

## Archers Point Residential Home

# Archers Point Residential Home

### Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on 23 November 2015 and was unannounced. At the last inspection on 17, 18 and 23 March 2015 we had found breaches of legal requirements in respect of management of medicines and maintaining records. The provider had sent an action plan to tell us how they would address the issues found. We carried out this inspection to check the action plan had been completed and to provide a fresh rating for the service.

Archers Point is a residential care home that is registered to provide accommodation and care for up to 33 older people some of whom may have dementia. On the day of the inspection there were 19 people using the service.

There was an established registered manager in place. 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.

# Summary of findings

At this inspection on 23 November 2015 the breaches identified at the last inspection had been addressed. Improvements had been made in relation to management of medicines and records. Medicines were kept securely and disposed of promptly and the records for prescribed creams were consistently kept. Pre-assessments were completed with everyone who used the service including people on respite and interim care plans were set up for all new residents to identify their needs.

At this inspection we identified a breach where people were not protected against the risks associated with the unsafe management of medicines; we found gaps in the recording of medicines administered to people. The controlled drugs record book had not been countersigned by a second signatory as required. You can see what action we have told the provider to take at the back of the full version of this report.

There were safeguarding adults from abuse policies and procedures in place to protect people using the service from the risk of abuse. Staff were knowledgeable about how to report concerns and were aware of the potential signs of abuse to look for. However, we found improvements were needed following an incident at the home the registered manager had failed to notify the relevant safeguarding authorities. Since the inspection the manager has told us they have made the required notification, however we were not able to monitor this at the time of the inspection.

People told us they felt safe and staff treated them in a caring and dignified manner. People's wishes with regards to their care were recorded within care plans. Care plans were reflective of people's individual care and preferences. People's cultural and religious beliefs were recorded to ensure that staff took account of people's needs and wishes.

People were involved in decisions around their care and support, and had access to a range of healthcare professionals when required. Care plans reflected people's individual needs and people told us they enjoyed the activities on offer at the service.

Staff had received training around the Mental Capacity Act 2005 (MCA 2005). However, we found that DoLs authorisations had not been sought for people living at the service whose freedom to leave the home was being

restricted for their safety. By not obtaining the appropriate authorisations there was a risk that people were deprived of their liberty without lawful authority. You can see what action we have told the provider to take at the back of the full version of this report.

There were safe staff recruitment practices in place which ensured that people were cared for by staff who were appropriate for their role minimising risks to people using the service.

People were supported by staff who had received appropriate training to meet their needs. Training records demonstrated staff were provided with suitable training to ensure their development needs were met. Staff were supported in their roles through regular training and supervision.

People told us that there were enough staff available to safely meet their needs and we saw that staff were available to support people where required.

People's concerns and complaints were listened to, investigated and responded to in a timely and appropriate manner. People and their relatives knew how to make a complaint.

People were supported appropriately to eat and drink sufficient quantities to maintain a balanced diet and ensure their well-being. Care plans and records reflected people's nutritional needs. People were supported to maintain a balanced diet and told us they enjoyed the range of meals on offer.

Incidents and accidents involving the safety of people using the service were recorded and acted on appropriately. However, we found that following an incident at the home the registered manager had failed to notify the CQC of this incident without delay. You can see what action we have told the provider to take at the back of the full version of this report.

People and staff told us they felt the service was well managed and that the registered manager and the home manager would take action to address any concerns they raised.

The provider had policies and processes in place to monitor and evaluate the quality of care and support people received. However, action plans were not always in place to identify issues and ensure remedies were actioned and this required improvement.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

People were not protected against the risks associated with the unsafe management of medicines.

Safeguarding adults from abuse policies and procedures were in place to protect people from the risk of abuse. Staff knew how to report concerns appropriately. However, an incident that required a notification had not been sent to the relevant safeguarding authorities.

There were safe staff recruitment practices in place which ensured that people were cared for by staff who were appropriate for their role. There was sufficient staff in place to meet people's needs?

Requires improvement



### Is the service effective?

The service was not always effective.

