

# Barker Care Limited

# Arbour Walk

## Inspection report

7-21 Hungerford Road  
Bristol  
BS4 5HU

Tel: 01173745791  
Website: [www.cedarcarehomes.co.uk/](http://www.cedarcarehomes.co.uk/)

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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

Arbour Walk is a care home that provides nursing care and accommodation to up to 83 older adults with dementia and or mental health needs. There were 59 people, living at the home at the time of the inspection.

People's experience of using this service and what we found

People and their relatives told us staff were kind and had the skills needed to provide safe and effective care. People felt safe with the staff who supported them with their care needs. One person told us, " I feel safe because I know I have got someone to talk to when I am feeling low, I talk to staff when I am not feeling well, I like speaking to the manager, he sorts things out ." Another person said, " I feel safe, I have always got carers around, we are looked after."

Staff were guided in how to support people safely by current risk assessments showing how to reduce risks for each person they supported. The staff had an up to date understanding of safeguarding. This meant they were aware of what to do to keep people safe, if they thought they were vulnerable to abuse.

There was a system to monitor and learn after accidents and incidents had taken place. People's medicines were managed safely. Staff knew how to reduce the spread of infection.

People were protected from the risks of unsafe staff. This was because recruitment and selection processes were in place to employ suitable staff. There were enough staff deployed to provide care and support to people that was safe and met their needs.

Regular training for staff was in place. This meant staff were effectively trained to ensure they were fully competent in their work. New staff undertook an induction when they started. Staff spoke positively about the ongoing training they received. They said it helped them to keep their knowledge and skills up to date. Staff attended meetings and met frequently with a senior staff member to discuss and reflect on their practice.

People were assisted to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service assisted this practice.

People enjoyed the food options and their dietary needs were well catered for. Staff were skilled at encouraging people to eat and drink enough.

People were able to see health professionals when needed. The environment was very dementia friendly and supported people's needs. For example, there was easily readable signage throughout the home to help people find their around.

People spoke very highly of the registered manager and staff team. One person said, "Management is beyond comparison, the care and the trouble they go to, of course I would recommend it, it is the people, we are family now." Another person told us, "The atmosphere is light-hearted, staff seem to mix well with one another, with the virus they coped very well, they learnt to adjust, they have a calling."

Quality monitoring systems and processes were in place and were effective at improving the service even further. These were used to review feedback and to check care delivery, staff performance and training. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This was the first comprehensive inspection of the service since it was registered with us on 6 March 2020. We carried out a focused inspection of the service on 12 February 2021 where we looked at the safe and well led domains. There were no concerns identified at that time.

#### Why we inspected

The inspection was undertaken to provide a rating for the service.

#### Follow up

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

You can read the report from our last inspection, by selecting the 'all reports' link for Arbour Walk on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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

### Is the service effective?

Good ●

The service was effective

### Is the service caring?

Good ●

The service was caring

### Is the service responsive?

Good ●

The service was responsive

### Is the service well-led?

Good ●

The service was well led

# Arbour Walk

## Detailed findings

### Background to this inspection

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

#### Inspection team:

The inspection was carried out by one inspector, an assistant inspector 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:

The service had a manager registered with the Care Quality Commission and are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

Before our inspection, we reviewed all the guidance we held about this service. This included notifications the provider is required by law to send us about events that happen within the service.

We used guidance the provider sent us in the Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During our inspection

We spoke with six people receiving a service and 11 relatives.

We met the registered manager and the area manager. We also met nine people who lived at the home.

We spoke by telephone interview with 5 staff.

We carried out 11 interviews via video calls to people who lived at the home.

Records we looked at included five care plans, four staff files and a range of documents relating to medicines, accidents, incidents and complaints, satisfaction surveys completed by people and their relatives and quality assurance reports.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first comprehensive inspection for this newly registered service. This key question has been rated as Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe while being supported by staff. One person said, "I feel safe, staff are always there, you press the button, there are some circumstances where you might wait but it is never too long." Another person told us, "I wear an alarm 24/7 and I only have to press it and they come, there is always someone behind me, to get me back into bed and sometimes to the toilet." A further comment was "I wake about 8 to 8.30 got a bell and I press it and someone comes, I dress myself, they take me to the lounge, got a shower next to my room with a chair and a carer helps, I always have a female carer. There is always someone in the room to keep me safe."
- Our observations showed that people had built trusting relationships with the staff and felt very comfortable with them.
- Staff received regular training in protecting vulnerable adults from abuse. Staff knew how to raise any concerns and they were confident they would be acted upon. Staff also told us the different strategies in place to support each individual person to stay safe.
- Concerns had been raised appropriately with the local authority safeguarding team.
- Guidance was in place to support people to raise concerns to ensure they were listened to and properly addressed.

