

Archmoor Care Limited

# Archmoor Care 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?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Archmoor Care Home provides personal care for up to 20 older people in one adapted building. There were 18 people accommodated at the home at the time of the inspection.

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

The administration of medicines was not always safe. Safeguarding policies, procedures and staff training helped protect people from abuse. All necessary checks on staff and the environment were undertaken to keep people safe. Risk assessments helped protect the health and welfare of people who used the service.

Notifications which are required to be sent to the Care Quality Commission had not been undertaken. The manager was completing audits to improve the service. The registered manager attended meetings to discuss best practice topics with other organisations to improve the service. People who used the service and staff said the manager was available and approachable. People who used the service, staff and relatives were able to air their views about how the service was run.

People were supported to live healthy lives because they had access to professionals, a well-trained staff team and choice of a nutritious diet. The service worked with other organisations to provide effective and consistent care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated as individuals which helped protect their dignity. Staff were trained in equality and diversity. People's equality and diversity was respected by a caring staff team and where they wanted they were supported to continue with their religious needs.

We saw the service responded to the needs of people by providing meaningful activities, having regularly reviewed plans of care and any concerns acted upon. Staff training enabled them to care for people at the end of their lives. There was a system to respond to complaints.

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 and update

The last rating for this service was requires improvement (published 14 August 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating and to follow up on action we told the provider

to take at the last inspection. The overall rating for the service remains requires improvement. This is based on the findings at this inspection. We found evidence the provider needs to make further improvement. Please see the safe and well-led domains of this full report. The provider took action to mitigate the risks found.

#### Enforcement

We have identified breaches in relation to Regulation 17(2)(c) Good Governance, for a failure to maintain accurate records for the administration of medicines and a possible breach of Registration Regulation 18(2) and (4)(a) failure to notify incidents.

Please see the action we have told the provider to take at the end of the report.

Since the last inspection we recognised that the provider had failed to comply with a condition of registration (s33 Health and Social Care Act 2008) Registered Manager Condition. The provider accepted a fixed penalty and paid this in full.

#### Follow up

We will meet with the provider to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Archmoor Care Home

## Detailed findings

### Background to this inspection

#### The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was conducted on day one by one inspector and completed on day two by two inspectors.

#### Service and service type

Archmoor Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. However, a staff member had applied for and was awaiting interview to be registered. This means once registered they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. We asked the local authority commissioning and safeguarding teams and Healthwatch Rochdale for their views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Healthwatch Rochdale had made some recommendations for improvement and we found the improvements had been made. The local authority had no concerns. We looked at all the other information we hold about the service. We used all of this information to plan our inspection.

During the inspection.

We spoke with six people who used the service and three family members about their experience of the care provided. We spoke with the manager, three care staff, the cook and two visiting professionals.

We reviewed a range of records which included three people's care records and multiple medicines records. We looked at three staff files in relation to recruitment and a variety of records relating to the management of the service, including quality assurance audits, policies and procedures. We observed staff interaction with people and toured the building.

After the inspection

We continued to seek clarification from the provider to validate evidence. We examined training records and other data.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk people could be harmed.

### Using medicines safely

At our last inspection the provider had failed to ensure the administration of medicines was safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We found errors in relation to the number of medicines two people had because staff had not signed the medicines administration records (MAR) when administered and several gaps in the MAR. Two staff had not signed for hand written entries on the medicine's administration records which is unsafe practice.

The provider was in breach of Regulation 17(2)(c) Good Governance, for a failure to maintain accurate records for the administration of medicines. We found no evidence that people had been harmed, however systems were not robust enough to demonstrate safety was effectively managed.

- We saw improvements had been made to the details staff required to administer 'as required' medicines, there was a record to show medicines were stored within manufacturers guidelines and staff had been trained in the use of drink thickeners. All staff who administered medicines had received training.
- Other aspects of medicines management were safe such as ordering, storage and disposal. There was a system for recording creams and ointments that were administered.

### Systems and processes to safeguard people from the risk of abuse

- There were systems and processes to keep people safe.
- Staff felt able to report any incidents of abuse, were confident managers would respond and had received training in safeguarding adults.
- There was a policy and procedure to aid staff in reporting safeguarding concerns and there were records to show how the provider responded appropriately.

### Assessing risk, safety monitoring and management

- The provider assessed and monitored any risks to people who used the service.
- We saw there were risk assessments for nutrition, falls, tissue viability (the prevention of pressure sores), moving and handling and mental capacity.
- The manager ensured equipment in the home was maintained, such as gas and electrical equipment, to ensure it was safe.

### Staffing and recruitment

- The recruitment of staff remained robust because all necessary checks were undertaken.
- People told us staff were on hand to assist them and staff confirmed there were enough staff to meet people's needs.
- We observed call bells were answered quickly and staff had time to sit and talk to people.
- Two staff had been employed before their disclosure and barring service check had been returned. The manager said they commenced work for training only and all staff were shadowed until they were competent to work at the service.

### Preventing and controlling infection

- There were systems to prevent and control infection.
- People and family members said the home was kept clean and tidy. We toured the building and found the home was kept clean.
- Staff were trained in the prevention and control of infection and we saw staff had access to and wore protective equipment such as gloves and aprons.

### Learning lessons when things go wrong

- There was an open culture to learning from safety concerns. Incidents and accidents were thoroughly analysed and shared for prevention and wider learning. Improvements had been made to any investigations undertaken to minimise or prevent further occurrence.



# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

At the last inspection the provider had failed to follow the principles of the Mental Capacity Act and did not meet Regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Need for consent.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- The service had made improvements to their records around capacity and consent and met the principles of the mental capacity act.
- We saw that at this inspection systems were in place to record the ability of a person to consent to care and treatment. Each person had a mental capacity assessment. Where people did not have mental capacity to make important decisions we saw a DoLS had been applied for and if any conditions imposed how they were being met.
- We saw best interest meetings were held with relevant parties to ensure the decisions were the least restrictive. We saw this had been completed for the administration of covert medicines.

Staff support: induction, training, skills and experience

At the last inspection the provider had failed to ensure staff induction met recognised standards and were in breach of Regulation 18 HSCA RA Regulations 2014 Staffing.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Experienced staff completed the homes induction and enrolled on a course in health and social care. Staff who had no prior care experience were enrolled on the Care Certificate, which is a recognised training course.
- We looked at the training data and saw staff had access to any required training.
- Staff thought they were sufficiently well trained to meet people's needs and they could discuss training during their supervision sessions or annual appraisal.

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

- People needs, and choices were assessed in line with current standards.
- Staff assessed the needs of each person prior to admission to ensure people were suitably placed. Care plans contained a full assessment of people's needs. These were reviewed and updated when changes occurred, which identified people's ongoing health and social care needs.
- We saw that protected characteristics were incorporated into the assessments, and where required acted upon. Protected characteristics are a legal protection for people and include race, age, gender, sexuality, religion or disability. For example, people were able to follow their religion of choice or maintain relationships they had prior to living at Archmoor Care Home.

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

At the last inspection the provider did not ensure that people had sufficient access to hot and cold drinks. This was a breach of Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People received a nutritious diet and their hydration was maintained.
- People were offered warm and cold drinks at mealtimes and liquids and snacks made available at the 'hydration station'. Staff had been trained in the use of thickeners and good guidance was available for staff to follow.
- People were supported to eat and drink in line with their care plan. All the people we spoke with said the food was good and they had plenty of choice at mealtimes.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- The manager worked well with other agencies. We spoke with two professionals who told us, "I think it's a pretty good home. Staff follow advice and implement it. I find the manager knows what she is doing. I have no concerns" and "The home is lovely. My best pal was admitted here after falls. It smells clean and is always clean."
- People had access to their own GP and supported to attend appointments with specialists. Routine appointments with professionals such as opticians were also organised.

Adapting service, design, decoration to meet people's needs

- The environment was suitable for the people accommodated at the home. There had been improvements since the last inspection including new flooring. All the décor and furniture we observed during the tour was in good order and gave people a homely atmosphere.
- Signage was suitable for the people accommodated at the home.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 respected and well treated. People who used the service told us, "The girls are good here. I am well looked after" and "I like it here. I feel safe. The girls help me. They also tease me, and we have a laugh." Relatives/visitors said, "They are looking after my relative. The staff are all very nice" and "The staff are all lovely. Approachable and welcoming. My relative gets the care they need. Better than care at home. It is a very homely and welcoming place."
- We saw there were good recorded details about a person's past life, their likes and dislikes, interests and hobbies. This enabled staff to provide individual support to each person.
- Each person had a section of their care plan which highlighted their equality and diversity characteristics, such as gender, ethnicity, religion, sexuality or physical disability. Specific needs were met by staff who were trained in equality and diversity.

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

- People and family members were able to express their views. The service had a 'You said We did' board which showed the main meal time had been changed and a 'hydration station' made available for drinks and snacks following consultation with people. Family members said they had taken drinks and snacks from the hydration station when they had wanted to.
- Information was available about advocacy services should people require their guidance and support. An advocate is an independent professional who acts on behalf of a person to protect their rights.
- The results of surveys we looked at from people, family members and professionals and were positive and comments included how the manager was helpful and people had no concerns about their care and support.

Respecting and promoting people's privacy, dignity and independence

- People were respected as individuals which helped promote their dignity.
- During our observations we saw staff were polite, friendly and professional. Any support was offered discreetly and in a manner which maintained privacy.
- Plans of care detailed what a person could do for themselves and we saw staff gently encouraging people to do things for themselves such as maintain their ability to walk independently, eat their meals or attend activities. Support was provided where required.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At the last inspection the service were in breach of Regulation 9 (1) of The Health and Social Care Act (Regulated Activities) Regulations 2014 for a lack of activities.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At this inspection people were supported to avoid social isolation and take part in activities. All the visitors and professionals we spoke with said they were made welcome and could visit when they wanted to.
- We observed activities being conducted over both days of the inspection which included games, exercises, a film show and one to one discussions for people who did not want to attend group activities. There was also a pet petting session conducted by a trained therapist and dog.
- Visitors/relatives were invited to attend activities, and some helped arrange them. A relative said, "They sit out a lot in the summer and have garden parties. They do quite a few activities." A visitor told us, "I have joined in with decorating cakes and scratch art."
- People also told us they enjoyed being involved with the chickens which had been raised from an incubator and were able to walk freely in the enclosed garden.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At the last inspection we found people's plans of care did not contain sufficient detail for staff to deliver effective care and plans had not always been reviewed. This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 for the plans of care.

- Plans of care ensured people received the care and support they needed.
- Plans of care were developed with people who used the service if possible, family members where appropriate and regularly reviewed. The plans were detailed and gave staff sufficient information to deliver effective care.
- Plans of care were person centred and contained details of people's likes and dislikes to meet their individual needs.
- The manager audited the plans to ensure they remained effective and updated to reflect people's care

and support needs.

#### 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.

- The provider was aware of the AIS. Some documents had been produced in an easy read format.
- The service used computers to help people contact their families, picture maps to help people explain what they wanted or pens and paper to write things down. The service had tried using audiology books for people who had sensory needs.

#### Improving care quality in response to complaints or concerns

- People told us they felt able to raise a concern and they would be listened to. Nobody we spoke with had any concerns but felt the manager would respond to any complaints raised.
- There was an accessible complaints procedure for people to raise their concerns. The complaints procedure informed people how the service would respond, the timescales of response and the details of other organisations if they wished to take a complaint further.

#### End of life care and support

- Some staff had received training for end of life care at the local hospice and received an award for it. All staff received training in end of life care arranged by the provider.
- Staff were able to provide care and support at the end of people's lives. One visitor said, "They were very good at end of life care when my friend deteriorated. They provided good care, mouth care, a choice of nightdress and arranged for a special bed."
- Staff worked closely with the local hospice when people were at the end of their life. This ensured people received any specialist support and medicines they needed to remain comfortable and pain-free.

# 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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

At the last inspection we found some audits were ineffective and were a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17, due to errors found in the records around medicines administration.

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

We found the provider had not sent required notifications to the Care Quality Commission. This is a potential breach of Regulation 18: Notification of other incidents. We will follow our processes to consider an appropriate response to this outside inspection.

- The provider had made improvements to the auditing of the service. The manager conducted audits around the quality of service provision and action was taken for improvement, such as replacement furniture or contacting other professionals for equipment and advice.
- The manager was awaiting interview to be registered with the Care Quality Commission.
- There was a clear management structure and staff felt supported at the service. Staff told us, "We go to see the manager regularly who wants to know how we are. We can discuss our own careers" and "If you have problems at work or home you can go to the manager, who listens and has an open door policy."

### Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture which achieved good outcomes for people. People and family members knew the manager and said they were available and approachable.
- Staff were able to attend regular meetings. Good practice information was discussed, and staff were asked for their views to help improve the service. Where errors had been found in audits they were discussed, including medicines administration.

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

- The manager was aware of their responsibility regarding the duty of candour and had developed a document which ensured they followed current guidance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Plans of care took account of people's diverse needs when developed and reviewed.
- Staff received training around equality, diversity and dignity. This helped staff support people around their individual needs.
- People and family members were able to air their views about the service at meetings or by completing surveys.

Working in partnership with others

- The manager attended meetings within the organisation and the health and social care community to discuss best practice to help drive improvement.
- The manager was also able to access a care home managers internet group to keep abreast of local issues and gain knowledge around care and support.
- The handover at the beginning of each shift encouraged staff to discuss important issues, any appointments people needed to attend and the care of people who used the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Records for the administration of medicines were not always accurate or correctly managed.