

Bupa Care Homes (BNH) Limited

The Arkley Care Home

Inspection report

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24 July 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 16 January 2018 at which one breach of legal requirements was found. The registered provider did not manage medicines safely.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirement in relation to the breach.

We undertook a focused inspection on 24 July 2018 to check that they had followed their plan and met legal requirements.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Arkley on our website at www.cqc.org.uk.

The Arkley Care Home is a nursing home providing accommodation with personal care and nursing care for up to 52 people. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. On the day of our inspection there were 38 people using the service.

At our focused inspection on 24 July 2018, we judged that the provider had made improvements and had now met legal requirements.

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

We found people were protected against abuse or neglect. People had personalised risk assessments tailored to their support requirements

We saw sufficient staff were deployed to keep people safe.

People were protected from avoidable harm and risks to individuals had been managed so they were supported and their freedom respected.

The service was clean and there were systems in place to prevent and control infection.

Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Sufficient numbers of suitably qualified staff were employed to keep people safe.

Medicines were now managed safely. Staff had received relevant training and regular medicine audits were taking place.

The home was well led by an experienced registered manager. People, relatives, staff and health and social care professionals spoke highly of the registered manager; they found them to be dedicated, approachable and supportive.

The registered manager understood their responsibilities and ensured people, relatives and staff felt able to contribute to the development of the service. Staff were supported to be valued members of the organisation. The continued development of the skills and performance of the staff was integral to the success of the service. and the provider had systems in place to monitor the quality of the service, seek people's views and make on-going improvements.

The premises were safe and equipment was appropriately maintained.

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

We found that the provider had met the legal requirements for the management of medicines.

People were protected from avoidable harm and risks to individuals had been managed so they were supported and their freedom respected.

The premises were safe and equipment was appropriately maintained.

Sufficient numbers of suitably qualified staff were employed to keep people safe.

Is the service well-led?

Good ●

The service was well led.

People living at the home, their relatives and staff were supported to contribute their views.

There was an open and positive culture which reflected the opinions of people living at the home. There was good leadership and the staff were given the support they needed to care for people.

There were robust systems in place for monitoring the quality of the service.

The Arkley Care 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 was 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.

We undertook a focused inspection of The Arkley on 24th July 2018. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 16 January 2018 had been made.

We inspected the service against two of the five questions we ask about services: is the service safe? And is the service well-led? This is because the service was not meeting legal requirements in relation to the questions safe and well -led.

The inspection was undertaken by one inspector, a pharmacist 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

Before our inspection we reviewed the information, we held about the home, this included the provider's action plan, which set out the action they would take to meet legal requirement.

At the visit to the home we spoke with the deputy manager, the regional director and three support workers. We looked at 20 medicines administration records (MAR) and the provider's medication policy and associated medicine records. We checked medicine stocks against records. We spoke to five residents and four relatives. We also looked at the providers audits, accidents and incident records, four care plans and four staff files.

Is the service safe?

Our findings

At our last inspection we found that medicines were not always managed safely, we found that for one person their allergy status had been incorrectly recorded. For another person receiving long acting medicines, they did not always receive them as prescribed.

At this inspection we found that improvements had been made and that the provider was no longer in breach of this regulation.

We saw appropriate arrangements were in place for obtaining medicines. Staff told us how medicines were obtained and we saw that supplies were available to enable for people to have their medicines when they needed them. We saw appropriate arrangements were in place for recording the administration of medicines. These records were clear and fully completed. The records showed people were getting their medicines when they needed them, there were no gaps on the administration records and any reasons for not giving people their medicines were recorded. Body maps were used to identify the location of any patches applied and quantities of medicines given when required were clearly recorded. The allergy status for everyone was clearly marked on the medicines profile and on the MAR charts.

When medicines were prescribed to be given 'only when needed', or where they were to be used only under specific circumstances, protocols providing guidance to inform staff about when these medicines should and should not be given were in place. This meant that people were given their medicines when they need them and in way that was both safe and consistent.

Medicines were stored safely and securely. Medicines requiring cool storage were stored appropriately and records showed that they were kept at the correct temperature, and so would be fit for use. Controlled drugs were managed and recorded correctly, with controlled drugs no longer required either destroyed or returned to the supplying pharmacy.

We also saw the provider did weekly and monthly checks to ensure the administration of medicine was being recorded correctly. There was a running stock balance kept for all medicines not in the monitored dose system and the sample we checked were correct.

People told us they felt safe whilst receiving their care and support. Comments included "I feel safe. There is always someone there. The outside door is locked so no one can wander in" and "I feel safe. I have got a bell so I can contact staff any time and they come as soon as they can."

Staff knew how to keep people safe from abuse. The staff had all received safeguarding training as part of their induction and ongoing training. All staff could tell us about types of potential abuse and how to report any allegations. They spoke highly of the training they received in relation to safeguarding and said they would report all concerns to their senior or the registered manager. They told us they were confident that the responses of managers when they reported any allegations or concerns would be supportive. A care worker told us "people here are vulnerable so we need to safeguard them, report any bruises put it on body

map and write up an incident form."

Staff were recruited safely to ensure they were suitable to work with vulnerable people. Staff files showed that the relevant criminal and reference checks had taken place before a staff member commenced their employment.

We observed staffing levels to be sufficient on the day of our inspection and reviewed staffing rotas for the previous two months to our inspection. We found staffing levels to be sufficient to meet the needs of the people in the home. We noted that the home did not use any agency staff, ensuring continuity of care for people who use the service. The atmosphere in the service on the day of our inspection was calm and relaxed and staff did not appear to be rushed.

A robust set of policies, systems and processes were in place to manage risk and health and safety. These assessed the likelihood and potential severity of risks to the person regarding, for example, falls, bed rails, moving and handling, risk of pressure ulcers and nutrition. All were completed on admission and were reviewed regularly. The risk assessments we viewed were comprehensive, clear and easy to understand.

Checks were carried out on equipment at the service to protect people from risk. Checks were completed on bed rails, pressure mattress settings, hoists and wheelchairs and these were recorded.

All areas of the service were clean, including communal areas, bathrooms and toilets. There were appropriate hand washing facilities within the premises. Staff wore personal protective equipment for example, like gloves and disposable aprons when they delivered personal care and at meal times. Staff said they received training on infection control and the management team said they conducted regular spot checks to ensure that infection control procedures were being followed correctly.

Accident and incident reports were completed when injuries occurred to people. These were reviewed by the registered manager and notes were made to reflect any investigations completed. The management team reviewed incident reports to look for trends or themes, so that measures could be used to prevent future recurrence.

We could see from records that there was learning and improvements made when things went wrong. For example, to ensure that sufficient staffing levels were in place the service continued to recruit new staff, to support the growth of occupancy and eliminate the need for agency staff.

Is the service well-led?

Our findings

The registered manager was not available on the day of our visit so we spoke to the deputy manager and regional director.

People who used the service, relatives and staff spoke very highly of the registered manager and said they were approachable and visible.

The service was well-led. There was a positive, open and inclusive culture at the service. We found that people and their relatives felt consulted and involved in decisions about the care provided in the home. Regular meetings were held for people living at the home and their relatives at which they were able to participate in decision-making regarding activities and menu planning as well as provide feedback about the service. The deputy manager told us that attendance at these meetings was low, so they were looking at ways to maximise attendance. They were going to write to all the relatives on an individual basis and hold meetings in the evenings and weekends to ensure maximum attendance. Relatives told us, "the manager appears to know what residents need, he is approachable and responsive". and "Yes, well led. The manager does not hide behind a door."

Staff spoke positively about the culture and management of the service. Staff told us, "The registered manager is active and always asks and involves us, he helps us resolve any issue" and "The managers are excellent we feel so well supported and look forward to coming to work."

Staff confirmed they could raise issues and make suggestions about the way the service was provided in one-to-one and staff meetings and these were taken seriously and discussed. They were supported to apply for promotion and were given additional training or job shadowing opportunities to facilitate this. The continuous training and development staff received had embedded a culture within the service that placed people at the heart of all they did. During our conversations with staff, they demonstrated they cared immensely for the people they supported.

The staff praised the culture and support they received at the service and felt really valued whatever their role. Staff felt that morale was very good and communication throughout the home was effective. One member of staff told us, "It's a lovely place to work. We all get on well."

Mechanisms were in place for the registered manager to keep up to date with changes in policy, legislation and best practice. The registered manager told us they were supported by the provider in their role. Up to date sector specific information and guidance was also made available for staff.

There were extensive and effective on-line systems in place to monitor all aspects of the care people received. The registered manager had conducted audits regularly and there was regular oversight by the provider. These had assessed areas such as hospital admissions, dependency, the cleanliness and safety of the environment, the accuracy of people's care records and the management of people's medicines. The registered manager worked in the home each day. This meant they could observe staff practice, check on

people's bedrooms, medicines, meals, activities, housekeeping and care plans to maintain the quality of the service.

We saw that during the hot weather additional measures had been put in place to provide extra juices and ice creams throughout the day to ensure people were kept hydrated.