

Caram (ABR) Limited

Arbour Lodge

Inspection report

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28 September 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Our inspection took place on 20 and 28 September 2017 and was unannounced.

Arbour Lodge is a care home which provides accommodation and personal care for up to 29 older people. At the time of our inspection, there were 27 people living at the home.

During this inspection, we met with the acting manager who had applied to CQC to become registered manager of the service. 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.

At our last inspection on 23 June 2016, we gave the service an overall rating of requires improvement. At this inspection, we found significant improvements had been made to the service, although some areas for improvement remained.

It was not always clear whether, in meeting people's nutritional needs, the provider had sought appropriate specialist nutritional advice. The provider's induction did not fully incorporate the requirements of the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of new care staff.

People were supported by staff who had received training in, and understood, how to recognise, respond to and report abuse. The risks to individuals had been assessed and plans put in place to keep people as safe as possible. Staffing levels were maintained to ensure people's needs could be met safely. People received their medication safely and as prescribed from trained staff.

Staff received training and ongoing support to help them succeed in their job roles. People's rights under the Mental Capacity Act 2005 were understood and promoted. People had enough to eat and drink and their food-related preferences were taken into account. Staff monitored people's general health and helped them seek professional medical advice or treatment when required.

Staff promoted positive, caring relationships with the people living at Arbour Lodge. People's contribution towards care planning was encouraged by the management team. Staff understood how to treat people in a respectful and dignified manner.

People received care and support shaped around their individual needs and requirements. People had support to participate in social and one-to-one activities. People's care plans covered a range of needs and these were followed by staff. People and their relatives knew how to raise concerns and complaints, and the provider responded appropriately to these.

The management team promoted open communication with people, their relatives and community professionals. Staff felt well supported by a fair and approachable management team. The provider completed audits and checks to assess, monitor and improve the safety and quality of the service.

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.

People were protected from avoidable harm and abuse. Prospective staff underwent pre-employment checks to ensure they were suitable to work with people. People's medicines were administered in line with good practice.

Is the service effective?

Requires Improvement ●

The service was not always Effective.

It was not always clear whether appropriate specialist nutritional advice had been sought for individuals. The provider's induction training did not fully meet the requirements of the Care Certificate. People were supported to access healthcare service when required.

Is the service caring?

Good ●

The service was Caring.

Staff approached their work in a caring and compassionate manner. People's participation in decision-making that affected them was encouraged. People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was Responsive.

People were supported to spend time doing things they enjoyed. People's care plans were individual to them, and followed by staff. People knew how to complain to the provider, and felt comfortable doing so.

Is the service well-led?

Good ●

The service was Well-led.

The management team promoted a positive, inclusive culture within the service. Staff felt supported, and were clear what was expected of them at work. The provider carried out a range of

quality assurance activities to assess and improve the quality of the service.

Arbour Lodge

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 inspection took place on 20 and 28 September 2017. The first day of our inspection was unannounced. The inspection team consisted of one 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.

Prior to our inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information in planning our inspection.

As part of our inspection, we looked at the information we held about the service, including the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also contacted the local authority and Healthwatch for their views about the service.

During our inspection visit, we spoke with five people who used the service, and seven of their relatives and friends. We also spoke with a social worker, a local GP, a district nurse, a quality improvement nurse and a quality nurse advisor. In addition, we spoke with nine members of staff, including the acting manager, deputy manager, chef, maintenance worker and five care staff.

We looked at three people's care records, medicine records, three staff recruitment files, incident and accident records and records of complaints.

We also spent time in the communal areas of the home to observe how staff supported and responded to people. As part of this, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us they felt safe living at Arbour Lodge. One person said, "I feel safe living here, safer than living at home, because there are people here to look after you." Another person told us, "I feel safe here, well looked after and my family do not have to worry about me." People's relatives felt confident their family members were safe at the home, and knew who to approach with any concerns about their safety or wellbeing. One relative told us, "I feel [person's name] is safe living here. The staff are good, and I never go home and worry about them." Another relative said they were reassured by their family member's positive reaction to staff. They told us, "You can tell [person's name] loves staff to bits; their face lights up when they see them."

