

Derby City Council

Arboretum House

Inspection report

Morleston Street
Derby
DE23 8FL
Tel: 01332 717649
Website: www.derby.gov.uk

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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



Overall summary

This inspection took place on 4 and 5 November 2015 and was unannounced.

Arboretum House is a care home which provides residential care for up to 38 people. The home specialises in caring for older people, including those with physical disabilities. At the time of this inspection there were 22 people in residence.

There was no registered manager in post. There was an acting manager at the service who was covering this position. 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.'

The provider's legal responsibilities had not been met regarding statutory notifications as they had not notified us of the outcome of referrals to the supervisory body for authority to deprive a person of their liberty.

Summary of findings

Staff understood how to protect people from abuse and were responsive to their needs. People were protected against the risk of abuse, as checks were made to confirm staff were of good character to work with people. Sufficient staff were available to meet people's needs.

Risk assessments and care plans had been developed with the involvement of people. Staff had the relevant information on how to minimise identified risks to ensure people were supported in a safe way. People had equipment in place when needed such as a hoist or wheelchair, so that staff could assist them safely. Systems were in place to ensure people received their medicines in a safe way. Medicines were not always managed safely as they were accessible to unauthorised persons

Staff understood people's needs and abilities and were provided with training to support them to meet the needs of people they cared for. Systems in place regarding consent were not always clear, this did not ensure decisions were made in a person's best interest.

People's needs and preferences were met when they were supported with their dietary needs. Relevant health care professionals were consulted to ensure people's health care needs were met.

We saw staff positively engaging with people living at the service and staff encouraged people to participate in activities which interested the individual.

The provider's complaints policy and procedure were accessible to people who used the service and their relatives. People knew how to make a complaint

Arrangements were in place to assess and monitor the quality of the service, so that actions could be put in place to drive improvement.

Staff told us that they received support from the acting manager. The management of the service were open and transparent.

You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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.

People felt safe and staff understood their responsibilities to keep people safe and protect them from harm.

Risks to people's health and welfare were assessed and actions to minimise risks were recorded.

There were sufficient staff to support people and recruitment procedures ensured the staff employed were suitable to support people.

People were supported to take their medicines as prescribed. However medicines were not always managed safely as they were accessible to unauthorised persons.

Requires improvement



Is the service effective?

The service was not always effective.

Staff felt confident in their role because they received the right training and support.

Staff had an understanding of the principles of the Mental Capacity Act 2005. However the provider did not have clear systems in place regarding consent, ensuring decisions were made in people's best interest.

People were supported to eat and drink enough to maintain their health.

Staff monitored people's health to ensure any changing health needs were met.

Requires improvement



Is the service caring?

The service was caring.

Staff were kind and caring and treated people respectfully.

Staff supported people to maintain their dignity and privacy.

People's personal preferences were met and they were supported to maintain their independence.

People were involved in discussions about how they were cared for and supported

Good



Is the service responsive?

The service was responsive.

The support people received met their needs and preferences and was updated when changes were identified.

Good



Summary of findings

People were supported to maintain their interests.

The complaints policy was accessible to people who lived at the home and their relatives

Is the service well-led?

The service was not consistently well led.

The service did not have a registered manager in post. This position was being covered by an acting manager, who was responsible for the day to day management of the service.

People were encouraged to share their opinion about the quality of the service to enable the provider to identify where improvements were needed.

Staff understood their roles and responsibilities. They were given clear guidance and support by the acting manager.

Systems were in place to monitor the quality of the service provided

Requires improvement



Arboretum House

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 4 and 5 November 2015 and was unannounced. On the first day of the inspection, the team consisted of two Inspectors and one 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. On day two of the inspection, there was one Inspector.

Before the 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. As part of the inspection we reviewed the information in the PIR.

Prior to our inspection, we reviewed the information we held about the service, which included notifications. Notifications are changes, events or incidents that the registered provider must inform CQC about.

We spoke with eight people using the service and two relatives. We also spoke with the acting manager who was managing the day to day running of the service, the deputy manager and seven staff which included care staff and kitchen staff.

We looked at four people's care records, two staff recruitment records and a sample of training records. We viewed other records which related to the management of the service including the quality assurance systems, policies and procedures.

Is the service safe?

Our findings

At the last inspection on 12 June 2014, we found that the provider did not have effective systems in place for the safe management of medicines. This was a breach of Regulation 13 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 (f)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw people were supported to take their medicines. People told us that they received their medicines when they needed them. We looked at a sample of medication administration records and found these had been completed. This showed medicines were available and had been administered as prescribed. The acting manager told us that competency checks were undertaken annually for staff administering medicines, or as required. Records we looked at confirmed this. A member of staff we spoke with told us they had received training to enable them to administer medicines safely. The acting manager told us following a recent safeguarding incident around reordering medicines; systems had been improved to ensure people using the service had adequate levels of medicines in place.

On the first day of the inspection we saw that a member of staff administering medication left the medicines trolley unattended with the doors open. A similar incident was noted at a quality review by the local authority during February 2015. We discussed this with the acting manager who told us that all staff responsible for administering medicines would be reminded on safe practice. This showed that people who were unauthorised to access medicines such as people who use the service and visitors could access medications inappropriately and put themselves at risk. On the second day of the inspection, we saw that the medicines trolley was locked whilst the member of staff administered the medicines.

People we spoke with told us that they felt very safe at Arboretum House and had not witnessed any safety concerns. People told us they felt safe when they were supported by staff and said they had no worries or concerns about the way they were treated. One person said "I feel safe from falling when moving around the home." The response was as positive when relatives were asked if they thought their relatives were safe at the service. One person's relative said "The security is first class."

The provider had taken steps to protect people from abuse. Staff knew and understood their responsibilities to keep people safe and protect them from harm. Staff could tell us what actions they would take if they had concerns for the safety of people who used the service. Staff told us and records showed that staff had undertaken training to support their knowledge and understanding of how to keep people safe. We saw that safeguarding referrals were made when necessary. This showed that the provider referred people to the local safeguarding team if they were concerned they might be at risk of abuse.

We saw people had individual risk assessments in place for things such as moving and handling, falls and movement around the home. These were reviewed monthly. One person who was at risk of falls required staff to ensure the person was wearing their glasses at all times. We saw that people who required walking aids had them readily available.

In the interactions we observed between staff and people using the service, we saw that the staff were mindful of people's safety. For example we saw staff transferring a person from a wheelchair into an arm chair, in an unhurried manner.

People had personal evacuation plans in place to inform staff of what support was required in the event of an evacuation. For example one person's records documented that the person required their walking stick when mobilising.

Systems were in place to record any incidents and or accidents. The acting manager told us that they also recorded the incidents and accidents on their computer system where they were then analysed by senior management. Staff we spoke with were aware of reporting incidents and completing the necessary documentation.

One relative said "The staffing levels look ok." They also felt that the home had improved over time.

The acting manager told us that the staffing levels were determined according to the needs of each person and the activity they were undertaking. Some staff felt that more staff were needed particularly in the morning, as two people currently using the service required the assistance of two staff with moving and handling. Also the care staff had to make the beds in the mornings. We discussed this with the acting manager, who stated that the current staff levels took this into consideration. The acting manager

Is the service safe?

confirmed that there were three care staff on shift at all times and in the day there was also a senior care team leader and a deputy manager as well as the acting manager. The acting manager told us that the management team will cover the floor and support staff when required. However some staff felt depending on which management were on shift they did not all provide hands on support.

During the inspection call bells were answered promptly which showed that there were sufficient staff and that people living at the service were not waiting long for assistance. For example a continuous bell started to ring and the staff including the manager responded immediately. They went to see the person ensuring they were safe. A person we spoke with explained that this was

the emergency alarm, as opposed to a routine call bell. This person confirmed that it was common for staff to respond so promptly. Another person told us that they had access to a call buzzer, "I have a buzzer next to my bed but have not needed to use it."

The provider had recruitment processes in place which checked staff were suitable to support people that used the service. All of the staff we spoke with told us that they provided references and completed disclosure and barring (DBS) checks before they started work with the provider. The DBS provided information on criminal records for potential staff. The two staff files we looked at had all the required documentation in place. However recruitment records showed that a full employment history had not been obtained for both staff members.

Is the service effective?

Our findings

At the last inspection on 12 June 2014, we found that appropriate systems were not in place to gain and review consent from people in regards to their care and treatment. This was a breach of Regulation 18 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. The Deprivation of Liberty Safeguards (DoLS) are a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. The acting manager had a good understanding of DoLS legislation. Some people living at the service were assessed as being deprived of their liberty. At the time of the inspection two people had DoLS authorisations that had been approved. However the appropriate records to confirm the DoLS had been authorised was not located on one person's care records. We also saw no mental capacity assessments had been completed by the service.

Staff we spoke with had an understanding of MCA and DoLS and their role to protect the rights of people using the service. They told us they sought consent before assisting people, our observations confirmed this. For example a person was asked where they would like to sit. A member of staff told us they would respect people's wishes if they refused care and would go back to them. Some staff had received training in MCA and the associated Deprivation of Liberty Safeguards (DoLS). The deputy manager confirmed that they were awaiting confirmation for further training dates for staff who had not undertaken training in this area, which included some care staff and management at the service.

