Leicestershire County Care Limited

Arbor House

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 27 July 2016 and was unannounced. We returned on the 28 July 2016 announced to complete the inspection.

Arbor House is a care home that provides residential care without nursing for up to 40 people. At the time of our inspection there were 39 people in residence.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider's quality governance and assurance systems were not used effectively and consistently to ensure people's health, safety and welfare. Internal audits carried out were not always completed in full which made it difficult to monitor the quality of service provided. The provider has taken steps to support the service and implement the quality monitoring systems and audits and ensure actions are taken in a timely manner to bring about improvements to the service.

People felt safe at the service and were protected from abuse because staff were trained in safeguarding procedures and understood their responsibility in protecting people from the risk of harm.

People's care needs were assessed including risks to their health and safety. Care plans were updated and centred on people's needs, which included the measures to help promote their safety and independence. Care plans provided staff with clear guidance about people's needs which were monitored and reviewed regularly.

People lived in an environment that was safe and comfortable and had access to a secure garden, which people could use safely. The premises and equipment were routinely serviced and maintained.

Staff were recruited in accordance with the provider's recruitment procedures. People's needs were taken into account to ensure there were sufficient numbers of staff to promote their safety and wellbeing. Staff were supported through regular supervisions and meeting to ensure they had the knowledge and skills to support people.

People received their medicines at the right time and medicines were stored safely. People had access to health support and referrals were made to relevant health care professionals where there were concerns about people's health. People told us they were provided with a choice of meals that met their dietary needs and preferences.

People's consent had been appropriately obtained and recorded. Staff understood the principles of the

Mental Capacity Act and made appropriate referrals to the local authority when people had been assessed as being deprived of their liberty.

People told us staff were caring and showed kindness towards them. People had developed positive relationships with staff and were confident that they would address any concerns or complaint they might have.

People were involved and made decisions about their care and support needs. Care plans were focused on the person and tailored to their needs. People were supported to maintain their independence and take part in hobbies and activities that were of interest to them.

The views and opinions of people who used the service, people's relatives and staff were sought in a number of ways including meetings and surveys.

Staff felt supported by the management team and understood their role and what was expected of them in providing quality care to people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely to promote their independence. People received their medicines at the right time, and medicines were stored and managed safely.

Safe staff recruitment procedures were followed and sufficient numbers of staff were available to keep people safe.

Is the service effective?

Good

The service was effective.

Staff received induction, training and support that enabled them to provide the care and support people required.

People's consent to care and treatment was sought and their care plans showed the principles of the Mental Capacity Act were used. People were encouraged and supported to make decisions which affected their day to day lives.

People's had a choice of meals and their dietary needs were met. People were supported to access healthcare and liaise with health care professionals as required.

Is the service caring?

Good

The service was caring.

People were treated with kindness, their privacy and dignity was respected.

People were involved in making decisions about their daily care needs and staff respected their choices and lifestyle.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and their needs were met. People were involved in the review of their care which helped them to receive care tailored to their needs and ensure their lifestyle choices and preferences were respected.

People were supported to take part in activities of interest to them, achieve their goals and maintain contact with family and friends, to promote their wellbeing.

Information about how to make a complaint was available in format that people could understand. People were supported to complain.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There was a registered manager in post. The provider had assurance and governance systems in place but these were not used consistently to assess and monitor the quality and safety of care provided.

People had opportunities to share their views about the service and were consulted about changes. The provider encouraged people, relatives and staff to make suggestions about how to develop the service.

Arbor House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 July 2016 and was unannounced. We returned on 28 July 2016, announced to complete the inspection.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a 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 reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a set of information about the service and the support people can expect to receive. Notifications are changes, events of incidents that affect the health and safety of people who used the service that providers must tell us about and included changes to the management of the service.

We also looked at other information sent to us from people who used the service, relatives of people who used the service and health and social care professionals. We contacted commissioners for health and social care, responsible for funding people that use the service and asked them for their views about the service.

We spoke with eight people who used the service and four visiting relatives. We used the Short Observational Framework for Inspection (SOFI), which is a way of observing care to help us understand the experience of people who used the service. We used SOFI to observe people in the lounge during the morning and at the lunch time meal service.

We spoke with the two senior care team leaders and seven care staff. We also spoke with the administrator, two kitchen staff, maintenance staff and the house-keeping staff. We spoke with the area manager who was at the service at the time of our inspection visit over the two days. We also spoke with the community nurse who was visiting some people at the time of our visit.

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

We asked the senior care team leader to send us the staff rota and the business continuity plan. This information was received in a timely manner.

Good

Is the service safe?

Our findings

People told us they felt safe living at Arbor House and with the care staff who looked after them. One person said, "I feel safe because staff are kind to me. I can call for help anytime just by pressing the buzzer [emergency call pendant]." Another person said, "Sometimes I feel it's too safe. If I want to go to the shops a carer comes with me in case I fall or can't find my way back." A relative we spoke with said, "The staff are very good and do everything they can to make sure everyone is safe. Sometimes [person's name] can be difficult but they always take their time, never rush and genuinely care about residents' safety here. I've got absolutely no concerns."

People were protected from the risk of harm by staff that had appropriate safeguarding training. All the staff we spoke with knew what abuse was and the process for reporting abuse or concerns. A staff member said, "If I saw anything I'd tell the manager straight away who would deal with it."

Staff were confident to use the whistleblowing procedure if they felt their concerns were not taken seriously. They knew they could report concerns about people's safety to the provider and external agencies such as the local authority, police and the Care Quality Commission. This showed staff understood the process to protect people and keep them safe.

People looked after their own finances or were supported by the service to do so. Records were kept for the financial transactions and those were audited regularly as part of the quality assurance checks to ensure people were protected from financial abuse.

The premises and equipment such as hoists, slings and wheelchairs used to support people were regularly serviced. Staff knew how to report faults if they had any concerns about unsafe equipment or premises. Records showed that fire and safety checks were carried out routinely to ensure staff knew what to do in an emergency. This helped to ensure people lived in a safe place.

Staff understood the need to record and report all incidents and accidents so a record was kept of the actions taken to support people and to reduce future risks. For example, staff recorded whether any medical treatment was provided by health care professionals and the frequency of checks on someone whose health was of concern. Where required people's care plans and risk assessments had been updated to ensure support provided was appropriate. From our discussion with the area manager we found they that the number of incidents and accidents were looked at as part of the provider's quality assurance systems and actions were taken to reduce future risks.

One person told us they were asked about the help they needed before they started to use the service. This helped to ensure they were in agreement with the support to be provided and that risks could be managed safely. They told us they knew how to call for assistance and said, "I like the idea of staff checking that I'm ok through the night."

People's care records showed risks associated to their health and wellbeing had been assessed. These

centred on the person's individual needs and covered risks such as falling or being unable to walk independently. Plans of care provided staff with clear information about how to support people safely. Care records showed that health care professionals such as the specialist nurse were involved to help maintain people's health. That meant risks to people's health, safety and wellbeing were managed effectively.

We found risk assessments were regularly reviewed and care plans updated when people's needs changed. Staff members told us they had read people's care plans and any changes to people's needs was shared with them at handover meetings. One staff member said, "It's really important we know what help someone needs especially when they come out of hospital." That showed people were assured their needs would be met safely because staff were kept up to date.

People's safety was protected by the provider's recruitment practices. We looked at recruitment records for staff and found that the relevant checks had been completed to ensure they were safe to work with people before commencing work at Arbor House.

Most people told us that staff were available when they needed help. One person said, "There's usually someone [staff] around when I need any help." Another said, "Most staff are excellent" and went on to explain that they would have to wait longer for staff to support them in the evenings. We received similar mixed comments from relatives visiting their family members. One relative felt there were busy times during the day and evening, which meant staff were not always visible. However, they felt their family member's needs were met safely by the staff.

We saw staff had key responsibilities throughout the day to meet people's needs and ensure the service was safe for people at all times. Staff told us that there were enough staff most of the time but acknowledged there were busy times during the day and evening when some people may have to wait to be helped. For instance, before and after lunch when people needed some assistance to use the washroom. Staff told us that they prioritised meeting people's care needs, communicated well with each other and kept up to date care records. That meant people were assured they received safe, reliable and timely care and support from staff who were committed to looking after people well.

We spoke with the senior care team leader and the area manager about the staffing. They told us that they used a dependency assessment tool to determine the staffing levels, which took account of people's needs. As a result the staffing levels had been increased. The staff rota was consistent with the staff on duty and the person in charge. The area manager assured us that they would review the deployment of staff to ensure people's needs were met.

Information received in the provider information return stated medicines were administered by trained staff whose competency had been assessed, medicines were kept securely and staff had access to the medicines policy and procedure. We found this to be the case.

People told us they received their medicine at the right times. One person said, "I've got no problems with my medicines, always on time." A relative said, "I know if [person's name] got any pain they will ask if she needs any painkillers."

We saw people's medicines were administered and managed safely. Medication records were signed to confirm medicines were taken. Records showed that staff had followed the correct procedure for medicines administered when required, otherwise known as 'PRN'. Staff understood when those medicines were to be given and recorded the amount administered. This helped staff to ensure people maintained good health.

Staff told us that one person had their medicines disguised in food and drink. Records showed a best interest decision was made by the person's family member and health care professionals. The GP authorisation was in place with a plan of care and the review process to help maintain the person's health. Staff knew how to administer the medicines. We found that advice was not sought from the pharmacist about the type of food and drink the medicines could be mixed in. When raised with the senior care team leader it was addressed immediately.

Good

Is the service effective?

Our findings

People told us that they were happy with the staff that looked after them and felt their needs were met. One person said, "I look after myself and staff do help me when I need to get in and out of bed. I'm quite happy with them." Another person said, "I sometimes forget to use this [pointing at their walking frame] but they [staff] usually bring it to me." A relative told us that the staff knew how to support their family member and were confident that the staff were trained because staff often told them about any training they had done.

We found the information recorded within the Provider Information Return (PIR) to be accurate regarding the staff training and support. A new member of staff told us the induction training was comprehensive and informative. Staff told us they received regular training updates, which helped them to maintain their knowledge and skills to support people. Staff training records we looked at confirmed a range of training completed which covered health and safety, including using equipment such as a hoist, person centred care and record keeping. Awareness training enabled staff to support the people living with dementia and other health conditions so that staff had a better understanding of the difficulties and challenges people may experience.

A staff member said, "I went to the training centre where we were given lots of information, shown how to use equipment and had a workbook to complete afterwards." Staff told us that they worked alongside an experienced member of staff until they felt confident and their practice was observed to ensure they provided the care and support correctly. Throughout our inspection visit we saw staff supported people safely, for example they used a hoist correctly to assist a person to move into the wheelchair. We saw staff sought consent before helping people and explained what they were about to do. Staff constantly reassured the person and checked they were comfortable. This was done in a sensitive and dignified manner.

Staff told us they felt supported by the registered manager and the senior care team leaders on a daily basis. Staff were supervised and had meetings where they had the opportunity to talk about the people they supported and their personal development. Staff told us that they felt confident to raise issues and make suggestions to develop the service and improve people's quality of life.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). Staff demonstrated a good awareness and understanding of the MCA, and when this should be applied. We saw staff sought consent before helping people.

People told us that they were involved and made decisions about their care. Care plans were signed by the

person or their nominated representative to evidence their consent for the care to be provided. We found conditions on the authorisation to deprive a person of their liberty were being met. Records showed that health decision-specific capacity assessment had been completed, where appropriate. For example, where someone had their medicines given to them disguised in a drink. That showed the principles of the MCA were followed.

People told us they liked the food and were able to make choices about what they had to eat. One person said, "The food is quite good. The cook will ask what you like to eat and there's always a choice." A relative told us their family member required a special diet and they also had a choice.

Lunch was the main meal of the day. We saw people were given a choice and the meals looked balanced. Staff showed people two plated meals so that they could choose the meal they wanted to eat. That showed the person's was empowered to make decisions. We saw people's dietary needs were met. Where people required a soft diet the meals presented looked appetising. We saw staff help support people to maintain their health and independence. Adapted cutlery was provided and food was cut up into smaller pieces, so they could to eat independently. Staff spoke in a calming manner to one person and encouraging them to eat, which was successful as the person ate more of their meal.

People told us their health needs were met. One person said, I'm very impressed with the GP who came out to see me as soon as possible. I'd only asked this morning and he [GP] came about 30 minutes ago. It's very good here." Relatives told us that their family members were supported to access healthcare services regularly and as and when required.

Staff told us that people could have snacks and drinks throughout the day. Where people's appetite or weight was of concern staff would contact the GP for advice and where appropriate a referral to the dietician was made. Records showed that an assessment of people's dietary needs had been undertaken and they had access to a range of health care support to meet their health needs. Staff worked closely with health care professionals such as the GP, speech and language therapist (SALT) and the dietician to help to maintain people's health. That meant the information in the PIR was accurate.

We spoke with the health care professional who regularly visits some people to meet their health needs. They told us that the staff knew people well and would seek advice from them when people's health was of concern.

Good

Is the service caring?

Our findings

People told us they were treated with care and kindness by staff. One person said, "Staff are kind in how they care for me. I think I get very good care here." Relatives we spoke with also found staff to be caring towards their family members. A relative said, "The staff all know what [person's name] is like and will fuss over him, even when he can be in one of his moods."

A health care professional told us that staff were very caring and recognised when people were unwell and offered the comfort and assurance people needed.

We saw people being supported by staff in a caring manner and that they had developed positive relationships with the staff team. For instance, over lunch we heard people laughing and chatting with staff and other people sat at same dining table, which showed mealtimes were a sociable affair. Staff communicated with people effectively and used different ways to offer support. For instance, staff told us some people had difficulty in hearing and speaking so they would kneel down so they were at the same eye level as the person seated; they then spoke clearly and discreetly when people needed assistance. This meant they maintained people's dignity and people could be sure that staff listened to them and spoke with them in a manner that could understand.

We saw staff acknowledged people whenever they passed a person and had a chat about things that were of interest to people and knew how to support people who may become anxious. We saw when someone became anxious about their personal belongings, staff reminded them that the item was kept in their room and were shown where their room was. A member of staff said, "There's so much you learn about a person simply by starting a conversation. They're like my extended family everyone likes to have a chat don't they."

People's care records had information about people's life histories and interests. Staff were able to describe what was important to people, which was consistent with the information in people's care records. For instance, one person said their appearance and presentation was important to them and their care records reflected this.

Records showed people had made decisions about their care and support. Where the person was unable to make certain decisions about their care needs, records showed the person's relative or health care professionals had been involved. A relative told us that they supported their family member when their care plan was reviewed. That meant people could be assured that their needs would be met and daily lifestyle and wishes would be respected.

Information about a local advocacy service was available to people. A relative told us they did not require the services of an advocate because staff were able to support them and provide information that they needed to support their family member.

People dignity and privacy was respected. One person said, "Staff are very respectful and caring towards me." They gave examples of how staff respected their dignity and wish to have their meals in the privacy of

their room. At lunchtime, people were asked if they wanted an apron to protect their clothing during the meal. We also saw staff used a blanket to cover a person's legs when they were being assisted to move onto a chair using a hoist. Care was taken to reassure the person and staff also checked the person was comfortable before leaving them. In both instances staff showed a caring approach and respected people's wishes and dignity.

People's bedrooms were respected as their own space and we saw that staff always knocked and did not enter until asked to do so. All the bedrooms had an ensuite toilet and wash hand basin to promote people's privacy. The bedrooms we saw looked comfortable and were personalised to reflect individual taste and interests.

Staff described ways in which they preserved people's privacy and dignity which supported our observations and comments received from people using the service. They told us when they supported people with their personal hygiene needs a 'do not disturb' sign was place on the bedroom door and we saw this to be the case. That meant people could be assured their privacy and dignity was respected by staff.

We saw people chose where they sat as there were a variety of lounges, a quiet room and the garden room. The smaller lounges were also used for meetings with health and social care professionals and for people to have family gatherings such as to celebrate a special event or birthdays. The outside space included the decking area that overlooked the fields and an enclosed garden, accessible from the garden room.

People were supported at the end of their life to have a comfortable, dignified and pain free death. Records showed that health care professionals were called in a timely manner and advanced decisions made about their treatment and wishes were recorded. We saw advanced decisions were recorded and signed by the doctor. Staff told us that they were made aware when a person was nearing the end of their life. That sometimes meant caring for the person and being supportive to the person's close family members who may visit for longer at a difficult time.

Good

Is the service responsive?

Our findings

People told us that care and support they received was prompt, consistent and tailored to their needs. One person said, "They [registered manager] looked at what help I needed after my surgery to make sure they would be able to support me." They told us that they were involved in the assessment process and had agreed with the plan of care put in place to support them.

We saw a number of instances when staff were responsive to people's requests and promoted their independence with their daily needs. For example, when someone entered the dining room for breakfast and was not wearing their dentures a member of staff approached them to ask discreetly about their dentures and fetched them from their bedroom. At meal times, staff helped to promote people's dignity by supporting them to eat at a pace to suit them, cut the food into smaller pieces and offered encouragement and conversation to make the mealtime experience positive. That showed staff recognised the importance of empowering people to be in control and promoting independence wherever possible. A relative also commented that their family member's hearing aid was not working so they told the senior care team leader who checked the hearing aid and fitted a new battery.

We saw someone's glasses were left by the wash hand basin in the toilet. That meant someone's ability to move around could be at risk because they may not be able to see clearly. When we asked the staff member who the glasses belonged to, they immediately took them to the person who was grateful for to them.

A relative told us that their family member's care needs were regularly reviewed to make sure the care and support they received was appropriate.

The senior care team leader told us that they were transferring information about people's care needs to the new care plan format. Care plans were written in a way that helped staff know how to provide personalised care. These had information as to how the person wished to be cared for, how they liked to be dressed, their preferred meals and how they liked to spend their time. Care plans included information about people's personal life history, their needs, interests, family members and abilities to make decisions about their day to day lives. Staff told us if they were unsure about people's needs they would read the care plan to ensure they understood how to support people.

We observed the staff handover meeting at the start of the shift. The senior carer provided staff with updates on each person's wellbeing, health concerns and any planned health appointments. Staff felt those handover meeting helped them to provide continuity of care that was tailored to people's needs.

People told us they do a variety of activities, which were meaningful and fun. One person said, "We sometimes have a singer but usually one of the carer's will play games." Another said, "I'm not keen on playing games. I like to listen to music and enjoy reading; I've read quite a few books." A third person said they liked to go shopping either with a member of staff or their relative when they visited.

A relative told us they visited regularly and found people were either resting after lunch or doing some

activity with staff. A number of people played skittles which the activity co-ordinator had arranged at people's request. People were enjoying themselves as there was laughter and praise when someone knocked all the skittles down. On the second day of our inspection visit a number of people were having their hair done by the hairdresser.

People told us their views and decisions about their care were made known to staff. Records showed people were involved in the development and review of their care plans, which were amended when people's needs changed. Where appropriate, people's relatives and staff were involved in the reviews to make sure people's rights and choices were advocated for.

The daily records completed by staff included information about the support provided to maintain people's personal hygiene, their appetite and general health. A record was also kept of how people spent their day such as the activities they took part in or if they spent time with staff or their visitors. Records showed advice was sought from health care professionals to help maintain people's health whenever required. That meant people could be sure that the support they received was individual and tailored to them as a person covering all aspects of their life.

People told us they knew how to make a complaint should they need to. One person said, "There's nothing to complain about. If there was anything I'm sure the manager would deal with it." A relative told us that they were given a copy of the complaint procedure when their family member moved to Arbor House. They said, "There were a few settling in issues which the registered manager and staff managed well."

Staff told us if they could not address the complaint they would tell the registered manager or the senior care team leader. The complaint procedure was displayed in the foyer of the service, which included the contact details for the local advocacy service and the local authority were included should someone need support to make a complaint.

The information in the provider information return and the complaints record we viewed showed that Arbor House had not received any complaints since it was registered. The senior care team leader told us that all formal and informal complaints would be recorded and investigated in line with the complaint procedure.