Assessing risk, safety monitoring and management

- Systems were in place to ensure risks were identified and there were clear risk management plans of people's safety needs and home environment. For example, there was up to date information about how to safely use and maintain moving and handling equipment. This helped to ensure staff were able to safely carry out their role when supporting people.
- Risks associated with people's health and wellbeing were identified and there were clear actions in place to reduce the risk of harm. For example, how to safely support a person who was at risk of falling.

Staffing and recruitment

- People were protected from the risks posed by unsuitable staff because the provider carried out recruitment checks. This was to ensure only suitable staff were employed to support people.
- Records showed that staffing levels were meeting the provider's own staffing levels dependency tool. Staff were visibly present throughout the home. We saw how they responded swiftly to call bells and when people requested assistance.

Using medicines safely

- We saw people being supported by the nurses to receive and take their medicines safely. Nurses were

calm and patient with each person.

- Care records explained the support people required with taking medicines.
- There were systems in place for ordering medicines which was done by the nurses on duty.
- Medicines were safely stored in locked cupboards or trolleys in a locked room. Unused medicines were also disposed of correctly.

#### Preventing and controlling infection

- Relatives told us how they felt the home was safe around Covid 19 Management. One said, "It is safe because the visits have to be booked. I get my two hour slot on a Friday. All visitors have to do their test and wear PPE."
- We were assured that the provider was effectively managing risks in relation to COVID-19 and infection prevention and control (IPC).
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- The provider had put in a lot of work to support staff during the COVID-19 vaccination process. Information and professional advice were given to staff to support them in the decision-making process and encourage them to take the vaccine.
- Staff showed they had a good level of knowledge of hygiene standards. We saw staff continually cleaning the home using antibacterial products and techniques. Staff also followed guidance for hand hygiene.
- Staff who worked with food followed safe practises and procedures for handling, storage and disposal. Food service areas looked clean and hygienic.

#### Learning lessons when things go wrong

- Accidents and incidents were reported by staff. These were then investigated and monitored for themes and patterns. For example, where a person had experienced a number of falls, we saw how their care plan was updated to support them more safely.
- Strategies to manage further accidents and incidents were written into people's care plans and risk assessments.



# Is the service effective?

## Our findings

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

This is the first comprehensive inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported with their needs by staff who were trained and well supported in their work. One staff member told us, "I have supervision with the senior nurse. I get feedback from my work and it was good. We talk about things I can learn." Another staff member said, "We have regular discussions around behaviours in the course of the day. If there's a lot of challenging behaviour we might meet with the clinical manager which is then communicated to the team. We are supported during the day."
- Throughout our visit we saw senior staff working alongside the staff they were supporting. We also saw senior staff guide other staff about the best approaches they could take when supporting certain people.
- Supervision records were kept for staff. These showed staff were supported in their work and helped to grow and develop.
- Staff had the knowledge, skills and experience required to meet people's needs. Staff spoke highly of staff training. One said, "I am on induction, it's good I work with a named carer who is experienced, and she shows me what to do and we have a checklist for things I need to learn for shadow shifts." Another staff member told us "The training is really good, and the manager and team are really helpful, and the nurses are really nice. Colleagues also really good, it's a good team. I want to do NVQ and I applied for the next year. They are very helpful."
- We observed the staff respond to people's needs in ways that showed they had the knowledge and skills to support people effectively. For example, staff used calm approaches, and adjusted their body language when talking with people who were upset in mood. Staff were also observed using moving and handling equipment safely. Staff spoke very knowledgeably about the range of different needs of people they supported.

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

- People were well supported so that their needs were met. One person told us, "I felt a bit giddy, they monitored me, kept coming and checking me in bed and asking me if I was alright, asking anything they could do to help". Another person said. "Staff are very good, good changing the bed, they bring my food to me, they comfort me, they come and talk to me". Further comments included "Staff are beyond kind, they are well trained, even the young carers and the cleaners" and "I cannot fault the staff their training is very good and they are there if you want them." and "You only have to call and they come."

Supporting people to eat and drink enough to maintain a balanced diet

- People were encouraged to eat and drink enough to meet their needs.
- People gave us positive feedback about the meals and drinks at the home. One person said, "Food is lovely, I have a cooked breakfast every morning, if I don't like the meal, they bring me something with cheese

like an omelette or cheese on toast". Another comment was, "Food is very good, I like the coffee, it is pretty good."

- Relatives also spoke highly of the food and drinks served at the home. One said "The meals are lovely and hot I know I'm here every day. Plenty of variety I get given a list showing the next four weeks." Another told us, "They bring drinks round. My relative enjoys apple juice with lunch. There is water always in her room. "
- Catering staff prepared food menus in advance and in line with personal preferences, cultural and religious needs. Chefs spoke with people regularly to understand people's favourite foods.
- The home employed a team of hospitality assistants. These staff wore smart waiter style uniforms. We saw they constantly refilled drinks and snacks for people. They ensured there was always a plentiful supply of both.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- People were well supported to make decisions about the care and support they received. Systems were in place to support people where a specific decision had to be made for a person around their mental capacity was doubted. If appropriate, the service involved people's families and healthcare professionals for support in making a best interest decision.
- Care records clearly explained how to support people around making decisions. This meant staff had up to date information to offer the person choices about what they wanted in their daily life.

#### Staff working with other agencies to provide consistent, effective, timely care

- The registered manager told us staff worked closely with other services. These included the local authority, GPs and community nurses. This was to ensure they provided people with effective support that met their needs.
- Records showed when staff and the registered manager had been in contact with a person's GP and other relevant professionals involved in their care.

#### Supporting people to live healthier lives, access healthcare services and support

- Regular meetings were held at the home to discuss and review people's clinical needs.
- Healthcare professionals were consulted and involved in the care of people to ensure their health needs were met. This included GPs, district nurse's pharmacists, dietitians and podiatrists.

# Is the service caring?

## Our findings

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

This is the first comprehensive inspection for this newly registered service. This key question has been rated Good. This meant 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 were well treated and were supported respectfully by staff. We saw kind and caring interactions between staff and people. Staff reassured people who were anxious and we saw laughter and real warmth between staff and people.
- People told us how kind staff were, one said, " Staff always give that little extra, I get embarrassed if I have an accident and they say we are paid to do this, we would be out of a job without you, we have little jokes all the time." Another person told us, "The staff are kind, they always knock on the door, they are lovely."
- Relatives spoke highly of the caring nature of the staff. One said, "The staff treat X like a long lost friend. It's a nice environment. He is allowed to walk in the garden area which he loves as he was always a keen walker. He looks well now, healthy like he used to be." Another told us, "They are very kind, a very caring bunch. I have seen how they are with him, others and always friendly with me. I think he would tell me if they weren't and probably them to."
- Every staff member we saw treated people with kindness and respect. For example, they spoke to people in a very polite a respectful way. Staff knocked on bedroom doors and waited before they went into rooms. Staff also maintained a calm and unhurried approach with people.

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

- The goals and outcomes for each person and their families were clearly set out in their care plan.
- During our visit we observed staff encouraging people to be involved in making decisions. For example , staff were helping people to make choices about what they wanted to eat, what they wanted to wear and how they wanted to spend their day.

Respecting and promoting people's privacy, dignity and independence

- Care records were written in a positive way and included clear information about how to support people to maintain their privacy.
- Staff understood a key part of their role was to support people to do things for themselves. Their role was to encourage people to be independent.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs. This is the first inspection for this newly registered service.

This key question has been rated Good. This meant 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

- Relatives told us how the home worked hard to be responsive to their needs and those of their family member. One told us "We do tell them what we want. In the beginning it was only two visitors which we understood. My sister rang up the head office. Now three of us can come in together. The manager always tries to accommodate us." Another said "We have no problem talking to them about things. We had brought some ornaments bits and pieces from home that had gone missing we felt a bit awkward asking about where they were but the staff were so helpful she had been putting them in her drawers hidden amongst her clothes." A further comment about how responsive staff were was "The way the nurses are is so reassuring. I can come in every day the manager has put me down as a care giver I can't say a bad thing about the place."
- People's needs were reviewed regularly, and care plans showed people took an active role in planning their care.
- Staff completed a daily record for each person. We noted the daily records for people were not always sufficiently detailed to ensure they provided an accurate and record of people's daily lives and achievements.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were very well supported to maintain relationships and to take part in activities they enjoyed.
  - There were two activities organisers employed to work in the home each day. People told us of some of the many activities they enjoyed. One person said, "I went to a concert last night in my wheelchair, a man came with a guitar, was in the garden, which was lovely."
- Another person said, "They put a singer on yesterday they do that once a month. We have games in the afternoon, bingo, cards, dominoes. I go on my laptop and talk to my daughter and friends, got brilliant Wi-Fi throughout the place." Further feedback from a person at the home was "I love the garden, I have planted seeds, got sunflowers, carrots, tomatoes, sweet corn, sweet peas, I help with the watering, we have got a lovely water fountain. Yesterday we had a singer, and they have got a lovely hairdressers/barbers here, and they have got a cinema, there is all lot going on here." A further comment was "We have got a garden, a fairly big garden, I go out every day." and "I have breakfast in my room, lunch in the dining room, it is great, people are very friendly, we talk all the time, have my evening meal there as well."
- A relative told us "They offer you playing cards, they have got a cinema here, take me to see the two rabbits upstairs, they put a rabbit on my relative's lap."
  - The environment had been designed to stimulate people and avoid isolation. For example, a pub style bar had been built in the home for people to be served the drinks of their choice. There was a barber shop room