Staff had received training relating to the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. However, DoLs authorisations had not been obtained in accordance with the MCA 2005.

People were supported appropriately to eat and drink sufficient quantities to maintain a balanced diet and ensure their well-being. Care plans reflected people's nutritional needs.

People were supported by staff who had received appropriate training to meet their developmental needs.

People had access to a range of healthcare professionals when needed to ensure their needs were met.

Requires improvement



### Is the service caring?

The service was caring.

People spoke warmly of the staff and told us they were caring and we observed staff treating people with kindness and compassion.

Staff knew people's needs well and supported people at their own pace.

Care plans and records demonstrated that people were involved in making decisions about their own care and lifestyle choices.

Staff were knowledgeable about people's life histories and preferences and could demonstrate an understanding of people's choices and individual personalities.

Good



### Is the service responsive?

The service was responsive.

Good



# Summary of findings

People were assessed to receive care and treatment that met their needs and care plans were reviewed on a regular basis to ensure this. People's cultural and religious beliefs were recorded to enable staff to take account of people's needs and wishes.

People were supported to engage in a range of activities which they enjoyed.

There was a complaints policy and procedure in place and people were provided with information on how to make a complaint.

## Is the service well-led?

The service was not consistently well-led.

Although the provider had procedures and systems in place to evaluate and monitor the quality of the service provided, feedback was not always analysed and action plans were not always in place to identify issues and ensure remedies were actioned.

Staff told us that the manager was supportive and available to them when required.

**Requires improvement**



# Archers Point Residential Home

## 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 inspection took place on 23 November 2015. The inspection team consisted of three adult social care inspectors.

Before the inspection we looked at the information we held about the home including notifications they had sent us. We also contacted the local authority involved in monitoring the quality of the service. We used this information to help inform our inspection planning.

At the time of this inspection the home was providing care and support to nineteen people. We spent time observing the care and support being delivered. We spoke with five people using the service, three visiting relatives, a visiting physiotherapist, six members of staff, the home manager and the registered manager. We looked at records, including the care records of nine people using the service, recruitment files for four staff members' and staff training records for all staff. We also looked at records related to the management of the service such as policies, staff rotas and checks on premises and equipment at the service.

# Is the service safe?

## Our findings

At our last inspection on 17 and 18 March 2015, we found that people's identified risks were not always recorded clearly or accurately. There was not always clear recorded guidance for staff around identified and assessed risks to people receiving respite care. During this inspection on 23 November 2015 we saw that risks to people had been recorded accurately. We saw there was clear guidance for staff around identified and assessed risks to people receiving respite care. Pre-assessments were completed for all people who used the service including respite and interim care plans were set up for all new residents to identify their needs.

People's care plans had been reviewed regularly to reflect changes in their care and treatment. Risks to the health and safety of people using the service were identified, assessed and reviewed in line with the provider's policy. Risk assessments formed part of people's agreed care plans and covered risks that staff needed to be aware of to help keep people safe. We saw that people's care plans included risk assessments with information for staff on how to support people appropriately in order to minimise the risk to them. Risk assessments were reviewed on a regular basis by staff and included areas such as falls, eating and drinking, moving and handling, nutritional needs, skin integrity and night time support.

At our last inspection on 17 and 18 March 2015 we found that prescribed creams were not always locked away securely in people's bedrooms. At this inspection we found that Medicines were stored in locked cabinets in people's rooms.

At this inspection, although medicines were safely administered during our inspection, some improvement was required in the way they were managed within the service. We saw medicines were not always safely recorded. Medication administration records (MAR) had not been properly completed to detail why people had sometimes not had their medicines.

We saw that controlled drugs were safely kept in locked cupboards within a locked medicine room. However, when we looked at the controlled drugs register we noted it had

not been completed correctly. The controlled drugs register showed that medication for three residents had only been signed by one member of staff instead of being counter signed by a second authorised signatory.

The home manager confirmed that although trained staff had undergone medicine competency assessments, neither the registered manager and the home manager had not undergone any competency checks.

