

Arbour Lodge Limited

Arbour Lodge

Inspection report

92 Richmond Road
Compton
Wolverhampton
West Midlands
WV3 9JJ

Tel: 01902771136

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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

About the service

Arbour Lodge is a residential care home providing accommodation and personal care to 28 people aged 65 and over, some of whom were living with dementia. The service can support up to 29 people in an adapted building over three floors.

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

The provider's systems were not effective in providing oversight of the service. Systems had failed to ensure people's fluid intake was monitored, equipment for pressure care was checked and people's risk assessments and care plans were not always completed.

People who had risks to their safety assessed and plans put in place to meet them were not consistently followed and, in some cases updated.

People felt safe and were protected from the risk of abuse by trained staff who understood how to report concerns. There were enough, safely recruited staff to keep people safe and promote their wellbeing. People had their medicines as prescribed. Staff protected people from the risk of cross infection and there were systems in place to learn when things went wrong.

People were supported by staff who had received an induction, training and ongoing support in their role. People could choose their meals and drinks and were supported to maintain a healthy diet. People received consistent care and staff understood people's individual health needs. People were supported in an environment which was adapted to meet their needs.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible and in their best interests.

People were supported well by care staff who were compassionate and attentive to their needs and treated people with dignity and respect. People were able to make decisions about their care and what they wanted to do.

People were supported to take part in activities of their choice and received person centred care. People had their communication needs assessed and received information in a way they could understand. People were able to share concerns and understood how to make a complaint.

People's needs and independence were promoted by staff and the management team. The registered manager understood their legal responsibilities in the safety and care of people. There were systems in place to seek people's views about their care. The registered manager had developed partnerships with the local community and other agencies.

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 this service was Good (published 04 November 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We identified breaches in relation to the governance arrangements in place to identify areas for improvement.

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 from 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 ●

Arbour Lodge

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 carried out by two inspectors on both days of inspection.

Service and service type

Arbour Lodge 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

This inspection was unannounced.

What we did before the inspection

We reviewed information that we had received about the service since the last inspection. We sought feedback from the Local Authority Quality Assurance and Safeguarding Teams. 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 about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager, care staff and the chef. We spoke

with two visiting health professionals.

We reviewed a range of records. This included eight people's care records and multiple medicine 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. We received updates from the provider regarding actions taken following the inspection. We looked at service records and induction documentation for agency staff.

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 Good. At this inspection this key question has now deteriorated to 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.

Assessing risk, safety monitoring and management

- People did not consistently have risks to their safety assessed or monitored. One person was not sitting safely and was at risk of slipping out of their chair. There was no risk assessment or care plan in place to identify, monitor or mitigate this risk. The person had not come to any harm and the registered manager took action to address this immediately.
- People who had risk assessments and plans in place to manage risks to their safety, were not consistently monitored to ensure they were followed. For example, pressure relief mattresses were in use which had fault messages displayed. There was no system in place to check people's mattresses for faults of this nature. Air flow mattresses are used to reduce the risks of pressure ulcers developing or becoming worse.
- Records of care delivery were not consistently completed in line with people's care plans. One person requiring regular repositioning did not have records to confirm this had been completed. The registered manager took action to address this on the day of the inspection.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Arbour Lodge. One person told us, "I feel safe yes, I asked them [Staff] to lock my door because another resident was in my room on two occasions, so they make sure it is locked now. Another Person told us, "I feel safe, the girls [Staff] are always about if you need anything, they see to it straight away."
- People were protected from the risk of abuse. Staff had completed safeguarding training and understood their safeguarding responsibilities. Staff were confident they could raise concerns and action would be taken.
- The provider had appropriate policies and systems in place to raise safeguarding concerns. Safeguarding referrals were being completed and documented appropriately and action was taken where needed.

Staffing and recruitment

- People told us, "I have everything I need and it's easy enough to let people know what I need if I can't get it for myself."
- We observed there were sufficient numbers of staff to ensure people were supported to meet their needs when they required help.
- Staff were recruited safely. Employment checks were completed including employment history, references and proof of identity was checked. Disclosure and Barring Service (DBS) checks had been completed which help to prevent unsuitable staff from working with people who are vulnerable. The Disclosure and Barring Service helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely. Staff received training to administer medicines and were observed following the correct procedures.
- Medicines were stored safely, with lockable facilities and refrigeration where needed.
- Where people were prescribed medicines to be given on an 'as required' basis, there was guidance in place for staff which they followed.