for men to use to have a haircut and a beard trim. There was also a very spacious sensory room with subtle lights to stimulate and help relax people. The home also kept two rabbits. Feedback from staff was that the rabbits really helped to relax people and make them feel calm in mood when they held them.

- Staff really engaged with people throughout our visit. For example, one person enjoyed playing cards. We saw different staff during the morning spend one to one time with the person playing cards with them. A group of people sat with staff who engaged them in conversations while giving them manicures with them. Another person we met spent part of the day on their computer using the homes free WI FI. They spoke with staff and people about what they were viewing online.

Improving care quality in response to complaints or concerns

- There were systems in place to support people to make a complaint or raise a concern.
- Staff told us they always made sure any complaints were raised with the registered manager.
- There was an up to date complaints policy and this included contact details for CQC and the local government ombudsman. There was also an easy read complaints procedure available for people who lived at the home.
- Every person we asked said they knew exactly how to complain. People also said they would speak to the registered manager.

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.

- People's care plans contained information about how to best support their communication.
- Important information, such as guidance about the service was available in different formats when required to make it accessible for people.

End of life care and support

- The service supporting people on their end of life journey.

Care plans were developed to include detailed wishes and preferences in relation to receiving care at the end of their life if needed.

- Up to date information was in place in an emergency where a person had a Do Not Attempt Cardio-pulmonary Resuscitation ( DNAR) order in place. This was so people did not receive any active interventions in the event of a medical emergency.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- People were very positive about the management of the home. One person said, "I would recommend it, we are fed well, we have got freedom in the garden, we are well looked after, atmosphere is lovely, the lounge leads out onto the garden, I am quite happy". Another person told us, "They do a good job, always there when you have issues or worried about anything. I like it, it is well clean, I like the carers who do a good job. I would rate them 11 out of 10, for some of the things they have to do I respect them, X is a good manager and always has time to speak to you." The same person went on to tell us "The administration staff member is good, she goes to the shop and gets my paper and sweets it is a nice little place here."
- Further feedback from people included , "The manager is a very good manager, my daughter spoke to him on the phone yesterday, he is very kind, a nice chap." and "The home is managed very well, staff wear masks to combat the virus. I am happy to be alive and still enjoying life."
- Relatives also spoke highly of the manager. One said, "Ash is wonderful calm, asks after mom and me. Staff are amazing. Another said "The manager is great he rang me a number of times about things. He will stop and have a chat if he sees you in reception. All staff are helpful."
- There was a clear vision for the service, and this included ensuring a person-centred culture that was shared by the registered manager and staff. The registered manager told us they used team and individual supervision meetings to remind staff about their values.
- We saw there was open friendly communication between the staff members focused on providing quality care for people. We saw a chef, nurses, hospitality staff, care staff, and housekeepers working together to support people.

Continuous learning and improving care

- Staff were positive about learning opportunities and the service demonstrated a commitment to continuous learning. Staff told us how they were supported to complete additional training and qualifications.
- The registered manager and provider were committed to continuously improving care.
- Quality assurance checking systems were in place. These were in depth and monitored the service in all areas to ensure good service and care. There were audit checks of health and safety, fire safety, infection prevention and control and medicines management. Actions identified during the audits were recorded and followed up as necessary. For example, there had been some gaps in care records. The team had reviewed this and updated care records .

How the provider understands and acts on the duty of candor, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities and was open and transparent.
- The registered manager knew their responsibilities to tell people and families, the Care Quality Commission and other agencies when incidents occurred at the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager conveyed a very clear understanding of their role and responsibilities.
- There was an open transparent management structure in place. Senior staff and managers shared responsibilities to monitor the care delivery at the service.
- The registered manager was aware of events and incidents that needed to be notified to CQC.

Working in partnership with others

- The service worked effectively in partnership with other organisations. For example, with mental health teams and other service providers including voluntary services and schools.
- An initiative had been put in place for children from a local school to talk to people at the home about people's early lives. This had been very successful for all involved.