At this inspection we saw medicine records for one person showed that their afternoon medicine for the afternoon before had not been administered as they were out for the day; there was no system in place to ensure that the person had received their medicine whilst they were out and this was recorded to prevent errors. Another person's prescribed as required medicine showed that 124 tablets were recorded on the MAR as being received at the service on delivery and, 79 tablets had been signed for as given. A stock check showed that there were 19 tablets left in the box instead of 45. The home manager confirmed this was because staff were not aware that the person's medicine had been reduced and the person had not been given their medicine at the dose prescribed. There were three other occasions where a stock take of medication indicated that medicine had been administered but the MAR had not been signed.

The unsafe administration and recording of medicines administration is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection people told us they felt safe living in the home and well cared for by staff. One person said "The regular staff are lovely" and "Staff give me support when I need it".

Staff were aware of safeguarding policies and procedures and knew what action to take to protect people should they have any concerns. All of the staff we spoke with demonstrated an understanding of the type of abuse that could occur and the signs they would look for. Staff were clear what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to and they were aware of the whistleblowing policy. Staff told us they had attended training courses on safeguarding adults from abuse. The

## Is the service safe?

training records we looked at confirmed this. However, we noted improvements were needed following an incident that required a notification had not been sent to the relevant safeguarding authorities.

There were arrangements in place to deal with foreseeable emergencies. We saw that all of the home's equipment such as lifts, hoists, water, gas and fire equipment were maintained under contract and that the records of maintenance were up to date.

The fire risk assessment for the home was up to date and personal emergency evacuation plans were in place for all of the people using the service to ensure their safety in the event of a fire. Staff were aware of what to do if there was a fire, and told us they undertook regular fire drills so as to be prepared. Staff training records confirmed that staff received regular training on fire safety.

There were sufficient numbers of suitably qualified and skilled staff deployed throughout the home to meet people's needs appropriately. There were 6 members of staff on duty during the day and 3 members of staff during the night.

A visiting relative commented "There are plenty of staff and we see regular faces when we visit". Staff responded to people's requests for help in a reasonable time. A call bell system was in place, we saw electronic records were generated to monitor if calls were being answered promptly. We tested call bells in two people's bedrooms and found the staff response was within a minute of the call. This meant that people received timely support when needed.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work for the service. We looked at four staff files and saw they contained a completed application form which included details of their employment history and qualifications. Each file also contained evidence confirming references had been sought, proof of identity reviewed and criminal record checks undertaken for each staff member.



# Is the service effective?

## Our findings

We saw staff had completed training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS sets out what must be done to ensure that the human rights of people who lack capacity to make decisions are protected.

We checked to see whether people's rights had been protected by assessments under the Mental Capacity Act 2005 (MCA). The Mental Capacity Act is to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. Individual capacity assessments had been made where there was a reason to question people's ability to make certain decisions for themselves.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS protects people when they are being cared for or treated in ways that deprives them of their liberty for their own safety. The manager told us at inspection there were people living at the service with dementia, whose freedom to leave the home was being restricted for their own safety. However no one at the home was subject to a current DoLS authorisation. By not obtaining the appropriate authorisations there was a risk that people were deprived of their liberty without lawful authority. The manager agreed with that DoLS authorisations had not been obtained from the local authority in accordance with the MCA 2005.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that the authorisations from the local authority would be sought with immediate effect. However, we were not been able to monitor this at the time of the inspection.

Formal consent to care and treatment had been signed by people who were able to agree to it and we observed that staff routinely gained verbal consent when they were supporting people with their care needs; for example "Can I help you to the dining room?".

People received care from staff who were appropriately trained. People and relatives told us they thought staff had the right skills and knowledge to undertake their roles. One

person said my relative "Is happy here and well looked after. They couldn't walk before coming here and was always in a wheelchair. They can now move around on their frame".

Staff training records showed they had completed an induction programme and training in areas that the provider considered mandatory. This training included moving and handling, safeguarding vulnerable adults, dementia care, fire safety, infection control, first aid, Mental Capacity Act and health and safety.