Preventing and controlling infection

- People were protected from the risk of cross infection. The provider had preventative systems in place to reduce the risk of cross infection.
- The home was clean in all areas and staff used personal protective equipment (PPE) and hand washing facilities which were readily available throughout the home.

Learning lessons when things go wrong

- The registered manager had systems in place to deal with any incidents or accidents that had occurred. These were documented and included measures taken to reduce the risk of incidents occurring again in the future.

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.

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

- People had their individual needs assessed and care plans put in place which were completed and reviewed regularly.
- Staff were familiar with people's individual needs which meant meaningful choices were offered.
- People's care plans included advice and guidance from health care professionals when needed. Staff were following the advice and guidance provided.

Staff support: induction, training, skills and experience

- People were supported by staff who had been trained to carry out their role. Staff completed an induction and mandatory refresher training was completed. One staff member told us, "We get a lot of training and we can ask for additional training."
- Staff had a range of skills and experience and learning was shared between staff during regular supervision sessions and team meetings. The registered manager had made arrangements for further specific training for staff to obtain greater knowledge and understanding of people's more specialised needs.

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

- People were supported to have enough to eat and drink. One person told us, "The food is very good, I never leave anything" and another person told us, "There is enough choice and you get to see what other people are eating to help you choose."
- Staff offered people choices of drinks throughout the day and supported people to eat meals where this was needed.
- People had care plans in place with guidance for staff to meet their nutritional needs. The chef told us, "We have a notification file and information is shared from any assessments which gives an overview of who has specific requirements in place." We saw people eating meals which was prepared in a way that met their specific needs.

Staff working with other agencies to provide consistent, effective, timely care;

- People received consistent care as staff worked with other healthcare professionals. One person told us regarding needing to see their GP, "I just ask the ladies [staff] and they get him [GP] for you, they're very good."
- The provider had recorded referrals made to health professionals and the outcomes in people's care files.

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

- People were able to bring personal items to personalise their own rooms. One person told us, "I have brought some things from home, like pictures and [staff name] will put them up for me."
- Adaptations had been made to support people's individual needs. Stair rails were a different colour to the walls to support people with vision difficulties to maintain independence in moving around the home safely.
- The registered manager had introduced pictorial signs throughout the home to support people in orientating their way around and in making day to day decisions. The signs supported people to find the toilet, bathrooms, lounge and dining room.
- Daily menu picture boards were used to help people make choices of meals. However, some people could not access these. The registered manager said they would make them more available.

Supporting people to live healthier lives, access healthcare services and support

- People had their health needs met and were supported to access health services. One visiting health professional told us, "Staff have good knowledge and make appropriate referrals."
- Staff knew what people's health needs were and understood what actions to take. One person told staff a dressing had come loose on their leg. Staff reported this straight away and a district nurse was called to reapply the dressing.

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 that they were.

- People were asked to consent to their care. Where people lacked capacity to consent to their care, a decision specific MCA assessment was completed.
- Where people lacked capacity to make certain decisions regarding their health and finances, their relatives, representatives and relevant health professionals were involved to make sure decisions were made in the persons best interests, for example in receiving certain treatment or financial decisions.
- Staff understood and followed the principles of the MCA and where restrictions were in place, the provider had made appropriate applications to the authorising body.

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 has 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 supported by caring staff who were attentive to their needs. One person said, "Staff are wonderful and so caring, they are always here for me."
- Staff spoke to people by their chosen names. Staff were aware when people may need support based on verbal and non-verbal cues and responded in a caring manner, providing reassurance and emotional support.
- Staff spoke fondly of people. One staff member told us, "The only face they see sometimes is ours, it's all about making them happy."
- People were protected against discrimination on the grounds of their age, gender, disability, race, religious beliefs, sexual orientation etc. For example, we found people with religious needs had these documented in their assessments and were supported to access people and places of worship.

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

- People were supported to make decisions about their care. For example, staff asked people where they wanted to spend time such as the lounges, dining room or own bedrooms. One person expressed to staff that they were tired and preferred to return to their room, which they were supported to do.

Respecting and promoting people's privacy, dignity and independence

- People were able to move around the home freely and had access to seating areas in the building and garden to allow for privacy. One person told us, "The staff are great, I prefer sitting here by the garden, I go out on my own and I like going in the garden for fresh air, it's good for my legs."
- People had their dignity protected by staff. Staff ensured people's visual appearance and care remained dignified. For people who required support to eat, staff offered protection for their clothes to manage any spillages and staff were observed supporting people to wipe their mouths when required.
- People's independence was promoted by staff. Staff knew what people liked to do for themselves. One staff member told us, "We always ask people what they want to do; it's about seeing what they want to achieve and not write them off."

