

Arboretum Nursing Home Ltd

Arboretum Nursing Home

Inspection report

Forest Lane
Walsall
West Midlands
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20 July 2021

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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 

Summary of findings

Overall summary

About the service

Arboretum Nursing Home is a care home providing personal and nursing care to 46 people aged 65 and over at the time of the inspection. The service can support up to 54 people.

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

Medicines information to aid staff to administer medicines prescribed on a when required basis (PRN) was not in place.

Staff did not have the information they needed on how to prepare and administer medicines given via a feeding tube safely.

We found staff applied some topical medicines (creams) to people's skin without the necessary training or competency checks.

Some medicines including insulin and eye drops were stored incorrectly.

Risks to people's health and well-being had been assessed and monitored to ensure they were kept safe. The provider had safeguarding systems and processes in place to keep people safe. Staff knew about the risks to people and followed the assessments to ensure they met people's needs.

People felt safe and were supported by staff who knew how to protect them from avoidable harm.

People lived in an environment that was clean and well maintained.

Staff observed and followed infection control procedures in line with national guidance for reducing the spread of Covid-19. Staff followed the infection control procedures the provider had in place.

Staff were recruited safely and there were enough staff to meet people's needs.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. We found three Deprivation of Liberty Safeguards (DoLS) authorisation had expired and the provider had not sent a request for a renewal in a timely manner. We found two people had DoLS requests and urgent authorisations even though both were assessed as having full capacity. Staff had received training in the Mental Capacity Act however, further improvement was required to enable staff to fully understand how to work within the principles of the Act.

People or their relatives were not involved in reviews of their care.

People were assessed before they used the service to ensure their needs and preferences could be met.

People and their relatives told us they felt well cared for by staff who treated them with respect and dignity.

and encouraged them to maintain relationships and keep their independence for as long as possible.

People's communication needs were assessed and understood by staff. People were provided with information in a format which met their needs.

Staff liaised with other health care professionals to ensure people's safety and meet their health needs. The provider's audits to monitor the quality of the service were not consistently effective in driving forward improvements

Staff spoke positively about working for the provider. They felt well supported and that they could talk to the management team at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their role.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service under the previous provider was requires improvement, published on 21/02/2020.

Why we inspected

The inspection was prompted in part due to concerns received about the management of safeguarding incidents. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to Regulation 12 (safe care and treatment), Regulation 11 (need for consent) and Regulation 17 (good governance) at this inspection. The provider responded to the concerns on the day of the inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

Arboretum Nursing 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Day one of the inspection visits was carried out by one inspector, an assistant inspector, a medicines inspector and a specialist advisor who was a nurse. One inspector returned to the home for a second visit on the 20 July 2021. An Expert by Experience made calls to relatives on 20 July 2021 to gather feedback on the service provided. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Arboretum Nursing 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 had a manager registered with the Care Quality Commission. This means that 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

Day one of the inspection visits was unannounced.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and 12 relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, nursing staff, care workers and the chef. We spoke with six health professionals.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found, including information about the provider's staff training programme.



Is the service safe?

Our findings

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

This is the first inspection of this existing service under the new ownership. This key question has been rated Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Information to aid staff in administering medicines that had been prescribed on a when required basis (PRN) was not in place, however, staff were able to tell us when people needed their PRN medicines.
- Staff did not have the information they needed on how to prepare and administer medicines given via a feeding tube safely, however staff were able to tell us how they administer medicines safely via a feeding tube.
- Staff did not always ensure that pain patches were applied to peoples skin in accordance with manufacturers guidance.
- We saw evidence that carers were applying some topical medicines (creams) to peoples skin without the necessary training or competency checks.
- Staff did not ensure some medicines including insulin and eye drops had recorded opening dates to ensure they were safe to use.

We found no evidence that people had been harmed however, the provider had failed to ensure sufficient systems were in place to do all that is reasonably practical to mitigate the risks to people.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives we spoke with told us people had received their medication safely and on time.
- Medicines administration records we checked showed people had received their medicines as prescribed.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse by staff who had regular safeguarding training and knew about the different types of abuse. One staff member told us, "Abuse is not just physical, it can be verbal, emotional, financial and much more."
- The provider had safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse. One staff member told us, "If I observed any type of abuse, I would inform the manager. If I was unhappy with how the incident was managed, I would contact CQC, the local authority or the police."
- People and their relatives explained how staff maintained people's safety. A relative told us, "They are very good and look after [Name of person], staff are all pretty good."

Assessing risk, safety monitoring and management

- The provider assessed risks associated with both people's care and the environment, those risks were managed through clear person-centred records.
- Individual risk assessments identified specific needs of people to keep them safe. For example, we saw assessments to manage the risks associated with people's behaviours were accompanied by clear instructions for staff to follow. One person's care plan detailed instruction for staff to follow to reassure them when displaying distressed behaviour.
- Staff we spoke with confirmed identified risks and knew how to safely manage them in line with the risk assessments.

Staffing and recruitment

- There were sufficient numbers of staff on duty to meet people's needs. The provider ensured people had a consistent staff team. One relative said, "There are enough staff when I visit."
- Each person's needs were assessed on an individual basis, which were reviewed and updated regularly as people's individual needs changed.
- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- We found accident and incident records were completed and monitored by the registered manager to reduce the likelihood of reoccurrence however improvements could be made to the analysis of incidents to identify and trends or themes.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found three people's Deprivation of Liberty Safeguards (DoLS) authorisation had expired and the provider had not sent a request for a new authorisation in a timely manner. For example, one person's DoLS authorisation had expired on 11 February 2020 and the new authorisation request was not sent until 03 June 2021. Another two people's authorisations expired on 20 April 2021 and 27 February 2021 and new authorisation requests were not sent until 03 June 21.
- We found two people had DoLS requests and urgent authorisations even though both were assessed as having full capacity. This indicated a lack of understanding about the requirements in the MCA.
- Staff had received training in the MCA and had some basic knowledge of the Act. However, further improvement was required to enable staff to fully understand how to work within the principles of the Act.

The provider had not acted in accordance with the requirements of the MCA and was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 need for consent.

- We observed staff sought consent from people before supporting them. One person said, "They [staff] will tell me of what they have come to do and I say yes."

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

- The service worked very closely with other agencies and health professionals in order to meet people's specific needs. We saw evidence of this during the inspection visits. One person told us, "The doctor comes around once a week to check everyone is ok."
- When required staff monitored people's health and worked well with external professionals to ensure people's health care needs were met.
- Staff monitored people's health care needs and informed relatives, senior staff members and healthcare professionals if there was any change in people's health needs.
- Care plans were reviewed and updated to reflect any changes or recommendations from healthcare professionals. Staff told us they were confident changes to people's health and well-being were communicated effectively.

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

- People were assessed before they used the service to ensure their needs and preferences could be met.
- Assessments of people's diverse needs were discussed prior to using the service. These included religion and sexuality.
- Assessments were used to formulate a plan of care. This provided staff with the information they needed to meet the person's needs and preferences.

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

- People were supported by staff to maintain nutrition and hydration.
- People had choice and access to sufficient food and drink throughout the day, food was well presented, and people told us they enjoyed it.
- People's feedback about the food was sought regularly by staff asking people and making observations. One person told us, "The food is great, they make whatever I want."

Staff support: induction, training, skills and experience

- Relatives were confident staff had the skills and knowledge to meet people's needs. One relative told us, "The staff have the necessary skills and knowledge to care for [Name of person]."
- Staff were positive about amendments the provider had made to the training programme however further improvements were required. A member of staff said, "The training has improved, they have paid for a new training company to provide additional training topics."
- New staff had completed a comprehensive induction, were well supported and either had health care qualifications or were completing training that covered all the areas considered mandatory for care staff.

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

- The home was clean and tidy and adapted to meet the needs of people using the service.
- The premises provided people with choices about where they spent their time.
- People's bedrooms were decorated and furnished to meet their personal tastes and preferences, for example having family photographs and artwork.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by a team of staff who were kind, caring and considerate. One person told us, 'The staff are lovely, they respond when I need something.'
- We observed some kind and thoughtful interactions between staff and people and people told us how staff met their needs. One person said, "The staff are good, they will always have a chat with me."
- One relative told us, "The staff are always very nice, kind and helpful and they put the kindness at the top."
- People's equality and diversity needs were respected and staff received training in equality and diversity to be able to meet people's needs. Staff told us how people's individual cultural and religious needs were met by providing specialised diets and religious leaders visiting the home.

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

- People, relatives and staff told us how people were supported to make choices regarding their daily life, this included clothing, meals, personal belongings and how people wanted their support to be delivered. One relative told us, "They have got to know [Name of person] very well, since moving to a soft food [Name of person] gets more variety and is quite happy with it."
- There was a 'words of appreciation' book for people to share their feedback, in one of the communal lounges. It included lots of compliments and thank you cards from people and their relatives. One thank you card read, 'Thank you I will never forget how well you cared for [Name of person], thank you for your support during this difficult time.'