People were supported by staff who had received training in, and understood, how to recognise and report abuse. Staff told us they would immediately report any witnessed or suspected abuse to the management team or a senior staff member. The acting manager explained that staff were reminded of their safeguarding responsibilities during staff meetings. The provider had procedures in place to ensure any information about abuse was shared with the appropriate agencies, such as the local authority and police, and investigated. We saw previous abuse concerns had been dealt with in line with these procedures. A social care professional told us, "[Acting manager] is well aware of their safeguarding responsibilities and they take things seriously."

The management team assessed, recorded and reviewed the risks to people. This assessment took into account key aspects of people's personal safety and wellbeing, including their mobility, pressure care and nutrition. Plans had been developed to manage these risks and keep people as safe as possible. For example, where people were at risk of developing pressure sores, pressure-relieving equipment, support with repositioning and regular skin integrity checks were in place.

If people were involved in an accident or incident, staff recorded and reported these events to the management team. The management team reviewed these reports to identify any underlying causes and take action to stop things happening again. For example, following a recent fall at the home, a referral had been made to the occupational therapist and the individual's care plans had been reviewed. A healthcare professional praised the management team's use of 'safety crosses' to analyse and reduce people's falls, adding "They have been very proactive." A safety cross is a visual data collection tool that can be used to identify areas for improvement. Where the risks to people changed, staff told us the management team kept them up to date, ensuring they were able to continue working safely. To this end, daily 'handovers' were organised between shifts. Handover is a face-to-face meeting in which staff leaving duty pass on important information about people to those arriving on shift.

At our last inspection, we found people were not always supported by sufficient numbers of staff. At this inspection, the majority of the people and relatives we spoke with were satisfied with the staffing arrangements at the home. Staff also felt the staffing levels maintained enabled them to safely meet people's individual care and support needs. The acting manager explained any unexpected staff absences were covered by bank staff and voluntary staff overtime. During our inspection visit, we saw there were

enough staff on duty to respond to people's needs and requests without unnecessary delay.

All prospective staff underwent pre-employment checks to make sure they were suitable to work with people. These checks included an enhanced Disclosure and Barring Service (DBS) check and employment references. The DBS carries out criminal records checks to help employers make safer recruitment decisions. The provider had disciplinary procedures in place to deal with any concerns in relation to staff conduct towards people once they were in post.

At our last inspection, we identified concerns regarding the storage and administration of people's medicines. The temperatures at which medicines were stored were not appropriately monitored or controlled. In addition, staff were being disturbed whilst administering people's medicines.

At this inspection, we found the provider had introduced a mobile air conditioning unit to control the temperature of the medication room. The table-top fridge used to store medicines requiring refrigeration had also been replaced. The temperature of both the medication room and fridge were monitored and recorded, and the acting manager had sought advice from a local pharmacy in this regard. We saw staff administered people's medicines without unnecessary disturbance or interruption, and the staff we spoke with expressed no related concerns. People's relatives were satisfied with the support their family members received to take their medicines safely and as prescribed. We saw people's medicines were administered by trained senior staff who underwent periodic competency checks. Up-to-date medication administration records (MAR charts) were maintained to record all medicines given.

Is the service effective?

Our findings

At our last inspection, we identified concerns in relation to people's mealtime experience, and the support they received from staff to eat and drink. We found people did not always have access to drinks when they required this. In addition, people were not consistently offered choices in what they ate and drank. Improvements also needed to be made to ensure mealtimes were a pleasant experience for people.