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 good. At this inspection this key question has remained the same. 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

- People received person centred care and support. People's care plans were person centred and reviewed regularly. Staff knew people well and what their preferences were to enable them to have as much choice and control over their lives as possible. Staff were observed taking quality time in speaking to people, focussing on how they were feeling and if there was anything they wanted to do, rather than making decisions for them.
- People's care plans included information about family and friends' contributions in supporting people living at the service. One person told us they preferred to go to church with family members and they had their own hair dresser that visits them at the home and who they used before moving in.

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 service was meeting the requirements of the AIS. There were easy read information leaflets available to people in communal areas and on notice boards and picture signage was in place.
- We found some care plans could be more personalised for staff to follow, particularly around people's communication needs. The registered manager informed us the service is currently reviewing its care plan documentation which aims to improve the thoroughness of information contained in people's care plans.

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 access to a range of social activities. People were able to see what activities were taking place during the week through written and picture information. One person told us, "We have singers and people who play the organ come in to us, it lightens the place up."
- People were supported to express their opinions and preferences around activities and events which the service responded to. Two people living at the service had said they have an interest in fish and were taken to visit the National Sea Life Centre. Other people said they enjoyed musical entertainment and performers which the service had regularly arranged.

Improving care quality in response to complaints or concerns

- People knew how to raise a concern or a complaint. One person told us, "I would have a word with [Registered Manager] as she is the one to go to."

- Information on how to make a complaint and the provider's complaints policy was available in an easy read format for people to access.
- Records of complaints were kept on file with evidence that each complaint was responded to and investigated, with appropriate action taken.

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 Good. At this inspection this key question has now deteriorated 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The systems in place to monitor and ensure people's care had been delivered as required in their care plan were not always effective. There were no systems in place to check or record the functioning of air flow mattresses and we found two with faults. People had not come to harm as a result of this and the registered manager acted on the day of inspection to rectify this issue and new mattresses were provided.
- People's risks were not always identified to ensure prompt action was taken. One person was at risk of slipping from their chair and there was no risk assessment or care plan in place to monitor or mitigate this risk. The registered manager made a referral to a health professional for further advice and completed the person's risk assessment and care plan straight away.
- The checks carried out on people's care records had not identified where there were gaps in records. The registered manager told us that the auditing of key care documents and service procedures were delegated to care staff on a weekly rotational basis. This system had not identified issues or actions for improvement, for example in the thoroughness of people's risk assessments and care plans. The registered manager said they would discuss this with the provider to make improvements.

The governance systems were not robust enough to demonstrate safety was effectively managed, placing people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately to the concerns raised and advised us that a review of Quality Assurance practices will be discussed with the provider.

- Regular audits of medicines were used to identify any errors in the completion of medicines administration records (MAR) and systems were in place to order repeat medicines for people on time.
- The registered manager understood the requirements of registration with the Care Quality Commission. The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- We saw that the service's last inspection rating was displayed in accordance with the law.

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

outcomes for people

- We observed that there was a positive culture within the service in striving to meet people's needs and promoting their independence. We saw the service were following through on their objectives to modernise the home, which had undergone some refurbishment and adaptation to create a more homely atmosphere and improve accessibility for people with differing needs.
- The home had invested in communication technology for people to use freely and support them to sustain relationships with others outside of the home.
- Staff members told us that that they found the management team approachable and supportive.

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 and provider understood their legal requirements. We found that there were systems in place to record, investigate and feedback on any incidents, accidents or complaints and people were asked if they were satisfied with the outcomes.

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

- People, their families, friends and other supporters were involved in the care planning process of people's care.
- Staff were provided with regular supervision and team meetings. Staff told us they felt able to raise any issues or concerns and they were listened to.
- The service engaged with the wider local community to improve the social experiences for people. Once a week, children from a local nursery visit the home and spend time with the residents and engage in activities together.

Working in partnership with others

- The management team had developed good links with local health and social care community services to meet the needs of people living at the service. We found people had regular access to care and support from professionals. For example, GP's, district nurses and social workers.
- The registered manager told us they are hoping to develop a dementia friendly garden by the summer and have worked with a local college student in developing the design for the garden.
- The registered manager had been interviewed by a local radio station, who invited members of the public to contribute to the building of the garden.

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 The governance arrangements had not identified the concerns we found at the inspection and therefore had not driven to improvements in the service. We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed.