

Derby City Council

Arboretum House

Inspection report

Morleston Street
Derby
Derbyshire
DE23 8FL

Tel: 01332717649

Date of inspection visit:
21 August 2017

Date of publication:
06 September 2017

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

This inspection took place on 21 August 2017 and was unannounced.

Arboretum House is registered to provide residential care and support for up to 38 people providing care and support to older people, including those with a physical disability. At the time of our inspection there were eleven people using the service. People using the service were accommodated on the first floor. The ground floor of the service was used by Derby City Council to provide day care and operated independently of Arboretum House.

The overall rating of good, which was awarded following the CQC's focused inspection of 25 August 2016, was displayed throughout the service. Arboretum has retained its rating of good.

Arboretum House had a registered manager. 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 had been in post for five weeks when the inspection visit took place. A number of changes had been introduced, which had had a positive impact on people using the service and staff. The registered manager spoke with enthusiasm and commitment to bring about further improvements to the quality of the service provided and had an action plan which outlined the changes planned to make.

People were protected from avoidable harm and abuse. Potential risks had been assessed to minimise incidents and accidents, whilst recognising people's rights to make informed decisions and maintain their independence. People were supported by sufficient staff that had the necessary knowledge and skills to provide the care and support they needed, which included the management of all aspects of their medicine.

People health, welfare and independence were promoted, with referrals to relevant health care professionals being made when required. People had sufficient to eat and drink and their dietary needs were met.

People's privacy and dignity was promoted by staff that had developed positive and caring relationships with those living at Arboretum House. People were confident to express their views about their care and support and had the opportunity to influence the care they received.

The registered manager promoted a positive and open culture for people using the service and staff. Positive comments were received about the registered manager and their impact on the day to day running of the service. The quality of the service provided was monitored by the registered manager, through a range of audits and consultation.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well-led.

There has been a change in the management of the service since the previous inspection. The registered manager at the time of the inspection visit had been in post for five weeks.

Arboretum 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 21 August 2017 and was unannounced.

The inspection was carried out by one inspector.

We gathered and reviewed information about the service before the inspection. This included the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications we had received from the provider. Notifications are information about key incidents and events within the service that the provider is required by law to tell us about. We also contacted local health commissioners who fund many of the people using the service to gather their views of the care and service.

We used a variety of methods to inspect the service. We spoke with five people using the service and a visiting relative. We spoke with the registered manager and two care assistants. We observed people being supported in the lounge and in the dining area at meal times.

We looked at the records of three people, which included their plans of care, risk assessments and medicine records. We also looked at the recruitment files of four members of staff, maintenance records of equipment and the building, quality assurance audits and the minutes of meetings.

Is the service safe?

Our findings

People told us why that they felt safe living at Arboretum House. Their comments included, "I feel safe here, as I have confidence in the staff." And, "Being here means I am safe as staff look after me, very well indeed. "

Records showed staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. Information about safeguarding was displayed on notice boards for all to see, which supported the promotion of people's safety. We found that care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk.

We found there to be a culture within the service, which meant measures were taken to help people avoid preventable accidents, whilst promoting their freedom and maximising independence. For example, a person who smoked had been provided with an apron, which was designed for the purpose of reducing a fire risk when smoking. Equipment was used to reduce risk, which included walking frames, hoists and height adjustable commodes. Equipment was also used where potential risks had been identified to promote people's health and welfare, which included the use of soft cushions and mattresses.

We found the premises and equipment to be well-maintained. Adaptations to the environment had been considered to promote people's safety and independence, which included height adjustable baths, showering facilities and raised toilets.

Our observations showed there were sufficient staff on duty to promptly provide people with the care and support they needed. This included staff spending time with people on an individual basis, which we observed had a positive impact on people's well-being. For example, staff spent time with people talking about things that were important to them. We found staffing levels were flexible to meet people's specific needs, for example, to ensure people were supported to go to health care appointments within the community. The registered manager informed us they continued to use daily; an electronic staffing tool, which calculated the staffing levels required based on people's individual needs. People were supported by staff that had been through the required recruitment checks to prevent anyone who may be unsuitable providing care and support.

People's needs regarding their medicine were assessed to determine the level of support they needed. A person told us how they administered their own medicine, and that this was important to them as it promoted their independence. Medicine was safely managed in the service. Medicine was administered by staff who had their competency assessed and who followed the policy and procedure for the administration and management of medicine. We looked at the medication and medication records of some of the people who used the service and found that their medication had been stored and administered safely. People's records included information about the medication they were prescribed, which included information where people had known allergies. This meant people's health was supported by the safe administration of medication.

Is the service effective?

Our findings

People spoke confidently of the staff's ability to provide them with the care and support they needed. Their comments included. "The staff are always there to help me if I need it. They help me with dressing for example." And, "I have confidence in the staff, they all know how to care for me and I am aware that they attend training courses."

Staff spoke positively about the registered manager's approach to their training and development. They told us they were informed of planned training in advance and were actively encouraged to undertake training to ensure they were up to date with good practice. They told us the registered manager provided support through supervision and training, and was always available should they require guidance or support.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. We found three people had an authorised DoLS in place with no conditions. All records containing information about people's care and support were reflective of the principles of the Mental Capacity Act 2005.

People had the opportunity to give their consent about their care and make decisions for themselves, which were respected by staff. For example, we saw that staff asked people what support they needed with personal care. This was consistent with the information detailed within people's care plans which stated people were to be given the opportunity to actively take part and comment on their care.

People told us staff sought their views about their care. Their comments included. "The staff, they listen to my views, they respect my wishes." "Every day they asked what we'd like." And. "Staff always ask me before they do anything for me, they ask me what I want to wear and what I want to eat."

People told us staff brought a hot drink to them in their bedroom in the morning. People were satisfied with the meals. They told us, "The meals are alright." And, "I like the food." People said they had been consulted about recent changes to the menu, since the appointment of the registered manager. One person talked to us about another change, which was the introduction of snacks in the dining area, which included, fruit, biscuits and crisps which they could help themselves to. The registered manager informed us of a change in practice they had introduced to further promote people's rights and choices around meal time. People upon waking were now given the opportunity to have cereals or toast earlier in the day, whilst still having the option of a cooked breakfast later in the morning. Individual dietary requirements were catered for to support people's health needs.

People told us staff provided the support they needed to maintain their health, which included referrals to health care professionals. They said, "They make an appointment for me with the doctor if I am unwell. The doctor comes to see me here." And, "I see the chiropodist regularly." Records confirmed that people were supported by a range of health care professionals, and their advice was recorded within people's records. We saw the registered manager and other staff contacting health care professionals, and arranging appointments, which included making referrals for assessments. This showed people's health and welfare

was promoted and maintained. A visiting family member told us they were always consulted about their relative's health, and were actively involved in making decisions about their care.

Is the service caring?

Our findings

Without exception, people and a visiting relative told us the staff were extremely caring, attentive and dedicated in their approach. People spoke positively about their relationships with staff and about the support they received. "I like it here, the staff and I really get on well, and we have a good laugh." "I like the atmosphere here and the staff." And, "The staff are alright, I do like them. We get along together; they [staff] are friendly."

Throughout our inspection visit we observed positive interactions between people and staff. It was evident that there was a positive culture whereby people were valued and staff were encouraged to spend time with people in the service. Staff greeted people cheerfully, took an interest in people's plans for the day, and stopped to hold conversations with them and engage them in activities.

People told us how they were supported by staff to make decisions about their care. "They [staff] listen to my views and they respect my wishes." And, "I was involved my care plan, I had input about my personal care. And last year when I was unwell, I had a care plan to support me in getting better." A visiting family member told us, they had been very much involved in their relative's care plan and were consulted about all aspects of their relative's care. People's care plans were signed by themselves or a family member and were regularly reviewed with the involvement of the person and their family member.

People's care plans provided information about people's communication needs, which included instructing staff to give sufficient time for people to respond to questions. A visiting family member told us how they had worked with the registered manager to produce communication cards, to support staff in communicating with their relative, whose first language was not English. They told us how the registered manager had ensured they were happy with the communication cards, before they were introduced for staff to be used.

In some instances people had made an advanced decision about their care with regards to emergency treatment and resuscitation, which meant they had a DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) in place. This had been put into place with the involvement of the person, their relative or representative and health care professionals. This showed that people's choices and decisions were supported and would be acted upon when needed as agreed by all parties involved.

Staff recognised the importance of not intruding into people's private space. Bathroom and toilet doors could be locked when the rooms were in use. In addition, some people had a key to their bedroom which they could lock. People's bedrooms were personalised and people using the service and a visiting family member told us they had been involved in choosing the recent decoration of their room. Staff were observed to promote people's privacy and dignity when asking people if they required any support, for example by asking people discreetly if they needed to use the bathroom, before eating their meal.

The registered manager had plans in place to promote people's privacy and dignity by making information more accessible to those living at Arboretum House. For example, pictorial menu's detailing the meal

options and signage on doors.

Is the service responsive?

Our findings

People received consistent and personalised care and support as their needs were regularly reviewed, with their involvement and that of family representatives. People told us staff were attentive to their needs and that their care and support always followed their views and wishes. People's care plans focused on what people could do to ensure their independence was promoted. Records completed by staff each day provided information as to what people had achieved for themselves. People using the service and staff spoke of the importance of maintaining independence. For example, we saw a member of staff support a person to walk independently with a frame. The member of staff told us whilst the person walked very slowly, it was important that the person kept mobile as it had a positive impact on their health and general well-being.

People's care and support was planned in partnership with them. People told us, and we saw that they had been involved and consulted about their care plans. People's records gave staff insight into the lives of the people they were supporting. Details of people's past, which included their education, work, interests, hobbies, and family, were included. Staff told us they used this information in their conversations with people, which brought people's experiences to 'life' by being able to talk about things from their childhood and earlier years.

People spoke to us about their involvement in activities. "I like taking part in the bingo and dominoes, I also like watching television." "I enjoy knitting in my room and watching television. Occasionally we have singers come in and I like taking part in the musical bingo." We that people occupied themselves, by reading newspapers and one person told us they had a newspaper delivered each day. Other people had their nails painted by staff, or completed puzzle books.

The visiting family member and people using the service us told us they felt listened to and could approach the registered manager or staff with any concerns they may have. Information about how to raise a complaint or concern was available on the notice board. The registered manager had an open door policy to people using the service, family members and staff.

The registered manager was committed to continually improving the service that people received and focussed on gathering feedback from people to identify areas where the service could be improved, which included people's involvement in making changes to the menu.

Is the service well-led?

Our findings

The registered manager at the time of the inspection had been in post for five weeks. They spoke with enthusiasm and commitment about the provision of a good quality service. A number of changes had been made to the service, which had had a positive impact on both those using the service and staff. An action plan was in place to bring about continued improvements.

Staff understood their role and were happy in their work. Staff were motivated and had confidence in the way the service was being managed. The registered manager spent time with people using the service, working alongside staff to provide care and support to people. A visiting family member and staff told us they appreciated this approach.

The registered manager had implemented changes to documentation within the service, which including the reviewing and updating of care plans and risk assessments. People's daily records reflected their well-being and achievements for the day. Meetings had been held and further meetings had been planned for people using the service, their family members and staff. Meetings already held had sought the views of those using the service and their family members, and a number of changes had been implemented.

People using the service and a visiting family member spoke positively of the registered manager and the changes they had brought about since their appointment. "[Registered manager name] has been a breath of fresh air, he's asked us for our opinions and he's acted upon them. We now have table cloths and place mats. We used to have horrible stainless steel tea pots, now we have china tea pots, cups and saucers. It's lovely." A second person said. "We have meetings where our views are sought. We've talked about activities and day trips. We now have independent access to fruit, crisps and snacks. Small changes but very much appreciated by us all."

Staff comments about the registered manager were positive. "[Registered manager's name] has made things so much better; he's really here for the residents. He's really lovely, brought activities into the home. The residents really like him, we get positive comments from them, and he spends time with residents and staff." And. "He's managed things well, he's shows a commitment to our training, he's very organised. He's had a positive impact; he's enthusiastic and approachable and recognises staff for their individuality."

A range of audits were undertaken to ensure policies and procedures were implemented well, which included medicine administration and checks on equipment. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations, were understood and met.