At this inspection, we found effort had been made to address the above concerns, but that further improvement was still required. We saw people were offered a drink with their meals and at regular intervals throughout the day. If people requested a drink in between these times, these requests were met by staff without unnecessary delay. During our inspection visit, we observed a lunchtime meal. We found lunch could have been better organised to reduce the time people had to wait for their meal to be served. In this regard, one person told us, "There are long delays at mealtimes." In addition, although there were other options available, people were not actively offered a choice of pudding following their main meal. We discussed these issues with the management team. They assured us people's meals were normally served without unreasonable delay, and that people were supported to choose their preferred meal options. The home's chef explained they were in the process of taking pictures of each meal to further assist people's choices.

People and their relatives spoke positively about the quality of the food on offer, and confirmed people had enough to eat and drink. One person told us, "The food is very good and there's plenty of it. I have a wonderful cooked breakfast every day." Another person said, "I get plenty to drink. I have small portions of food and can have an alternative if I don't like what's on offer. I choose where I eat my meals. Last week I was ill and chose to stay in my bed in my room. It was best for me, more comfortable."

People's nutritional needs had been assessed by the management team, and plans put in place to manage these. However, we found it was not always clear whether appropriate specialist dietary and nutritional advice had been sought as part of this process. For example, we saw one person's meals were pureed before they were served to them. The management team were unable to confirm whether this practice was based on specialist nutritional advice or locate a copy of the relevant nutrition assessment. During our inspection visit, the acting manager made a referral to the local speech and language therapy team for this person.

New staff completed the provider's induction training to help them understand and settle into their new job roles. Staff spoke positively about their induction, which included initial training and the opportunity to work alongside more experienced staff. We looked at whether the provider's induction process reflected the requirements of the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of new care staff. We found the provider had not fully considered how to meet the standards incorporated into the Care Certificate as part of their induction process. The acting manager told us that, to date, only a single member of staff had been supported to fully complete the Care Certificate. Therefore, we were not assured new staff had the introductory skills, knowledge, and behaviours needed to provide compassionate, safe, and high quality care. The management team told us that, moving forward, induction training would reflect the requirements of the Care Certificate.

Following induction, staff participated in a rolling training programme to enable them to work safely and effectively. Staff spoke positively about their training, and pointed towards recent improvements in the training on offer. One member of staff told us, "It (training) is non-stop, but that's good because you have new regulations coming out all the time." Another member of staff said, "We've done that much training, I feel like I'm back at school!" This person went on to describe the benefit of their training on common mental and physical health conditions. This had given them greater insight into the signs, symptoms and impact of these conditions.

Aside from training, staff also attended regular one-to-one meetings with a member of the management team. Staff found these meetings a useful opportunity to request any additional support, receive feedback and discuss training needs. One member of staff explained, "[Acting manager] will ask me how my workload is and give me feedback on my work. We'll discuss training, my strengths and weaknesses and any extra help I need."

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.

We checked whether the service was working within the principles of the MCA. People and their relatives told us staff respected people's right to make their own decisions, and sought their consent before performing care tasks. One person said, "Staff are golden to me; I can't do anything for myself. Staff always ask my permission and explain everything to me." The acting manager and staff understood people's rights under the MCA, including the role of best-interests decision-making. We saw evidence of mental capacity assessments and best-interests decisions in people's care files, along with information about how to support people's decision-making.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The acting manager had submitted DoLS applications for people living at the home, based upon an assessment of their capacity and care arrangements. Where DoLS authorisations had been granted, the management team were aware of the need to review and comply with any associated conditions.

People and their relatives were satisfied with the support staff gave people to maintain their health and access healthcare services. They told us staff responded promptly and appropriately to any significant changes or deterioration in people's health. One relative told us, "Staff don't hesitate to call in the GP or paramedics, and ring us immediately to inform us." A healthcare professional spoke positively about staff's ability to manage and respond to people's health needs. They told us, "If we want people to have more frequent repositioning, they (staff) are very good with that." People's current health needs were recorded in their care plans, to help staff understand this aspect of their care.

Is the service caring?

Our findings

At our last inspection, we found staff did not always respond to people in a kind and caring manner, or give them the time needed to build positive, caring relationships. People had expressed mixed views about the attitude and approach of the staff team.

At this inspection, people, their relatives and community professionals spoke positively about the caring approach staff took to their work. They used words like 'friendly', 'welcoming', and 'helpful' when describing the staff team. One person told us, "The staff are lovely here. Everyone's on first name terms, and with visitors." A relative said, "I have seen a carer go off duty and stay behind to chat with the residents. There is a family atmosphere here. The staff go above and beyond."

During our inspection visit, we found staff demonstrated good insight into the individual needs and requirements of the people living at Arbour Lodge. They showed concern for people's comfort and wellbeing and prioritised their needs and requests. For example, a member of staff noticed one person was not wearing their glasses as they sat with a friend, and proceeded to help them locate these. Upon seeing individuals for the first time that day, staff greeted them warmly and asked how they were feeling. People responded well to these enquiries by staff. Staff talked to us about the people they supported at Arbour Lodge with clear affection and respect. One staff member told us, "We (staff) want a better home for people and to be caring. It's not just a job we get paid for."

People's involvement in decision-making about their day-to-day care and support was encouraged by staff. During our inspection visit, we saw staff consulted with people about, for example, what they wanted to eat and drink, or how they wanted to spend their time. When developing or reviewing people's care plans, the management team sat with people, as appropriate, to discuss how their care needs were to be met. Residents and relatives' meetings were held on a periodic basis. These meetings provided a further means of encouraging people's contribution to decision-making and gathering their views about key aspects of the service, such as the menus and activities on offer. A relative told us, "There's a relatives' meeting later this week. I can speak out. I feel listened to."

A suggestions box had been installed in the home's entrance hallway, for use by people and visitors. Any suggestions made were reviewed by the acting manager. People's care plans included information about their communication needs, to help staff promote effective communication with each of the people living at the home. The acting manager explained that they signposted people to local independent advocacy services as necessary, and we saw information about such services on display in the home.

At our last inspection, we found people's personal information was not always stored securely. We saw people's daily notes left unattended in the home's communal areas. At this inspection, we found people's personal information, including their daily notes, was stored in a manner that ensured it was only accessed by authorised people.

People, their relatives and community professionals were satisfied with the steps staff took to protect and

promote people's privacy and dignity. A healthcare professional told us, "The residents always seem very well cared for in respect of how staff speak to them. There is respect for people's privacy and dignity." A relative said, "While visiting, I have heard staff explaining things to residents, especially when taking someone to the toilet." They went on to say, "[Person's name] is definitely well treated with dignity and respect." People's care plans referred to individual's abilities and emphasized the need to encourage their independence. During our inspection visit, we saw staff spoke to people in a respectful manner, and encouraged them to do things for themselves, such as moving around the home as independently as possible. The staff we spoke with understood the importance of treating people with dignity and respect. They gave us examples of how they did this by, for example, meeting people's personal care needs sensitively, protecting their modesty and giving them privacy.

Whilst at the home, we saw a number of people receiving visitors. People and their relatives confirmed there were no unnecessary restrictions upon visits to the home. One person told us, "I have visitors daily and they are always made welcome."

Is the service responsive?

Our findings

At our last inspection, people told us there was a lack of activities and things to do at the home. Staff also felt they needed more time to support people with activities they enjoyed.

At this inspection, the people and staff we spoke with did not raise any concerns of this nature. Some people's relatives and staff referred to a significant improvement in the support available to people to participate in group and one-to-one activities. One person's relative told us their family member enjoyed the in-house exercise groups and going on outings. Another relative described the activities on offer as "much improved", adding their family member had enjoyed going out for lunch and celebrating Valentine's Day. A social care professional told us, "They (management team) bring in activities and are meeting [person's name's] needs in respect of giving them things to do." During our inspection visit, we saw people engaged in and enjoying activities. These included singing and dancing along with a visiting tribute act, and participating in an exercise therapy session. We could also see that a range of in-house activities and outings had been planned for people over the coming month.

People, and their relatives, were involved in assessing, planning and reviewing their individual care and support needs. People's relatives told us they were satisfied with the level of involvement they had in care planning and other decision-making affecting their family members who lived at the home. One relative told us, "I've seen all [person's name's] care plans and they (management team) have asked me about them." People's care plans were individual to them and covered a range of needs. In addition to providing guidance for staff on how to meet people's needs, care plans also included information about people's like and dislikes and preferred daily routines. In assessing and planning people's care needs, consideration had been given to their cultural and religious needs. During our inspection visit, we saw two people receiving Holy Communion in one of the home's lounges.

Staff confirmed they had the time to read and refer back to people's care plans. They understood the need to follow these in order to provide consistent, person-centred care and support. During our time at the home, we saw staff meeting people's needs, and adjusting the level and nature of the support provided in line with their care plans.

People and their relatives knew how to raise concerns and complaints with the provider. They told us they would approach the management team with any issues of this nature. Those who had voiced concerns were happy with the way the management team had responded to these. One person told us, "There have been a few issues. I went straight to the manager and they sorted them right away." A relative praised the provider's prompt response once made aware their family member suffered from claustrophobia. They told us arrangements had been made for a door retainer to be fitted to their bedroom door that same day. The provider had a complaints procedure in place to encourage fair and consistent complaints handling, a copy of which was clearly displayed in the home's communal area.

Is the service well-led?

Our findings

During our inspection, we met with the acting manager who had applied to CQC to become registered manager of the service. The acting manager demonstrated a good understanding of the duties and responsibilities associated with their post, included the need to submit statutory notifications in accordance with their registration with us. They described how they kept up to date with best practice guidelines through attending events run by the local clinical commissioning group (CCG) and accessing care websites. The acting manager displayed clear enthusiasm for their role, and confirmed the provider gave them the resources and support needed to manage and improve the quality of the service.

At our last inspection, we found the provider needed to make further improvements to their quality assurance systems. For example, people and their relatives were not always aware of how to provide feedback on the service. At this inspection, people and their relatives raised no concerns of this nature. They were clear how to share their views with the management team. Some people's relatives, staff and community professionals specifically referred to the improvements in the quality of the service under the current management team. One relative told us, "The home has come on immensely with the new manager. For example, they (people) are going on outings and have more activities in place. They have also brightened up the place." A social care professional said, "Things have improved over the last year; it might be due to the change in management. Communication has improved." A staff member explained, "I would be heartbroken if they (management team) left, because they've made such an improvement. I'd try to follow them!"

We found the management team carried out a number of quality assurance activities to assess, monitor and improve the quality of the service people received. These included a rolling programme of medication, infection control, nutrition and care plan audits. In addition, the acting manager monitored any accidents, incidents, safeguarding concerns and complaints on an ongoing basis. The management team's quality assurance activities had led to a number of improvements in the service, including a more robust system of risk assessment and more comprehensive and accurate care plans.

People, their relatives and community professionals spoke positively about the overall management of the service, and their experiences of the current management team. They knew who the acting manager was, found them approachable and described an open and inclusive culture within the service. One person told us, "[Acting manager] pops in and out to talk to us. I have no complaints. Overall, it's good here." A relative said, "This manager works very hard and has made many changes. They're very approachable." A healthcare professional told us, "They (management team) have put a lot of work in. They are a very cohesive management team and work well together. They are also quite respectful towards the residents and open to discussion on things."

Staff spoke positively about the support, leadership and direction provided by the management team. They felt well supported in job roles, and clear what was expected of them at work. Staff felt comfortable approaching the acting manager for any additional guidance and support, with confidence they would act on issues brought to their attention. One staff member told us, "You couldn't wish for a better manager."

They like to have things nice, and they're a caring person." Another staff member said, "[Acting manager] is lovely. They're understanding if I have any problems, and they treat everyone equally and fairly." They went on to say, "It (Arbour Lodge) now feels more like a home, and you look forward to coming to work."