Systems in place regarding consent were not clear when people moved into the service. One person told us they had not consented to moving to the service. We discussed this with the acting manager and an external professional involved in this person's care and support. They confirmed that the person was not restricted to remaining at the service and could leave if they wished. The acting manager told us that the person had been informed of this. However

records we looked at did not confirm this and there was no clear audit trail regarding discussions with the person regarding this matter. The acting manager told us that they did not have the provider policy on consent at the service.

The staff we spoke with told us they were happy with the opportunities for on-going training and some staff told us that they had completed nationally recognised qualification in care. Staff felt that the training received was relevant to their roles. One staff member said "We receive the highest level of training." Another member of staff stated, "We get a lot of training, which includes refresher training." Another member of staff told us that they were currently working towards the care certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. This demonstrated staff were supported to develop and keep their learning up to date.

There was a system in place that provided staff with support sessions. The acting manager informed us that staff received up to four supervision sessions per year. Staff told us that they received regular supervision, which gave them an opportunity to discuss practice issues and development.

We saw DNAR orders were signed by the doctor. People's family had been involved in the decision and were reviewed as part of the right care management plan. Right care management plans are designed for people with long term conditions and complex healthcare needs, including end of life patients. Allowing patients to access the most appropriate healthcare and advice quickly.

People told us that they were satisfied with the quality and quantity of the food and that they could choose an alternative if they did not want the planned meal. Comments about the food from people using the service included "The food is alright," "It varies but generally good" and "The food is good." The kitchen staff we spoke with had an understanding of people's nutritional needs and specialist diets.

We observed the midday meal. People were not rushed and they could take as long as they needed to eat their meal. We observed staff support one person with their meal. They sat alongside the person and supported the person at a pace that was appropriate to the person. People engaged with each other during their meal.

Is the service effective?

Nutritional assessments had been completed for people's dietary needs. Where people required assistance to eat this was recorded. For example one person required their food to be cut up. The acting manager confirmed that if they had concerns about someone losing weight they would refer the person to the doctor and dietician. This ensured that people would be monitored closely to ensure they received adequate nutrition.

A relative told us that the home was good in contacting the family if there were any issues or concerns, with their family member.

People had access to healthcare services. One person told us that she could see a GP whenever she needed and had

her eyes tested every year. Another person told us that they had recently had the winter flu jab. On the day of the inspection we also saw one person being seen by the district nurse to receive their flu injection.

The acting manager told us that staff supported people to appointments when required. We saw that a member of staff supported a person to the eye clinic. Staff we spoke confirmed this. Records showed that people were seen by appropriate professionals to meet their needs. For example, records showed that people had regular eye tests. This showed that people had the right support to maintain good health.

Is the service caring?

Our findings

People told us that they liked the staff and felt that they were well cared for by staff. One person said, “The staff treat me with respect and dignity.” Another person said, “Some staff are more helpful than others.” A relative stated that the staff were very helpful and polite. Relatives told us that they were made to feel welcomed and usually offered a drink when they visited.

There was a relaxed atmosphere at the service during our inspection visit. Our observation of people’s care over the two days showed that staff were caring and helpful. Staff demonstrated patience when supporting people to enable people to go at a pace that was comfortable for them.

For example, a person was helped to mobilise from a wheel chair to a chair in the lounge. The staff gave instructions to the person and allowed the person to move at their own pace. We observed care staff sitting with people in the communal areas. They interacted well with people whilst engaging in conversations with them. This demonstrated that people were treated in a respectful manner and received individualised care.

Records showed that family members had been involved in annual reviews. People’s religious beliefs were recorded and people were referred to by their preferred name.

We saw copies of residents meetings that gave people the opportunity to give their views. We saw that people had

been consulted about how part of the building was to be used. People and relatives had been positive about the changes that had been planned. In addition to this people using the service had been asked about mealtimes. People agreed that they preferred mealtimes to be a set times and not flexible as they felt part of a community.

We saw that there was no information regarding independent advocates available at the service. Advocacy is about enabling people who have difficulty speaking out to speak up and make their own, informed, independent choices about decisions that affect their lives. We discussed this with the acting manager who confirmed that this information would be made available to people. During the inspection the deputy manager confirmed that they had arranged for some leaflets from an advocacy service to be delivered to the service. At the time of our visit nobody was using the services of an advocate.

Throughout our visit we saw that people were able to make choices about how and where they spent their time. We observed staff knock at the person’s door before entering. When staff attended to the person they closed the door.

Staff we spoke with told us they encouraged people to maintain their independence as long as they were safe to do so. Throughout our visit, we saw staff encouraging people to make their own decisions and move around independently. This meant people’s independence was promoted.

Is the service responsive?

Our findings

One person we spoke with told us that they were involved in an annual review to discuss the care they received.

The support people received was personalised to meet their individual care needs. Aids were available for people as required to maintain their independence, such as walking aids. The acting manager told us that a specialist chair had been ordered for a person using the service, to support the person safely.

We saw that when people arrived at the home assessments were undertaken to identify people's needs. People had care plans in place which detailed their daily routine. This identified the times of their daily living activities such as getting up, having lunch and receiving medicines. People's preference for a bath or shower was recorded. We heard staff addressing people by their preferred name. During discussions with staff they had a good understanding of the needs of the people using the service. This included how they cared for and supported people.

This demonstrated that staff understood people's needs and preferences. Information in care plans demonstrated that people or their representatives were involved in their reviews of their care.

The acting manager told us that a handover took place at the start of each shift. This was so that staff could be updated about people's needs and if any changes in their care had been identified. Staff we spoke with confirmed this. They felt that the handovers were useful, giving staff the opportunity to share information about the people using the service with the staff who were coming on shift.

People were supported to maintain relationships with people that mattered to them. We observed people having visitors over the two days of our visit.

We were told by the acting manager and staff that currently there was no designated member of staff who organised activities within the service. During our visit we observed a bingo session facilitated by one of the staff, which most people joined. Some people decided not to join in which was respected by the staff. We were told by people using the service that external entertainers came into the service which they enjoyed. We saw that the service ordered in daily newspaper's to suit people's individual preferences. We observed one person asking for the newspaper of their choice, the acting manager reassured the person it had been ordered. Later in the morning we saw the person in the lounge reading the newspaper.

People told us they felt comfortable speaking to the acting manager about any concerns or complaints. We saw the providers complaints procedure was accessible to people as it was on display within the home. However the procedure did not contain details of the Local Government Ombudsman where the complainant could escalate their complaint if in an event they were dissatisfied with the outcome of their complaint by the provider. A system was in place to record any complaints, this ensured the action taken and outcome was recorded. The complaints records we looked at confirmed that these were investigated and responded to appropriately.

Staff we spoke with knew how to respond to complaints if they arose. They told us if anyone raised a concern with them, they would share this with the acting manager or one of the other managers at the service.

Is the service well-led?

Our findings

We identified that the provider had not notified us of the outcome of referrals which they had made to the supervisory body for authority to deprive a person of their liberty. We discussed this with the acting manager, who informed us that they were not aware of this legal requirement.

This is a breach of Regulation 18(4B) of the Care Quality Commission (Registration) Regulations 2009

People using the service were aware of whom the manager was. We observed positive interactions between the acting manager and people using the service.

There was no active registered manager at the service since June 2014; this registered managers deregistration was completed October 2015. A registered manager is a person who has registered with the CQC to manage the service. During this period the provider had made arrangements for a manager to provide day to day management at Arboretum House, who left the position March 2015. The current acting manager had been in post since March 2015, who was in charge of the day to day management of the service and provided support to the rest of the staff team. We were told by the acting manager that interviews would be taking place for the registered manager's post during November 2015.

People's views about the service were sought through surveys and individual meetings. We saw that people were consulted on proposed changes in the usage of the ground floor and whether people wanted flexible meal times.

The staff we spoke with told us that the culture of the service was open. They felt that since the acting manager had been appointed at Arboretum House things had improved. One staff member said, "There have been too many management changes, things have been better since

March 2015. [Name] acts on things when you tell her, she is very understanding and listens." Another member of staff said, "The current manager is supportive, she will make herself available and for example she will help out during breakfast."

Staff we spoke with were aware of the whistle blowing procedure, so that they could report concerns about poor care in their organisation. One staff member told us, "I feel I would be able to raise concerns" and another staff member said "You treat people as you would want your family member treated, I would not be frightened to report poor practice."

Staff we spoke with were happy in their roles and told us they enjoyed working at the service. One staff member said, "We all get on and support each other. It's all about team work." Staff told us that there were meetings to enable staff to have their view and be consulted on changes in the service. A member of staff said, "We are able to make suggestions to improve the service."

There were systems in place to monitor the quality of the service provided. Audits were carried out covering areas such as medicine administration, a review of incident records and complaints. The acting manager told us that the audits were conducted by staff not working in the service but by staff working for the local authority. The quality review carried out by the local authority during February 2015 identified issues such as staff not receiving regular supervision. The acting manager put together a supervision schedule to ensure staff received regular supervision. Records showed that a further quality review visit during August 2015 confirmed that improvements had been made and issues identified had been addressed.

We saw that appropriate systems were in place to ensure people's confidential records were kept securely and that they were not accessible to unauthorised individuals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p>Regulation 18 (4B) of the Care Quality Commission (Registration) Regulations 2009.</p> <p>Notification of other incidents.</p> <p>How the regulation was not being met: The provider's legal responsibilities had not been met regarding statutory notifications that are required in accordance with the regulations. Regulation 18 (4B)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.