staff were kind and caring. One person said, "Yes staff are kind and caring."
- The home had a calm atmosphere and people and staff positively interacted with each other.
- Staff knew and understood people's individual needs, for example, their individual interests. One staff member said, "One person really enjoys reading the morning papers which are delivered to the home daily."
- People's care plans included their life histories, their preferences and their likes and dislikes.
- People were given information in the form of a 'service user guide' prior to moving to the home. This guide detailed the standard of care people could expect and the services provided. The service user guide also included the complaints policy, this meant people had a clear understanding of how to complain if they wished to.

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

- People were involved in making decisions about their daily support. For example, choosing what they wanted to wear.
- Staff knew how to support people; they understood and were able to describe the individual needs of people who used the service. For example, the time people liked to wake up and go to bed and the things they liked to wear. One person said, "I choose what I put on each day." A relative said, "Staff take [my relative] up to their room when they want to go to bed."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity by knocking on doors and waiting for permission before entering their rooms. One staff member said, "I make sure doors and curtains are shut when giving personal care."
- People's information was kept confidential in locked cabinets in the office and electronically stored on the provider's computer system. Only authorised staff had access to people's care files and electronic records.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

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

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

- People had individualised care plans that met their needs. People and their relatives were involved in planning and reviewing their care and support needs on a regular basis.
- Care plans were updated if there was a change in people's needs.
- People had a personal profile in place, which included important information about the person such as date of birth, gender, ethnicity, religion, medical conditions, next of kin and family details and contact information for healthcare specialists.
- Care files included individual care plans addressing a range of needs such as medicines, mobility, environment, communication, nutrition and moving and handling.
- Friends and relatives were welcome to visit, and people were supported to maintain relationships that were important to them and to avoid social isolation. One person said, "My brothers and sisters visit."
- People were supported to follow their interests and take part in activities that interested them. This included arts and crafts, singing, bingo and exercises. One relative said, "The activities lady today is doing group exercises in the garden. The salvation army come in and do a singsong. She loves the bingo"

Meeting people's communication needs

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

- Some people were not able to communicate verbally. People's communication needs had been assessed and they were provided with information in a format that met their personal needs. For example, menus were available in pictorial formats as well as in large font. Information regarding the home for people was also in accessible formats if required.
- People's diverse needs were identified in care plans and they were supported to meet these needs. For example, a church representative visited the home weekly and people were supported to practice their faith if they chose to do so.
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Improving care quality in response to complaints or concerns

- The provider had an effective system in place to handle complaints effectively. There were no complaints since the last inspection, however, the registered manager told us they would follow the provider's complaints procedure to log and investigate complaints in a timely manner. One person said, "I have no complaints. I have never complained." Another person said, "I have no need to complain, I would recommend this place to people."
- Staff demonstrated that they understood the complaints procedure and told us how they would support people to make a complaint and ensure they received an appropriate response.

End of life care and support

- The home did not currently support people who were considered end of their life.
- The registered manager told us that if they needed to, they were aware of best practice guidelines and would consult with relevant health and social care professionals and family members where appropriate to identify, record and meet people's end of life preferences and wishes.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Continuous learning and improving care

- There were effective processes in place to monitor the quality of the service.
- Records showed regular audits were carried out at the service to identify any shortfalls in the quality of care provided to people. These included medicines, care plans, equipment, infection control and quality of care.
- Information gathered from accidents and incidents and safeguarding adult concerns was used to develop the service and to make improvements where required.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The management team and staff consistently monitored and reviewed each person to ensure their needs were being met. Managers and staff were clear about their roles, and understood quality performance, risks and regulatory requirements.
- People were positive about the care and support they received and the way in which the service was managed. One person said, "The registered manager is very nice." Another person said, "It's a very good service."

- The ethos of the service was about 'providing a welcoming, caring, respectful, relaxing environment for residents to enjoy.' The manager and staff told us that the service was fulfilling this by the service they provided. We observed this to be the case.

- There was a manager in place. They were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. The service had a registered manager in place who was supported in running the service by a care manager. Staff understood their responsibilities to share any concerns about the care provided at the service. They described a culture that was open and transparent.

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

- Regular resident meetings were held to obtain people's feedback. Minutes from the last meeting in May 2019 showed items discussed included meals, activities and the care provided. One person said, "We have a residents meeting. Including everyone, there is plenty of participation."
- An annual resident survey had been carried out in February 2019 to obtain people's feedback. The feedback was positive, and comments included, "Food is lovely" and "Staff are always caring and considerate."

- Staff attended regular team meetings. Minutes from the last meeting in May 2019 showed areas discussed included people using the service, staffing, accidents and incidents and care plans. These meetings were also used to disseminate learning and best practice so staff understood what was expected of them at all levels.

Working in partnership with others

- The service worked in partnership with key organisations, including the local authority and health and social care professionals to provide joined-up care. Feedback about the service from the local authority was positive.