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and ensured people's rights were upheld.
- Staff and the management team told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed; respecting when a person needed space. One staff member told us, "When supporting people, I talk to and re-assure them."
- People's confidentiality was respected, and people's care records were kept securely.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- A care plan and assessment were in place which showed the support people needed and these were reviewed regularly. Those records contained information on people's background, likes and preferences.
- One relative told us, "They contact me if there are any changes to [Name of person] condition or if anything goes wrong."
- Care plans were personalised and recorded details about each person's specific needs and how they liked to be supported. However, care plan reviews lacked involvement from people, their relatives and representatives. The registered manager assured us they would improve care plans reviews and implement a structured review programme that would ensure the views of people and their relatives were captured.
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.

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.

- Care plans contained information about people's communication needs. This meant staff could support people to express their needs and views where the person experienced difficulties.
- Documentation could be produced in accessible formats, such as pictorial and large print for people who required this.

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

- People had some opportunities to engage in meaningful activities within the home. Some people were cared for in bed and staff visited them in their rooms to help prevent social isolation. One staff member described how she would read to people, sing with them or just sit and chat. A relative said, "They could improve the number of activities in the lounge areas". The registered manager told us they were planning to improve the number of activities within the lounge areas and would use resources from the provider's day centre.
- People were supported to maintain contact with relatives during the Covid-19 pandemic, for example using electronic devices and phone calls.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place and people knew who to speak to if they had any concerns. One person said, "If there was anything wrong, I would speak to the manager, he sorts things out."

End of life care and support

- People who at the end of their life care had an end of life care plan in place so that their wishes and beliefs would be known and respected by staff. One health professional we spoke with said, "They are good at caring for people who are end of life; me and the team always get good information from the nurses and I feel they are very good knowledgably and competent."

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

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

- The provider's audits to monitor the quality of the service were not consistently effective in identifying and driving forward improvements. For example, audits of care records had not identified Deprivation of Liberty Safeguards (DoLS) authorisation had expired and remedial action had not been taken to address this shortfall in a timely manner.
- Audits of medication had failed to identify PRN protocols were not in place for as and when required medication. Audits had not identified issues identified during the inspection with the storage of medication. Competency checks for some staff were not detailed enough to assure the provider that their staff were competent to administer medication safely.

The provider's failure to ensure that effective systems were in place was a breach of a Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Good governance.

- People were supported by staff who were motivated to carry out their role.
- Staff received regular supervisions where they had the opportunity to discuss their role and performance.
- Improvement were required for staff training, skills and competence. For example, some staff were applying topical creams without the required training and competency be checked. The registered manager told us a new training provider had been commissioned and they would improve the frequency of competency checks and observations.
- Staff were aware how to raise a concern and told us they would do if the need arose.
- In accordance with their legal responsibilities, the provider had informed us about significant events which occurred at the service within required timescales.

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

- People and their relatives spoke positively about the care they received and of the way the service was run.
- One relative said, "The [Registered manager] lovely, very good, I would recommend the home to someone else."
- All staff were committed to providing people with a high standard of care which was tailored to their needs and preferences.

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 registered manager understood the duty of candour and was open and honest about where the service needed to improve.
- The provider promoted an ethos of openness and transparency which had been adopted by all staff.
- There were some examples of learning where things went wrong and open discussions with people and their relatives.

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

- The registered manager confirmed an annual satisfaction survey would be issued to provide people with the opportunity to express their views about the quality of the service provided.
- People's views were sought daily when receiving support.
- We found there were regular meetings for staff and their views were encouraged. Staff told us they felt valued and their views were respected. One staff member told us, "The team meetings are productive it gives us an opportunity to voice our opinions and make suggestions."
- People and their relatives knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this such as regular phone calls with the management.

Continuous learning and improving care

- Prior to the inspection we received concerns in relation to the management of safeguarding incidents. We found no evidence during this inspection that people were at risk of harm from these concerns.
- We found reviews of care were not being undertaken with people, relatives or their legal representatives.
- The provider told us in information they had shared with us prior to inspection, that they were a member of the Gold Standard Framework (GSF). This is a system that enables good practice and optimises care for all people approaching end of life. We spoke with the lead member of staff involved with GSF and they told us the service had received a Platinum award for their work in this area.

Working in partnership with others

- We found the provider was working in partnership with people's relatives, health professionals, local authority departments and various groups and services within the community to ensure that people were supported appropriately.

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 11 HSCA RA Regulations 2014 Need for consent They systems and processes in place were not effective and the service had not acted in accordance with the requirements of the MCA and associated code of practice.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to ensure the proper and safe management of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's governance and auditing systems were not effective and further improvement was needed to ensure that they were consistently effective in ensuring people consistently received safe care and treatment.