Staff confirmed they had access to a structured training and development programme including refresher training. This ensured people in their care were supported by skilled and competent staff. Staff told us they felt they had received appropriate training to support people with their care needs. One staff member told us, "I have had all mandatory training as well as refresher training annually".

Staff were supported through regular supervision and annual appraisals in line with the provider's policy. Records seen confirmed this and at these supervision sessions staff discussed a range of topics including progress in their role and any issues relating to the people they supported. Annual appraisals were completed for all staff who had completed one year in service and that specific learning and development needs had been discussed.

People were positive about the choice of food provided and their nutritional needs were met. People told us that they enjoyed the range of meals offered in the home. One person told us "The food isn't bad at all, I have no complaints". Another person said "Lunch is very good". However, we found some improvements were needed in the choices offered to people.

We looked at minutes of a recent resident meeting which showed that people wanted to have boiled eggs for breakfast. We observed people having breakfast and saw that trays with people's name were pre-prepared. People were offered cereal/porridge, toast and a banana. We did not observe people being offered boiled eggs: staff told us if people were to ask for an egg they would provide them but they did not routinely ask people if they would like boiled eggs. After bringing this to the attention of staff, a person was offered an egg and this offer was accepted. Staff also told us that there was no other choice of fresh fruit other than a banana at breakfast.



## Is the service effective?

People's care files included assessments of their dietary needs and preferences, these assessments indicated their dietary requirements. The cook said they received information on people's dietary needs when they were admitted to the home and were advised by staff if there were any changes. The cook was able to tell us about people's specific dietary needs and was aware of those people who were diabetic. The cook kept up to date information about people's food preferences and allergies, including people who were on vegetarian and diabetic diets so they knew what to prepare to meet people's needs.

We observed people being supported during a lunchtime meal. Some people required support from staff to eat whilst other people were supported to eat independently through prompting and encouragement. The support staff

offered to people was unrushed and interactions were friendly and caring. We observed that at lunchtime people were served food promptly and that people were offered snacks in between meals or when people requested these during the day.

People and relatives we spoke to told us they received care and support that was responsive to their needs. One relative said "They were very quick to make a referral to the GP when I was worried". Records showed that people had access to a range of healthcare professionals in order that they maintain good health. A visiting health physiotherapist told us "I see my client three times a week, they are always happy and I have never seen any issues" and "Staff respond well to input from me about my client's condition and I know the family are involved in their care and support".

# Is the service caring?

## Our findings

People and relatives we spoke with told us they were happy with the care and level of support they received from the service. One person told us “I can only thank the home for all that they do. Their support to me and my family is also very much appreciated.”

Throughout the course of our inspection we observed staff treating people in a respectful and dignified manner. The atmosphere in communal areas throughout the home was calm and friendly and we saw staff took their time and gave people encouragement whilst supporting them. We saw staff walking around delivering people their preferred morning newspaper.

We saw staff sitting with people engaged in conversation. Conversations were relaxed and friendly, and staff worked calmly when offering support to people, taking their time and offering encouragement. For example, staff reassured people by holding their hands when they were upset and staff showed patience and understanding.

Staff protected people’s privacy and dignity throughout the inspection. We saw staff knocked before entering people’s rooms and talked to people about what they would be doing when they supported them. We noticed people’s bedroom doors were closed during the delivery of personal care.

We saw people were supported to personalise their rooms with furniture and personal belongings. Staff respected people’s choice for privacy as some people preferred to spend time in their own rooms. One person said, “I like being in my room”.

One person told us “Family are able to visit whenever they want”. We saw some people were having visits from friends and family members. People were well presented and looked clean and comfortable. They and their relatives and staff all appeared comfortable and relaxed in each other’s company.

We saw that regular residents’ meetings were held. We looked at the minutes from the last two residents meetings and saw meetings were well attended by people using the service and their comments and suggestions had been recorded. Items discussed included menus, activities and how the coffee on offer was too strong.

People were involved where possible in their care planning. Activities of daily living recorded included information about people’s strengths and needs, for example the level of independence with tasks such as washing.

People were provided with appropriate information about the home in the form of a resident user guide. This guide outlined the standard of care to expect and the services and facilities provided at the home.

# Is the service responsive?

## Our findings

People and relatives we spoke with told us they had been involved in the planning of their care and that their views were taken into account when developing their care plans.

One person told us “Yes, I know all about the care plan. I can look at it whenever I want and give them feedback.” A relative told us “They let me know what’s going on. I’m kept up to date.”

People were assessed to receive care and treatment that met their needs and care plans were reviewed on a regular basis to ensure this. People’s care plans showed that before they moved into the home their needs were assessed through a pre-assessment process. This ensured that people’s individual needs could be met by the home.

We looked at nine people’s care files. We saw their health care and support needs had been assessed before they moved into the home. 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 like to do, the things that may upset them and how staff could best support them. For example, talking to them calmly and reassuring them.

Care plans documented clear guidance for staff on how people’s health needs should be met. Care plans included risk assessments for example on moving and handling, mobility, nutrition, communication, sleeping, activities, medicines and continence. Care plans included detailed information which described people’s daily living activities; their communication methods as well as times when people liked to go to bed and get up in the morning.

People’s care plans also contained some details relating to their preferred social activities and personal history. Staff we spoke with demonstrated a good knowledge of people’s preferences within their daily routines. People’s diversity, values and human rights were respected. For example people were supported to attend church if they chose to.

People were supported to follow their interest and take part in activities. A range of activities were offered and these were displayed in the lounge. Staff we spoke to said that two activities co-ordinators had been employed in the past couple of months but had both left. The home was in the process of recruiting two activities co-ordinators. At the time of the inspection care staff carried out daily activities; on the morning of the inspection we saw staff carrying out the scheduled activity of offering people manicures. One person told us “I like having my nails done, it’s very relaxing”. Another person told us “there are plenty of activities if I want them”.

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. 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. 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 person told us “I would talk to the manager if I had a problem but I’ve never had to complain”. Records showed that showed that complaints were clearly recorded where they had been raised and a record had been maintained relating to the investigation undertaken and any actions taken in response to the concerns raised.

# Is the service well-led?

## Our findings

Although the provider had systems in place to monitor the quality and safety of the service, these were not always used effectively to improve the quality of the service for people. We saw the home held regular resident and relatives meetings where people were able to voice their views on how the service was being run. We saw that the home also carried out annual residents' and relatives' survey for 2015, however, the feedback had not been analysed and therefore there were no actions in place to address the feedback provided. The manager told us they were in the process of analysing the feedback received.

We saw that kitchen fridge temperatures were being recorded on a daily basis; however, there were a number of occasions where the temperature had exceed the maximum recommended 5 degrees centigrade. The cook told us this was due to the fridge frequently being opened. We noted that there was no guidance to support staff on the action to be taken should fridge exceed the maximum fridge temperature as recommended by the Foods Standards Agency.

The provider had carried out regular health and safety, medicines and infection control audits. However, we found some improvements were needed as the provider's audits had not identified the issues we found regarding medicines and DoLs authorisations at the inspection.

In other areas the provider had identified issues to be addressed. For example a call bell audit highlighted that a call bell was not working in a person's room. Action was taken to have the call bell repaired.

The home had a registered manager in place that was supported in running the service by the provider. However, we found that following an incident at the home the registered manager had failed to notify the CQC of this incident without delay.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Since the inspection the manager has told us they have made the required notification to the CQC, however we were not able to monitor this at the time of the inspection.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**The provider did not always take proper steps to ensure that people were protected against errors associated with the administration of medicines.**

**Regulation 12 (2) (g).**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

**DoLs applications for authorisations had not been made to the local authority in accordance with the MCA 2005. Regulation 13(5).**

### Regulated activity

Accommodation and nursing or personal care in the further education sector

### Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

**Incident requiring notification had not been sent to the CQC.**