

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

We carried out an unannounced comprehensive inspection on 14 December 2016. At our last inspection on 23 November 2015 we found three breaches of the Health and Social Care Act 2008. Breaches found at the inspection in November 2015 included risks associated with the unsafe management of medicines; Deprivation of Liberty of Safeguards (DoLS) authorisations to deprive people of their liberty had not been obtained in accordance with the Mental Capacity Act (MCA) 2005 and incidents were not always notified to the CQC of without delay. The provider sent us an action plan detailing the action they would take to meet the outstanding legal requirements.

At this inspection on 14 December 2016 we checked that the action plan had been completed and the breaches identified at the last inspection had been addressed. Improvements had been made in relation to management of medicines and records. Medicine Administration Records (MAR) charts were completed in full, the controlled drugs record book had been completed and countersigned by a second signatory as required. DoLS authorisations had been obtained in accordance with the MCA 2005 and incidents had been notified to the CQC without delay.

There was a registered manager 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.

Safeguarding adult's procedures were robust and staff understood how to safeguard people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Risks to people using the service were assessed and risk assessments and care plans provided clear information and guidance for staff. Medicines were stored, administered and recorded appropriately.

There were enough staff to meet people's needs. The provider conducted appropriate recruitment checks before staff started work.

Staff received adequate training and support to carry out their roles and staff training was up to date. Staff received regular supervisions and annual appraisals. There were processes in place to ensure staff new to the service were inducted into the service appropriately.

The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 (MCA). Staff asked people for their consent before they provided care.

People were protected from the risk of poor nutrition and had access to a range of healthcare professionals in order to maintain good health.

People were treated with kindness and compassion and people's privacy and dignity and confidentiality was respected. People were supported to be independent where possible such as attending to some aspects of their own personal care.

Staff were knowledgeable about people's individual needs. People's cultural needs and religious beliefs were recorded to ensure that staff took account of people's needs and wishes.

People were involved in their care planning and the care and support they received was personalised and staff respected their wishes and met their needs. Care plans and risk assessments provided clear information for staff on how to support people using the service with their needs. Care plans were reflective of people's individual care needs and preferences and were reviewed on a regular basis.

People knew about the service's complaints procedure and said they believed their complaints would be investigated and action taken if necessary.

There were effective processes in place to monitor the quality and safety of the service and the registered manager recognised the importance of regularly monitoring the quality of the service provided.

Regular staff meetings took place and people were provided with opportunities to provide feedback about the service. People and staff told us they thought the service was well run and that the registered manager was supportive.

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.

There were appropriate safeguarding procedures in place and staff had a clear understanding of these procedures.

Risks to people using the service were assessed and risk assessments and care plans provided clear information and guidance for staff.

Medicines were stored, administered and recorded appropriately.

There were enough staff on duty to meet people's needs. Appropriate recruitment checks took place before staff started work.

Is the service effective?

Good ●

The service was effective.

Staff training was up to date. Staff had received appropriate support through formal supervisions and appraisals.

The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Care plans contained mental capacity assessments where appropriate and applications for DoLS were made in accordance with the MCA 2005. Staff asked people for their consent before they provided care.

People were supported to have enough to eat and drink.

People had access to healthcare services when they needed them.

Is the service caring?

Good ●

The service was caring.

Staff delivered care and support with compassion and

consideration and supported people at their own pace.

People's privacy, dignity and confidentiality was respected.

People's cultural and religious beliefs were recorded to enable staff to take account of people's needs and wishes.

Staff encouraged people to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care.

People's needs were reviewed on a regular basis.

Care plans were accurate and people's preferences were correctly documented.

Is the service well-led?

Good ●

The service was well-led.

There were effective processes in place to monitor the quality and safety of the service.

Regular staff meeting took place and people's views had been sought about the service.

People and staff told us they thought the service was well run and that the registered manager was supportive.

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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 unannounced comprehensive inspection took place on 14 December 2016. The inspection team consisted of one adult social care inspector and one 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.

Before the inspection we looked at the information we held about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. The provider also 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 also asked the local authority commissioning the service for their views of the service.

At the time of this inspection the home was providing care and support to 25 people. We spoke with three people using the service, five relatives, three members of 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 four members of staff. We also looked at records related to the management of the service such quality audits, accident and incident records, and policies and procedures.

Is the service safe?

Our findings

At our last inspection on 23 November 2016, we found a breach of regulations because Medicine Administration Record (MAR) charts were not completed in full and the controlled drugs record book had not been completed and countersigned by a second signatory as required.

At this inspection we saw medicines were safely administered and recorded appropriately. We observed medicines being administered on the afternoon of the inspection and saw that only staff trained to administer medicines were involved. Medicines were signed for after they had been administered. This meant that people received their medicines as prescribed by health care professionals. We checked MAR charts and found they were legible and did not contain any gaps. We saw that controlled drugs were safely kept in locked cupboards within a locked medicine room. We looked at the controlled drugs register and saw it had been completed and countersigned by a second signatory as required. Controlled drugs had been appropriately received, recorded and administered. We checked the balances of controlled drugs stored in the cupboard against the controlled drugs register and found these records were up to date and accurate. We saw that weekly auditing had taken place to check the balances of drugs remaining to quickly identify any missed doses. Records showed there was 100% compliance. We also saw that a local pharmacist had carried out a medicines audit in July 2016 and had not identified any issues. All staff administering medicines had regular competency checks and this included the care manager.

People we spoke with told us that they felt safe and that they were happy with the care they received. One person said, "I feel quite safe, 'I wouldn't want to live on my own at this age.'" A relative we told us "We've never had any issues, there are no concerns about [my relative's] safety". We saw the home was clean, tidy and free of odours.

Staff were aware of safeguarding policies and procedures and knew what action to take to protect people should they have any concerns. Staff we spoke with demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse and who they would report any safeguarding concerns to. The registered manager said that all staff had received training on safeguarding adults from abuse. Training records we saw confirmed this. Staff told us they were aware of the organisation's whistleblowing policy and they would use it if they needed to.

The service completed risk assessments for each person in relation to medicines, nutrition, mobility and fire. Risk assessments included information about action to be taken to minimise the chance of the risk occurring. Where potential risks were identified there were relevant action plans in place for staff to minimise these risks. For example, one person using the service required the use of specific eye equipment. There was clear guidance for staff to ensure that the person had the appropriate eye equipment at hand to aid them when they required it.

We saw through observations and staff rotas that there were enough staff to meet people's needs in a timely manner. People and their relatives told us there were enough staff. One person said, "Yes there are more

than enough [staff]." A relative told us, "Yes I think there is enough staff." There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work at the service. We checked staff files, which contained completed application forms including details of the member of staff's employment history and qualifications. Each file also contained evidence confirming references had been secured, proof of identity and criminal record checks undertaken for each staff member. The provider had carried out checks to ensure staff members were entitled to work in the UK before they commenced work.

There were arrangements in place to deal with possible emergencies. Staff told us they knew what to do in response to a medical emergency or fire and they had received first aid and fire training. Records we looked at confirmed this. The fire risk assessment for the service was up to date.

Is the service effective?

Our findings

At our last inspection on 23 November 2015 we found a breach of regulations because the registered manager was not aware of the criteria under which a person may be considered to be deprived of their liberty and people may have been subsequently deprived without lawful authorisation. This was due to the fact that the registered manager had not submitted applications to a 'Supervisory Body' to request the authority to legally deprive people of their liberty when it was in their best interests.

At this inspection on 14 December 2016 we checked to see whether people's rights had been protected by assessments under the Mental Capacity Act 2005 (MCA). 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 procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the provider had followed the requirements of DoLS and had submitted applications to a 'Supervisory Body' to request the authority to legally deprive people of their liberty when it was in their best interests. We saw that applications under DoLS had been authorised and that the provider was complying with the conditions applied under the authorisation.

People told us that staff were well trained and competent. One person we spoke with told us, "[Staff] know what they are doing." A relative told us, "Yes I think [staff] are well trained, they seem confident." Records confirmed that staff had completed an induction and mandatory training in line with the provider's policy. This training included safeguarding adults, management of medicines, manual handling, mental capacity and dementia. One staff member we spoke with told us, "My training is up to date and I get enough training." Another staff member told us, "I have done all my training, it's very useful and keeps me updated."

We saw that staff were supported through regular formal supervisions and appraisals. During supervision sessions, staff discussed a range of topics, including issues relating to the people they supported, working practices and training. The frequency of supervision meant that any shortfalls in knowledge or training could be picked up promptly and addressed so that people continued to receive an appropriate standard of care. One staff member we spoke with told us, "I have regular supervision; I can let my manager know how I am getting on and receive feedback." Another staff member said, "I do have regular supervisions and they are very good."

People were involved in choosing what they wanted to eat or drink and were supported to maintain a healthy balanced diet to protect them from the risk of poor nutrition and dehydration. People's care files included assessments of their dietary needs and preferences. One person told us, "It's quite good, pretty much like home cooking. There is a choice of things I don't think I've had anything I don't like." Another person told us, "It's very nice, if I say it's nice it's nice." A relative we spoke with told us, "Very nice, it's all

home cooked, I quite fancied it myself one day."

People were supported to access a range of healthcare professionals including a GP, physiotherapist and dietician. One person told us, "[Staff] take me out on visits to hospital." A relative told us, "[My relative] is generally in very good health, I know someone does come to do their feet."

Is the service caring?

Our findings

People told us they were happy with the service they received, and were treated with dignity and respect. One person told us, "I was in bed last week I didn't feel well, [staff] kept coming up to see me they brought me up my meals." Another person said, "[Staff] are always sociable, always ask if you need anything." Relatives also told us staff were kind and caring. One relative said, "[Staff] are caring."

Throughout the course of our inspection we observed staff treated people in a respectful and dignified manner. We saw staff engaged with people positively in conversations that were relaxed and friendly and we saw staff took their time and gave people encouragement whilst supporting them.

Staff knew people's life histories in detail and how to support them; they were able to describe the individual needs of people who used the service. For example, they knew the times people liked to go to bed and wake up, and the types of food they liked and disliked. One staff member we spoke to told us, "One person really enjoys toffee and loves it when we bring it for them."

Staff protected people's confidentiality, privacy and dignity. Records regarding people's care and treatment were stored securely to ensure confidentiality. We observed staff knocking on people's doors and waiting for permission before entering their rooms. One person we spoke with told us that staff respected their privacy and dignity and told us, "I would soon tell them if they didn't." Another person told us "[Staff] always knock on my door." A relative told us, "[Staff] take [my relative] to the bathroom in their room and always close the door."

Staff told us that they promoted people's independence by encouraging them to carry out aspects of their personal care such as washing and shopping. One person we spoke to told us, "I brush my own hair which makes me feel better." One staff member told us, "I encourage people to be independent as they can, such as walking a little each day or holding a cup."

Staff showed an understanding of equality and diversity. Care records showed that people's choices and preferences including their religion, interests and preferences were recorded which enabled staff to provide a service suited to their individual needs. For example, where people with religious beliefs were unable to worship in the community, we noted that a sister from a local church attended the service every week so they were able to practice their faith. We saw another person preferred Indian cuisine and the provider ensured that they stocked their favourite Indian breads and had bought special spices to be added to their curry dishes.

People were provided with information about the home in the form of a service user guide. This guide outlined the standard of care people could expect, and the services and facilities provided at the home and included the complaints procedure. People's friends and relatives were encouraged to visit them at the home. One person told us, "People who have visited me, were made to feel welcome." A relative told us "[Staff] are very polite and you get a nice welcome."

Is the service responsive?

Our findings

People received consistent care that was appropriate to meet their individual needs. People were assessed to receive care and treatment and we saw care plans had been developed and reviewed on a regular basis to ensure their needs were met. Relatives told us they were involved in their relatives care. One relative said, "I just looked at [my relative's] care plan, [staff] insist that I look at it." Another relative told us, "Last month we went through the whole care folder." A third relative told us, "Get consulted about everything and everything is written up in the care plan."

We saw people using the service and their families were involved in the care planning process. Care plans were reviewed on a regular basis to ensure they met people's needs. We saw staff recorded daily progress notes that detailed the care and support delivered to people. We looked at four people's care files and saw they were well organised and easy to follow. Their care plans contained clear guidance for staff on how people's health needs should be met. People's records were person centred and identified their choices and preferences. There was information on what was important to people, such as enjoying regular visits with family, what they liked to do, the things that may upset them and how staff could best support them. For example, by talking to them calmly and reassuring them.

The s activities co-ordinator for the service had recently left. At the time of our inspection the provider was in the process of recruiting a new one. Care staff provided daily activities in their absence We saw that a range of newspapers were provided every morning for people using the service to enjoy. We saw that activities included manicures, dominoes, foot massages and colouring. On the day of our inspection we saw people playing a ball game and bingo. One person told us, "We play what they call basketball, ball games, scrabble and dominoes." A relative told us, "[Activities] the [service] have is sufficient and it's quite adequate."

We saw the service had a complaints policy in place and the procedure was on display for people within the home should they need to raise concerns. Although the service maintained a complaints folder they had not received any complaints to date, however if they did the registered manager said they would follow the complaints process to investigate the matter. People said they knew about the complaints procedure and said they would tell staff or the manager if they were not happy or if they needed to make a complaint. One person told us, "I would go to the care manager." Relatives also said they knew how to make a complaint if they needed to. They all said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. One relative told us, "I would go straight to the registered manager."

We saw that regular resident meetings were held to provide people with information and an opportunity to air their views about the service. Items discussed at the resident meeting in October 2016 included menus, laundry and activities. For example one person asked for more pasta dishes to be included on the menu. We saw that the provider had put in place an action plan to speak to the chef and decide on the pasta dishes to be included on the menu. We saw that this action had been completed and the menu included lasagne and carbonara.

Is the service well-led?

Our findings

At our last inspection on 23 November 2015 we found a breach of regulations as incidents were not always notified to the CQC of without delay. At this inspection on 14 December 2016 we found that the provider had notified the CQC of incidents without delay.

People we spoke with were happy with the service they received. People were highly complementary about the registered manager, the staff and the service. One person told us, "The registered manager is quite nice." Another person told us, "The care manager is very efficient and helpful."

There were effective processes in place to monitor the quality of the service, and the registered manager recognised the importance of regular quality monitoring. Records demonstrated regular audits were carried out at the service to identify any shortfalls in the quality of care provided to people using the service. These included medicines, quality of care, care plans and risk assessments, records we looked at showed the service was compliant in these areas.

The service had a registered manager in place who was supported in running the service by a care manager. Staff described a culture where they felt able to speak out if they were worried about quality or safety. They told us they were happy working in the service and spoke positively about the leadership team who they said were receptive to their feedback. One staff member told us that both the care manager and the registered manager, "Are approachable and are a good leader." Another staff member told us, "The registered manager and the care manager are very supportive and helpful; they have an open door policy."

Staff told us and records we looked at confirmed that regular staff meetings took place. Minutes of these meetings showed discussions took place around areas such as training, privacy and dignity, first aid and moving and handling. This meant that learning and best practice was shared with staff and they understood what was expected of them at all levels. One staff member we spoke with told us, "I do attend staff meetings and we discuss things such as training and I can ask questions." Another staff member told us, "I attend staff meetings, it's good as we discuss the service and can ask questions."

We saw that the service carried out resident surveys on an annual basis to provide people with the opportunity to give feedback about the service. Feedback from the latest survey we looked at was positive overall. However, there were some comments from people who used the service about the food being cold. Records we looked at showed that in response to this the registered manager had spoken to the chef and meals were not put out on plates until people were seated and ready to receive their meals.

Prior to the inspection we received feedback from the local authority which noted that many improvements had been made, this included the internal auditing of the service as well as carpets and furniture being replaced.