The service had also received a number of compliments, cards and letters of thanks from relatives of people using the service and those who no longer used the service. There were compliments about the service, the care provided and named staff members who, one relative said, had showed great care towards their family member. Staff told us that they were made aware of any compliments received about Arbor House. One staff member said, "It's good to know we make a difference to people's lives."

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager in post. However, at the time of our inspection visit the senior care team leader was in charge who was supported by the area manager.

The information we received in the Provider Information Return (PIR) stated there were systems in place to monitor the quality of the service. However, we found the service lacked effective leadership with regards to delivering high quality care because quality assurance and governance systems were not used consistently in order to monitor the service provided. The programme of when audits should be carried out were not completed in a timely manner. Some audits and tasks had been delegated to the senior care team leaders with little or no guidance. If those audits were completed by the registered manager or they had analysed or liaised with the staff they would have had an overview of the quality of the service provided and the areas to be improved. We found there was an over-reliance on the knowledge of the senior care team leaders and care staff to ensure people's needs and their care records were up to date. For instance, we were told that the information about people's care needs had not been transferred to the new care plan formats.

The area manager told us that they were providing support to the registered manager in how to use the quality audit tools to monitor the service and complete the manager's monthly reports. They found audits were incomplete including an analysis of the falls and other incidents that affects people's safety and wellbeing. There was little evidence to show what action had been taken because the reports were not always completed.

We found that management records were not kept up to date or were not available in all instances. The area manager confirmed that action was taken in relation to missing signatures found in the medication audits. They had also updated the plan of the service which now included all areas of the service. That meant the fire procedure and the business continuity plan was updated to ensure arrangements were in place and staff were aware of the plans in place in the event of an emergency.

The area manager told us that monthly reports completed by the registered manager would be used to monitor trends, which could identify risks and areas that require improvement. Because the monthly reports were not being completed it meant the provider was unable to determine the quality of service provided at Arbor House. Although the area manager showed us the completed quality monitoring report for the month of June 2016 it showed that the information recorded in the PIR was inaccurate and not reflective of the evidence we found during our inspection visit. The area manager assured us that they and the provider were supporting the staff at Arbor House to make the required improvements.

The provider had a training department that managed and provided training for all new and existing staff. Training information was shared with administrator who confirmed staff were booked onto the relevant training to ensure their knowledge, training and practices were kept up to date.

We looked at a sample of the provider's policies and procedures during our inspection visit and those which were sent to us following our visit. We found these were updated and provided staff with clear guidance as

to their responsibilities in relation to their role.

Staff told us that they were involved in how the service was run and had opportunities to make suggestions about how to improve the service. The staff meeting minutes for June 2016 showed topics related to health and safety, training and audits were discussed and solutions were identified to issues raised by staff such as the type of information recorded in people's daily care records. Staff received one to one supervision from a senior carer, group supervision and had staff meetings. Another staff member told us when the issue of staffing was raised the numbers of staff on duty was increased.

Staff were motivated and understood what was expected of them by the provider. Staff described to us the aim was to provide people with a good quality of life that promoted people's dignity and care. That meant staff worked together to achieve the shared goal to improve and maintain people's quality of lifestyle.

People's views about the quality of care and service provided was sought in a number of ways. Review of care meetings were used to gather people's views about the care they received and people's care records we looked at confirmed this. One person told us that they had attended the 'residents meeting', which they found informative as they talked about the menus. The meeting minutes showed feedback was sought about the food, use of the smoking room and a consultation about the development of the premises.

The area manager told us that people could provide feedback by completing the provider's on-line satisfaction surveys. They also planned to send out surveys to gather feedback about all aspects of the service from the people who used the service, people's relatives and health care professionals. The area manager told us that an action plan would be produced for the registered manager to address and details of the results would be shared with people who used the service.

We found Arbor House worked well with other health care professionals who told us that staff were responsive to people's needs and acted upon instructions and guidance provided. They commented that there was a stable management team that focused on the care of people who used the service.

Prior to our inspection visit we contacted the local authority responsible for the service they commissioned on behalf of some people who lived at Arbor House and asked for their views about the service. They told us they were preparing to carry out quality monitoring visit to assure themselves that Arbor House provided the contractually agreed quality service.